

# Request for Health Information Technology Project Michigan State University HIT PMO Office

REQUEST # ( Filled in by PMO)

Request Date:

Name of Project:

Requesting Department:

Issue Track Ticket No. (if applicable):

Requestor:

Email:

Phone:

Project Sponsor:

Email:

Phone:

College Representative:

Email:

Phone:

## Project Summary

*Include a paragraph that describes two or three project deliverables, target start and end dates, and any planned phasing. Please provide relevant background information. Include a project plan, if one exists, that provides a sense of the project's size.*

## Sponsorship

*Identify concurrent or competing projects and reprioritization, as necessary within your department. Include plans for your staff to support project and coordinate with HIT staff.*

## Costs & Return on Investment

*State preliminary budget estimate and funding source. Include software, hardware, maintenance, and labor costs, if possible. Explain how and when the cost of the project would be recouped, i.e., immediate cost savings, deferred, cost-neutral, revenue generated, and projected value-to-cost ratio. What are the tangible benefits? What are the intangible benefits? Provide estimate of level of training/end-user proficiency needed.*

## Effectiveness and Efficiency

*Explain how the project will save time or money for constituents/customers, employees, or the requesting department. What reviews or process changes has the business unit done to avoid automating a cumbersome, inefficient existing process? Before and after blueprints would be helpful background.*

## Known Risks and Constraints

*Describe significant risks – items such as availability of funds, firm date requirements, coordination of multiple sites, introducing non-standard technology, difficulty in gaining user buy-in, etc. Constraints may include such things as the user department does not have adequate resources to work the project or the project has not been budgeted. Explain consequences if project is not done or fails to meet expectations. If possible, include contingency strategies (these may not be known at this time). The opportunity will exist to drill into these during project review.*

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**Approvals:**

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Requestor	Date
Project Sponsor	Date
College Representative	Date

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