

CITY OF MADISON

Assessing a Project Idea

Project Idea name:	Prepared by:
Date prepared:	Title/Role & Agency:

Is this project idea mandatory? Yes No

1. Organizational Need or Problem Definition:

What is the organizational need that this idea is trying to meet? And/or what business problem is it trying to solve? Consider providing some context (where, why) to the need or the problem. Also consider the risk of not pursuing this idea.

2. Expected Outcomes and Benefits:

What product, service(s) or result(s) will this idea produce? What are the benefits realized from them?

3. Cost Savings Benefit:

	Cost Savings Benefit – Tangible and Intangible
Will pursuing this idea have any anticipated cost savings? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please specify potential cost savings that may be realized if the project idea is completed (maintenance costs, supply expense, labor costs, etc.).</i>

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4. Identification of Project Leadership:

Provide the names of individuals who would be appropriate or have agreed to participate in the project (if approved) for the following levels of responsibility.

Project Leadership Role	Name/Title
Executive Sponsor	
Project Sponsor	
Business Owner/Lead	
Technical Owner/Lead	

5. Aligning Projects

Assessment Criteria	Strategy Details
<p>Strategic Goals Is this project idea in support of a Strategic goal? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, which Strategic Goal:</p>	<p><i>If yes, how does implementing this project relate to the area's strategic goals?</i></p>
<p>Dependencies Is this project idea dependent on any other project(s) (that are already in progress) being completed? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p><i>If yes, please explain.</i></p>

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6. Estimates

Assessment Criteria	Cost Details																					
<p>Estimated Budget (optional) What is the source of the budget estimate? <input type="checkbox"/> Vendor <input type="checkbox"/> Internal Analysis</p> <p><i>These are high level estimates provided by the Vendor (if involved) or through Internal Analysis done by the Business Owner/Lead working with the Project Sponsor and the Technical Lead.</i></p>	<p>Please list project cost estimates by category:</p> <table border="1"> <thead> <tr> <th>Category</th> <th>FY</th> <th>FY</th> </tr> </thead> <tbody> <tr> <td>Internal Labor</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>External Labor</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Hardware</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Software</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Other</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Total Costs</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table> <p>Explain Other:</p>	Category	FY	FY	Internal Labor	\$	\$	External Labor	\$	\$	Hardware	\$	\$	Software	\$	\$	Other	\$	\$	Total Costs	\$	\$
Category	FY	FY																				
Internal Labor	\$	\$																				
External Labor	\$	\$																				
Hardware	\$	\$																				
Software	\$	\$																				
Other	\$	\$																				
Total Costs	\$	\$																				
<p>Estimated Schedule How many months anticipated from kick-off to closure? <input type="checkbox"/> 0-3 mos <input type="checkbox"/> 3-6 mos <input type="checkbox"/> 6-12 mos <input type="checkbox"/> 12-24 mos</p>	<p><i>Note: This is a high-level estimate provided by the Business Owner/Lead working with the Project Sponsor, and the Technical Lead by drawing upon similar experience if any and subject matter expertise. Please provide the basis used for this estimate.</i></p>																					
<p>Estimated Hours How many total hours are estimated to be spent on this project by all team members? <input type="checkbox"/> 0-250 <input type="checkbox"/> 250-500 <input type="checkbox"/> 500 – 999 <input type="checkbox"/> 1,000 – 1,999 <input type="checkbox"/> 2000-4,999 <input type="checkbox"/> 5000+</p>	<p><i>Note: This is a high-level estimate provided by the Business Owner/Lead working with the Project Sponsor, and the Technical Lead by drawing upon similar experience if any and subject matter expertise. Please provide the basis used for this estimate.</i></p>																					

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7. Implementation, Impact & Integration

Assessment Criteria	Implementation Details
<p>Implementation Departments/ Sites Is the solution to be implemented in multiple departments or sites? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Implementation Date Is there a specific or mandatory date for the implementation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, at which section(s)/agency(s) will the solution be implemented?</p> <p>If yes, please specify date.</p>
<p>Impact Will this solution indirectly impact processes in other sections or agencies in which it's not implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will this solution impact any current contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, which sections/agencies/external stakeholders that will be impacted and how?</p> <p>If yes, at which contracts will the solution be implemented?</p>
<p>Integration If a software implementation, will the solution integrate with other applications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, how many applications and please list the name(s).</p>