# ITS Project Intake Form v1.0

*Please use this form to provide a starting point for discussion with the ITS department for project related work. Project related work includes acquisition and implementation of new systems or solutions. Please be as detailed as possible and submit form to* *its@udmercy.edu**. Lesser requests are to be submitted in the Helpdesk system.*

|  |  |
| --- | --- |
| Request Submission Date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| **Contact Information** |  |
| Name | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Project Description** |  |
| Target Audience | Click or tap here to enter text. |
| Primary Objectives | Click or tap here to enter text. |
| Description(Specify whether this is a new implementation, update, or redesign. Include key features and functionality.) | Click or tap here to enter text. |
| Relevant Website Address and/or Application Names | Click or tap here to enter text. |
| Content(Specify expectations related to data, update frequency, archiving needs, and ownership.) | Click or tap here to enter text. |
| Technology(Specify platform application(s) dependencies, single sign-on dependencies.) | Click or tap here to enter text. |
| Impact to Existing Environment (Replaces current solution, integrations with existing solutions.) | Click or tap here to enter text. |
| Infrastructure/Hosting(Specify hosting source and security considerations.) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Brand(What is driving the "look & feel"? Will this be an extension of an existing brand or a new design effort? Specify relevant examples and URLs.) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Project Timeline** |  |
| Timing (Specify goals, milestones, events, and deadlines during project.) | Click or tap here to enter text. |
| Project Priorities(If possible, rank them 1-3, one being the highest priority.) | Click or tap here to enter text. |
| Target Completion Date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| **Ongoing Support** |  |
| Description of Maintenance and Support Needs Post Project Completion | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Budget** |  |
| Budget Amount | Click or tap here to enter text. |
| Funding Sources (Name of grant or department) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Additional Information** |  |
| Other Considerations | Click or tap here to enter text. |
| Next Steps | Click or tap here to enter text. |
| Compliance (Will the data include Personally Identifiable Information or FERPA or HIPAA protected information?) | Click or tap here to enter text. |