UCSF CNS Project Request form

Requester Contact Information

Date: [ ]

Name: [ ]   Department: [ ]

Email: [ ]   Phone: [ ]

Executive Sponsors: [ ]   Priority: [ ]

Project Information

Project Name: [ ]   Desired Timing - Start Date: [ ]

Compliance issue? [ ]   Security Issue? [ ]   Go Live Date [ ]

Problem/Opportunity Description (describe the business case for the project)

[ ]

Existing Workarounds and or Alternatives Considered (other options investigated?)

[ ]

Potential Project Impacts? (systems, Departments, other?)

[ ]

Known Dependencies (anything needed before project can start? Policies, business processes, etc.)

[ ]

Request Benefits (describe the benefits, financial, business process, systems, etc. gained by the project)

[ ]

Project Funding

Funding Sources: [ ]   Please note we cannot recharge federal funds

Retained Budget for Project: [ ]

Submit completed form via email to **CNS.Projects@ucsf.edu**