

TECHNOLOGY PROJECT PLANNING SUBMISSION FORM

Date:

Phone:

Submitted by:

Email:

Department:

Project title:

Date required:

Project type:

Strategic – project aligns with or meets one or more Strategic goals of the City

Enhancement – an upgrade or improvement to an existing application/system

Regulatory – mandated by federal, state, or regulatory office

Does a mobile application need to be developed for this project?

Yes

No

Unsure

Department Head's approval

Signature

Date

Technology Manager's approval:

Signature

Date

Department project?

Submitted to TG?

Brief description of the project *(Explain what the project is and what needs to be done):*

Why should this project be done? *(Explain what the project is expected to achieve, its benefits, and any cost savings):*

Is there a Project Dependence? *(Does this project require some other component or system to be involved, and if yes, which other systems are/will be impacted?):*

Technology Governance Chair/Co-Chair approval:

Signature

Date