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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project name:** | | | |  | | | | **Document version:** | | | |  | | | | | | | |
| **Project manager:** | | | |  | | | | **Creation date:** | | | |  | | | | | | | |
| **Envisaged start date:** | | | |  | | | | **Author:** | | | |  | | | | | | | |
| **Target completion date:** | | | |  | | | | **Section / Division:** | | | |  | | | | | | | |
| **Problem / Opportunity**  *What is the problem and what is the scale of the problem? What opportunity has been identified and what is the scale of the opportunity?* | | | | | | | | **Project scope**  *What will be included and what will be excluded from the project?* | | | | | | | | | | | |
|  | | | | | | | | In scope | | | | | | | Out of scope | | | | |
| **Goal Statement**  *Complete this statement - 'we know this project will have been a success when....* | | | | | | | | **Key stakeholders** | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| **Project benefits & potential risks** | | | | | | | | **Strategic Alignment**  *How does this project align with wider CSO strategy – e.g. CSO 2020/ESCoP Peer Review recommendations?* | | | | | | | | | | | |
| Benefits | | | | | Risks | | |  | | | | | | | | | | | |
| **Technology assessment (To be completed by Technology) –** *Provide estimates or ✓ based on information above* | | | | | | | | | | | | | | | | | | | |
| **Requirements** (tick ✓) | | | **Solution** (tick ✓) | | | | | | | | | | **Effort** (tick ✓) | | | | | **Costs (€)** | |
| Clear/ well defined | |  | Readily achievable – use of existing solution with minor adaptations | | | | | | | |  | | < 3 months | | |  | | Hardware |  |
| Somewhat defined | |  | Achievable - Significant adaptions to existing solution or adoption of new technology | | | | | | | |  | | 3-6 months | | |  | | Software |  |
| Unclear | |  | Challenging - Complex solution / technology | | | | | | | |  | | > 6 months | | |  | | Other |  |
| **Technology teams involved:** | |  | | | | **Technology recommendation:** | Proceed | |  | Neutral | | | |  | | | Do not proceed | |  |
| **Comments:** |  | | | | | | | | | | | | | | | | | | |

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| **TECHNOLOGY SECURITY / GDPR**  *Are there Technology Security / GDPR issues? Give a brief outline.* | | |
|  | | |
| **SIGN OFF AUTHORITY** | | |
|  | **Head of Division – Technology Division** | **Project Manager – Technology Division** |
| **Sign Off:** |  |  |
| **Date:** |  |  |