

## VETERANS EXPERIENCE OFFICE INTAKE REQUEST FORM

### A. Title of Request

Title	
Date Submitted	
Intake Number (to be completed by VEO)	

### B. Requestor Information

<b>Requestor Name (to include position and office information)</b>	
Program Office/Affiliation	
Phone	
Email	
<b>Executive Sponsor Name (to include position and office information)</b>	
<i>*Executive Sponsor = Project Champion, Senior Executive Service (SES) or equivalent</i>	
Program Office/Affiliation:	
Phone:	
Email:	

### C. Description of the Request

1. Describe the request	Description:
2. In one sentence, what is the problem you are trying to solve?	Statement:
3. Please describe why this is a problem for Veterans, Employees, the Enterprise or other Stakeholders.	Description:
4. Based on your understanding of VEO's capabilities, what kind of support is being requested?	<p>Check all that apply:</p> <p><input type="checkbox"/> New Project</p> <p><input type="checkbox"/> Project Management</p> <p><input type="checkbox"/> Project Support</p> <p><input type="checkbox"/> Voice of the Customer Research</p> <p><input type="checkbox"/> Measurement/Data Analysis</p> <p><input type="checkbox"/> Project Change Request</p> <p><input type="checkbox"/> Other (specify below)</p> <p>Description:</p>



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5. Why is it important for the Department of Veterans Affairs (VA) to take on solving this problem?

Description:

### D. Proposed Timeline Projection

6. Requested VEO start date and/or timeframe

7. Project start date and/or timeframe

8. Are any elements of your project reliant on the completion of this request?

- ☐ Yes  
☐ No

Description:

9. Are there any critical timelines VEO should take into consideration?

- ☐ Yes  
☐ No

Description:

### E. Intended outcomes and metrics

Please provide information in regard to SMART goals: Specific, Measurable, Achievable, Relevant and Time-Related

10. What are the desired outcomes?

Description:

11. What happens if we maintain status quo (NOT implement the project)?

Description:

12. How do you plan to measure success/failure of this effort?

Description:

### F. Risk review

13. What risks have you identified that may hinder the success of this project?

Description:

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### G. Funding

14. What are your known project costs? Cost estimates can include travel, training, employee salary costs, software costs, lost production, etc.
15. Have you secured funds to support this request?

### H. Point of Contact (POC)

16. Who is the best POC to provide detailed information on project scope, schedule, milestones, cost, and alignment with White House, Secretary of Veterans Affairs (SECVA) priorities and mission?

Name  
Phone  
Email

Thank you for your interest in partnering with the Veterans Experience Office to improve the experience of veterans seeking and receiving care and benefits. Please submit completed request forms via email to [VACOVEOIntakeRequest@va.gov](mailto:VACOVEOIntakeRequest@va.gov).