**Request for Service**

**Enterprise Business Solutions Department**

**Office of Information Technology**

**Miami Dade College**

*See Enterprise Business Solutions Service Request Procedure for guidelines*

***Part I***

# General Information

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| --- | --- | --- | --- |
| Today’s Date: |  | | |
| Requestor | | | |
| Name: |  | Dept. |  |
| MDC Phone Ext. |  | MDC Email |  |

# Project Description

|  |  |
| --- | --- |
| Title | Please provide a name for the project |
| Description | Provide a brief description of the project |
| Scope | Please check the campuses that are affected by the request:  College-wide  Campus Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Division Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Sponsor(s):

A project sponsor must be a department head or senior officer of the College and cannot be a group. Being a project sponsor implies project ownership as a key stakeholder in the project and may require active project participation in a sponsor or advisory role.

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| --- | --- | --- |
| Name | Campus | Department |
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# Project Description

*Provide a detailed description of the request.*

## What is the business need to be addressed by this project?

## How the business need is currently fulfilled?

## What is the suggested solution to this business need?

## If this project is not addressing the needs of all MDC campuses, please explain why all campuses are not being included in this proposal?

## Please detail the individuals and organizations consulted at each campus in determining the scope of this project.

|  |  |  |
| --- | --- | --- |
|  | | |
| Name | Campus/Department | Title |
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|  |  |  |
|  | | |

## Describe the effects of this project on current business processes at each campus.

## Are there any other systems, processes and organizations that may be affected by this request?

## Is this a mandatory project?

EBS projects may be mandatory or discretionary. Mandatory projects are those mandated by the Board of Trustees or regulatory bodies or Florida Community College System, or projects that must be pursued to maintain the integrity of the application infrastructure (such as system upgrades). Discretionary projects are those that add new or improved functionality but are not required. Within project proposals, the elements of a project that are mandatory versus discretionary should be clearly distinguished.

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**No  Yes**

If yes, please describe why. Please attach or provide link to compliance requirements.

# Alternatives Considered (include the impact of no action)

# Data retention

*Will this project cause new data to be created or require data to be migrated from one system to another?*

**No  Yes**

*If you answered yes to the above question, how long should the data be retained, why should it be retained for that period of time, and does it need to be retained in the active system for the entire retention period?*

# Timeline

List any business milestones or dependencies that have an effect on when this project should be implemented?

# Support

*Name the individual(s) who will serve as the point of contact(s) for future support issues.*

# INTERNAL – To be completed by Enterprise Business Solutions Team

# Project recommendation

Project name:

Sponsors:

Reviewers:

Date of Review:

**Approve**

Among the projects currently waiting to be scheduled, this level of priority is most appropriate:

Highest priority – Critical and urgent; greatest impact overall or best value improvement:

Moderate priority – Important and valuable; Impact is limited or implementation costs unclear

Low priority – Useful, but of limited applicable value or narrow utility

**Approve with these questions or concerns:**

**Elevated to Level 2 for additional information.**

**Deny for these reasons:**

***Part II –*** *Fill out this part of the form if requested by Enterprise Business Solutions.*

# Detailed Project Justification

*A description and quantification of the benefits this project will achieve.*

*To the extent that you have information on specific benefits of performing this project, please summarize them below. This might include items such as costs savings or service improvements. Include the types and numbers of affected customers.*

*Consider items such as:*

* *Regulatory compliance (reference specific legislation and impact)*
* *Support College’s strategic planning initiatives*
* *Directly benefit students*
* *Cost savings (provide cost/benefit and total cost of ownership analyses)*
* *Service Improvement (include flow charts that document current processes and how these will change; indicate types and numbers of customers that are affected*
* *Risk avoidance (reference systems or processes where internal or external support is diminishing or being eliminated)*
* *Renewal (demonstrate how this change will improve maintainability, reduce support and training requirements or make current capacity more efficient)*
* *IT Infrastructure (specify how this change will enable other initiatives)*
* *Revenue Generation (provide revenue generation projections)*

*If this proposal will create internal labor efficiencies, please comment on how the redeployment of resources will be utilized.*

# Project Return on Investment Details (excluding Regulatory Compliance Projects)

Please complete the questions below to provide further details on the items described in the Tangible Benefits section above. The purpose of this section is to provide additional information for IT to evaluate how the project will provide benefit to the College and provide a baseline for post-project evaluation as to whether the project achieved its goals.

|  |
| --- |
| Who controls the resources that will be affected by the benefits of this project? Who are the responsible parties for collecting or reallocating the tangible benefits described? Please name these individuals. |
|  |
| Provide a representative sample of departments that will be affected by the project benefits. These departments will be included in the post-project follow-up. |
|  |
| Which parts of the project savings will be possible to capture? (Reduced costs/labor) How will these savings be utilized or redeployed? By what date (or timeframe) is this disposition expected? |
| |  |  |  | | --- | --- | --- | | Savings Description | How utilized or redeployed? | Timeframe | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| If there is little/no chance to capture project benefits, explain the nature of the savings and why they cannot be captured? |
|  |
| How will the benefits of this project be measured? This will be utilized for formal follow-up from OIT. |
|  |
| Please comment on any significant project benefits that are not related to cost or labor savings where these benefits provide substantial reasons for pursuing this project in the absence of clear financial or efficiency payback. |
|  |

# Have all assumptions and requirements being made in the preparation of this request been documented?

Include any functional or technical requirements in Appendix 1.

**No  Yes**

# Sourcing analysis (use of external vs. internal resources)

Explain why chosen sourcing approach is optimal (expertise, availability of resources, costs, expediency).

# Vendor assessment (if applicable)

List the vendor(s) under consideration:

Is this a current vendor utilized by the College or is this a new vendor?

**Current Vendor  New Vendor**

Please comment on the following regarding the vendor:

* 1. Financial viability
  2. Installed base of clients for all products
  3. Installed base of clients for product that will be implemented

# Expected funding mechanisms (e.g., existing budget, net new funds).

|  |  |
| --- | --- |
| Expense Area | Funding Source |
| Software/Hardware |  |
| Training |  |
| Annual Support & Maintenance |  |
| Consulting, if applicable |  |

# INTERNAL – To be completed by Business Solutions Team

# Resource Estimates:

# 

# 

# Project recommendation

Project name:

Sponsors:

Reviewers:

Date of Review:

**Approve**

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Low priority – Useful, but of limited applicable value or narrow utility

**Approve with these questions or concerns:**

**Deny for these reasons:**