

REQUESTOR/CONTACT INFO	DEPARTMENT
OWNER/SPONSOR	DATE SUBMITTED

REQUEST – Summarize the business need or problem

PROPOSAL – Describe the new solution and provide reference if it is known to be used at Downstate or elsewhere

BENEFITS/OUTCOMES – State the expected benefits and outcomes

Cost Saving	Regulation/Compliance	Improve Efficiencies
Other (Describe) _____		

RISKS OF NOT DOING THE PROJECT – Explain the impacts if this need is not addressed

STAKEHOLDERS – Identify those involved and affected by this request

DEPENDENCIES – Identify those this request depends on

- Dept/Groups
- FMD
- Legal
- Ext. vendor/Resource
- Other

DESIRED TIMELINE – Describe the preferred project timeline

FUNDING--Please select one of the following

- Accounting unit _____
- Funding in current year's budget FY _____
- Funding in next year's budget FY _____
- Request new funding _____
- Other (Describe) _____

FUNDING SOURCES

- Funding from Schools
- Funding from Hospital
- Funding from UPB
- Funding from Grants

Additional Approving Asst/Assoc VP or Dean : _____

(Notification of received request will be emailed to approving Executive)

TO BE COMPLETED BY IT ONLY

DATE RECEIVED

PROJECT BUDGET	
Acquisition Cost	
Annual Maintenance Cost	
First Year Cost	Annual Ongoing Cost
Comments	

SECURITY/COMPLIANCE				
BAA	HIPAA	FERPA	PCI	GDPR

TECHNOLOGY OPTIONS – List technology requirements and any alternative solutions considered or available		
Cloud	On Premise	Hybrid

REVIEW NOTES

APPROVED BY

IT STAFF MEMBER ASSIGNED

Email the completed form to: help@downstate.edu