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| **Proposal Name:** | **Organizational Sponsor:** | **Date Submitted:** |
|  |  |  |
| **Customer/s Affected:** | **Project Requestor:** | **Prepared by:** |
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| **INSTRUCTIONS** |
| *A business case is a high-level description that aids governance bodies, advisory councils, and/or LITS leadership in approving and prioritizing work. Use this document as part of your business planning activities. Note: This document is neither the final description of customer requirements nor the final budget quote. \* Check here \_\_\_ if this business case applies to the School of Medicine. \** |

Top of Form

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| ***SECTION 1 – Project Description*** | |
| **DESCRIPTION** | *Provide a high-level summary of the project that can be easily understood by any member of the Emory Community.* |
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| **PROBLEM STATEMENT** | *What are the problems, issues, and/or opportunities that will be addressed by this proposal? Attach any available documents/diagrams about the current state.* |
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| **SOLUTION** | *What will this project produce? What products, processes, and/or services? Attach any available documents/diagrams about the future state.* |
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| **SCOPE** | *What work needs to be done to deliver the solution? What are the areas of impact for this project? What areas are not in scope for this project?* |
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| **VALUE STATEMENT** | *What value will this project bring? What are the benefits of this project? How will we know that this project has been successful? What are the measurable/quantifiable goals relating to key processes, products, resources, and/or services?* |
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| **MISSION** | **To create, preserve, teach, and apply knowledge in the service of humanity.** *Describe how the work you will be doing supports Emory’s Mission.* |
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| **ALTERNATIVES** | *What alternative options have you considered? Include the option/impact of not implementing the project at all and at least one alternative. State the reasons for not selecting each alternative.* |
| **Alternative Option** | **Reason for Not Selecting Alternative** |
| Status Quo |  |
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| **RISKS AND CONSTRAINTS** | |
| **RISKS** | *Risks are events that may occur and require active management to mitigate their impact. What are the risks for this project? How would you rate them for their probability of occurring (High/Medium/Low), and their potential impact (High/Medium/Low)? Include any strategies you have identified for risk mitigation and identify any external dependencies.* |
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| **CONSTRAINTS** | *What limitations or constraints affected by the propose project? These generally involve technology, budget issues, scheduling, regulatory timelines, dependencies, or business processes. Constraints are absolutely true (100% accuracy) and cannot be changed by the project.* |
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| ***SECTION 2 – Project Resources: Consult with LITS & Procurement as needed*** | | | | | | | | | |
| **RESOURCE REQUIREMENTS** | | *What resources does this project need? Add/change resources as needed. Estimate (plus/minus 50%) the level of effort. In addition, indicate the ongoing support requirements, including potential offsets.* | | | | | | | |
| **Roles for Project Time  & Maintenance** | | | **One-Time  LITS Hours** | | **One-Time  Non-LITS Hours** | |  | **Annual  LITS Hours** | **Annual  Non-LITS Hours** |
| Functional SME/Internal Stakeholders | | |  | |  | |  |  |
| Project Manager | | |  | |  | |  |  |
| Business Analyst | | |  | |  | |  |  |
| Middleware | | |  | |  | |  |  |
| Developer/Testing | | |  | |  | |  |  |
| Network Infrastructure | | |  | |  | |  |  |
| System Administration | | |  | |  | |  |  |
| Customer / Non-LITS Resources | | |  | |  | |  |  |
| Service Management Office | | |  | |  | |  |  |
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| **Total Hours =** | | |  | |  | |  |  |
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| **SAVINGS** |  | | | | | | | | |
| **DURATION** |  | | | | | | | | |
| **COSTS** | *In this section, estimate (plus/minus 20%) the cost of the proposed project.*   * ***One-Time/Never to Repeat Costs****: Initial deployment and/or stand up costs such as professional services, consultants, implementation services, hardware, travel, training, vehicles, and one-time licensing costs for software.* * ***Annual Recurring/Post Project Operating Costs:*** *Ongoing costs such salary/fringe for new FTEs, utilities (dial tone, cellular, data, wireless, gas, electricity, water), other rental costs, recurring cloud software licensing, software and/or hardware maintenance, Virtual Machines (VMs) disk storage.* * ***Annual Life-Cycle Renewal******Costs:*** *Think of this as a ‘savings’ account to replace any of the one-time costs that don’t last forever. For example, this is 1/4th of the physical hardware purchased (not Virtual Machines) or ¼ of software upgrades (if not part of software maintenance) or 1/4th of professional services to implement the next upgrade or 1/8th of a vehicle estimated to last for eight years. Divide the estimated renewal costs by the number of year until a refresh is needed.* | | | | | | | | |
| **Description of Item** | | | | **One-Time/  Never-to-Repeat Costs** | | **Annual Recurring/Post-Project Operating Costs** | | | **Annual Life-Cycle Renewal Costs** |
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| **Total Cost of All Items** | | | |  | |  | | |  |
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| **Provide SmartKeys (if available) for Each Column** | | | |  | |  | | |  |
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| **EXPECTED FUNDING** | | *What are the funding strategies for this project if this business case turns into a project? Indicate if net new funds will need to be requested or if funds have been allocated through the normal budget cycle to fund this project.* | | | | | | | |
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| ***SECTION 3 – Business Case Contributors*** |

*The following individuals provided input and/or a review of this Business Case:*

| **NAME** | **DEPARTMENT/GROUP** | **TITLE/ROLE** |
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| ***SECTION 4 – Approvals*** |

***By signing the Business Case you are in agreement with the preliminary estimates for duration, scope, anticipated costs, and the project analysis as described herein.  All signatories to this agreement acknowledge that actual costs and duration will be different from the preliminary estimate.***

| **NAME** | **SIGNATURE** | **DATE** |
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| Primary Service Owner |  |  |
| Customer Name |  |  |
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