# **PAPP Project Proposal** SYS-XXXX *(Assigned by AITS PMO)*

**Project proposal for the system office Project Appraisal and Prioritization Process (PAPP).**

Please complete all necessary sections below before your review with the project intake committee. You may request assistance from [System Offices Shared Services](mailto:sharedservices@uillinois.edu?subject=PAPP%20Proposal%20Assistance) if you need help completing the proposal template.

## Section One (Project Information)

*If submitting as an FYI, complete only Section One (Project Information) of this proposal. All other submissions fill out section two. If also submitting to ESGC, complete section three as well.*

1. **Project Name**: Click or tap here to enter text.
2. **Date Proposal Submitted**: Click or tap to enter a date.
3. **Sponsors:** (*provide full name(s)*):Click or tap here to enter text.
4. **Provide a description of the proposed project**. *Please describe why this project is needed, what is expected to be done as part of this project and the impacts of doing nothing:* Click or tap here to enter text.
5. **Provide the expected benefit(s) from the proposed project**. *Please describe how this project will resolve the business need (the why) and other benefits:* Click or tap here to enter text.
6. **Please describe the potential impacts of the proposed project, if applicable**:
   1. **Processes Impacted**: *Please describe or list the current business processes and procedures that will be affected and any systems or applications that will be affected.* Click or tap here to enter text.
   2. **Units Impacted**: *Please list all System Office units that will be affected by any changes that result from this project, including an estimated number of total employees and job roles.* Click or tap here to enter text.
   3. **Universities Impacted**: *Please list which of the three universities will be impacted by this project and the extent of the impact. Also, include an estimate of the number of people who will be affected. Please describe how our faculty, staff, and students will be affected by this project.* Click or tap here to enter text.
7. **Are there any IT changes?** *Please select one of the following project types that best matches your needs.*

New System Implementation

New Module (addition to an existing system)

Improvement/Enhancement (change to an existing module)

System Upgrade

Not an IT System Change

1. **What is the current timeline, cost, and resource estimate for this proposed project**:
   1. **Estimated duration (in months) of how long it would take to complete this project?** Click or tap here to enter text.
   2. **Estimated or desired start date**? Click or tap to enter a date.
   3. **Are there any business milestones, other projects, or dependencies that affect this project’s start or finish date?** Click or tap here to enter text.
   4. **Total estimated project hours:** 1-250 250-500 500-1000 1000+
2. **Project Expenses and Funding**
   1. **Implementation Expenses:** *Please provide any project costs below.*

Table 1 Other Project Costs Calculation

|  |  |
| --- | --- |
|  | Project Cost |
| Hardware/Storage |  |
| Software |  |
| Other\* |  |
| **Total Expenses** | $0 |

*\*If Other was filled in above, please describe:* Click or tap here to enter text.

* 1. **If project implementation funding is required, has it been approved by the necessary parties?** *Please select yes, no, or N/A (no funding requested)* Choose an item.
     1. **What is the project funding source(s):** *Please indicate the expected funding source(s) for this proposed project. Check all boxes that apply.*

**Unit Operating Budget**

*Provide unit(s) that have agreed to project funding and coverage:* Click or tap here to enter text.

**ESGC Funding Request**

*How much is requested from ESGC and for which expenses?* Click or tap here to enter text.

**Other Funding Source**

*Describe other project funding sources such as grants or self-supporting funds and expected coverage:* Click or tap here to enter text.

1. **Post-Project Recurring Expenses and Funding:** *Please provide any recurring costs below.*

Table 2 Other Annual Expenses Calculation

|  |  |
| --- | --- |
|  | Annual Cost |
| Hardware/Storage |  |
| Software |  |
| Other\* |  |
| **Total Annual Expenses** | $0 |

*\*If Other was filled in above, please describe:* Click or tap here to enter text.

1. **Is there a cost-sharing agreement in place for recurring expenses?** Please select yes, no, or unknown: Choose an item. If unknown, please provide a little more information on what is unknown currently: Click or tap here to enter text. If yes, please indicate the expected funding below and attach a cost-sharing agreement when submitting the proposal, if available.
2. **What funding source(s) will be used for recurring expenses?** *Please indicate the expected funding source(s) and/or cost-sharing agreement for ongoing expenses.*

**System, University, or Unit operating budget**

*Provide units that will provide funding for resource hours and other expenses:*

**Other Funding Source**

*Describe other funding source and expected coverage:* Click or tap here to enter text.

1. **Do you think this will go through ESGC:**

NO  YES

***If you select no and this is not an FYI submission, complete section two below. If you select yes, please fill out sections two and three below.***

## Section Two (Detailed Project Justification)

1. **Provide the individuals and/or organizations consulted** **at each university and System for this proposal**. *Please list the persons contacted to determine the scope of this proposal.* Click or tap here to enter text.
2. **Would this proposed project benefit from** **Business Process Improvement (BPI)** **or a process review?** *Please select yes or no:* Choose an item.

If yes, briefly describe why/how: Click or tap here to enter text.

1. **Would this proposed project benefit from** **Change Management** **provided by System Offices Shared Services (SOSS)?** *This includes communications, training, web development, and resistance management. Select yes or no:* Choose an item.

If yes, describe what needs your project may have: Click or tap here to enter text.

1. **Provide project success measures.** *At six months after implementation, how will you know if this project was successful?* Click or tap here to enter text.
2. **How does this proposed project directly support any of the University of Illinois System’s strategic initiatives?** *Please provide alignment to one or more strategies, some examples of strategic initiatives include: Student Success, Enrollment, Support of Enterprise-class Services, Diversity and Inclusiveness, Community Outreach, Innovation and Research, Data Strategies, Sustainability, etc.*  Click or tap here to enter text.
3. **Describe the risks that have been identified.** *Please describe risks that have been identified. Some examples of risks include Resource Constraints, User Resistance, Aggressive Timeline, Vulnerability Concerns, External Dependencies, Other Projects, Long-term Support, Accessibility Issues, System Compatibility, etc.* Click or tap here to enter text.
4. **Is this a proposal for the purchase and/or implementation of a new vended product?** *Please select yes or no:* Choose an item. *If yes, complete the vendor product assessment questions below.*
   1. **List the vendors/products under consideration:** Click or tap here to enter text.
   2. **Have you completed a Lightweight Risk Assessment (LRA) for the desired product(s)?** *This may be required during procurement.* *Please select yes, no, or N/A:*Choose an item.
   3. **Have you requested a Voluntary Product Accessibility Template (VPAT) for the desired product(s)?** *Please select yes, no, or N/A:*Choose an item.
   4. **If you have completed or are completing contract information, was an AITS technical review requested and/or proper privacy, security, and accessibility language been included?** *Please select yes, no, or N/A:* Choose an item.

***Continue to section three if submitting to ESGC***

## Section Three (Additional Information for ESGC)

1. **Total estimated project hours:** *Please provide the overall estimated hours for resources and other project costs in the tables below. If you need help with resource estimates, please email:* [*esgcinfo@uillinois.edu*](mailto:esgcinfo@uillinois.edu)*.*

***Update Totals Tip****: After you enter your data into the empty table cells, to get updated totals in these tables, highlight the whole table (or click top right cross icon) and press the F9 key. This will update any formula fields in the highlighted table. To update one cell, right-click and select Update Field.*

Table 3 Project Resource Hour Calculation

|  | AITS Resources | University or System Resources | Contract / Vendor Labor | Other |
| --- | --- | --- | --- | --- |
| Change Management Comms/Training |  |  |  |  |
| TAM/Analysts |  |  |  |  |
| DBA/Servers |  |  |  |  |
| Developers |  |  |  |  |
| UX/Front End |  |  |  |  |
| Data/BI/Reporting |  |  |  |  |
| Integrations Team |  |  |  |  |
| Security/SSO/Access Management |  |  |  |  |
| Service Desk Support |  |  |  |  |
| Project Admin |  |  |  |  |
| QA/Testing |  |  |  |  |
| Other\* | 0 |  |  |  |
| **Total Resource Hours** | 0 | 0 | 0 | 0 |

*\*If Other was filled in above, please describe the resource needed:* Click or tap here to enter text.

1. **What are the estimated annual AITS resource needs for recurring support/ maintenance?** *Please indicate the percentage of FTE estimated for AITS support.*

0% FTE  1-25% FTE  25-75% FTE  75-100% FTE  More than 1 full FTE\*

*\*If more than 1 FTE is selected, describe recurring resource need:* Click or tap here to enter text.

1. **Complete the Project Benefits Summary tables below to quantify the expected project benefits**. *Add non-tangible benefits in the Strategic Benefits table and financially quantifiable benefits in the Tangible Benefits table***.**

Table Strategic Benefits

| **Strategic Benefit Description** | **Measure** | **Timeframe** |
| --- | --- | --- |
| *Example: Risk Reduction, Customer Satisfaction* |  |  |
|  |  |  |

Table Tangible Benefits

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **# of units/hrs.** | **Savings per unit** | **Annual Savings** |
| **Cost Savings** | | | |
| *Example: Reduce software/hardware need* |  |  | $0 |
|  |  |  | $0 |
| **Internal Labor Efficiencies** | | | |
| *Example: Save XX hours per week* |  |  | $0 |
|  |  |  | $0 |
| **Total Tangible Benefits Cost Savings** | | | $0 |

ESGC Proposal Cost Summary

**This section to be completed by AITS PMO**

**Proposed Implementation Cost**:

Table PMO Project Resource Hour Calculation

|  | AITS Resources | University or System Resources | \*Contract / Vendor Labor | Other | Totals |
| --- | --- | --- | --- | --- | --- |
| **Total Project Hours** | 0 | 0 | 0 | 0 | 0 |
| Rate Per Hour | $50 | $36 | $122 | $0 |  |
| **Total Resources Cost** | $0 | $0 | $0 | $0 | $0 |

*\* This is an average outsourced labor rate.*

Table PMO Other Project Costs Calculation

|  |  |
| --- | --- |
|  | Project Cost |
| Hardware/Storage | $0 |
| Software | $0 |
| Other | $0 |
| **Total Other Project Costs** | $0 |

Table PMO Project Expenses Calculations

|  | Cost |
| --- | --- |
| Total Resource Cost | $0 |
| Total Hardware/Software Cost | $0 |
| **Total Project Expenses** | $0 |
| **Total Requested from ESGC** | $0 |