



## PROJECT INTAKE FORM

**\*REQUIRED FIELDS: Forms will not be accepted if not completed.**

**Project Name:** \_\_\_\_\_

**Submission Date:** \_\_\_\_\_ **Implementation Request Date:** \_\_\_\_\_

<b>PROJECT OWNER (PO) NAME*:</b>	<b>PO PHONE NUMBER:</b>	<b>PO EMAIL ADDRESS:</b>
<b>AGENCY SPONSOR NAME*:</b>	<b>SPONSOR PHONE NUMBER:</b>	<b>SPONSOR EMAIL ADDRESS:</b>
<b>PROBLEM/OPPORTUNITY STATEMENT*:</b>		<b>KEY DEPENDENCIES:</b>
<b>REQUESTED TARGET DATES / EVENTS TO CONSIDER:</b>	<b>STAKEHOLDER ANALYSIS:</b>	<b>DELIVERABLES*:</b>
<b>BENEFITS (POSITIVE IMPACTS OF PROJECT):</b>	<b>RISKS (NEGATIVE IMPACTS OF PROJECT):</b>	<b>URGENCY:</b>
		<b>FUNDING SOURCE ACCT NO.*:</b>
		<b>AMT. BUDGETED FOR PROJECT*:</b>
		<b>ONGOING COSTS*:</b>
		<b>CA REFERENCE NO.:</b>
<b>ADDITIONAL NOTES:</b>		

**AGENCY SPONSOR\*:** \_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

**PROJECT OWNER\*** \_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

DATE

DATE