PROJECT TITLE					
SUBMITTED) BY	SUBMITTED TO	DATE SUBMIT	ITED PROJECT START	T DATE
rovide Name, Title, F	Phone, and Email Ac	ddress for each stakeholder k	pelow.		
PROJECT SPONSOR					
FUNDING SPONSOR					
PROJECT OWNER					
PROPOSAL FACILITATOR					
ADDITIONAL STAK	FHOI DERS				
NAME	ROLE		PHONE	EMAIL	

PROJECT OVERVIEW
PURPOSE / GOALS
ASSUMPTIONS

ASUREMENTS OF SUCCESS			
RISK FACTORS			
APPROACH			

SCOPE OF WORK

FUNCTIONS / PROCESSES IMPACTED BY PROJECT

,	. 110 020020 11/11 / 10/125 51 / 110020 /
IN SCOPE	
OUT OF SCOPE	
UNCERTAIN	
INTERDEPEND	DENCIES / REPLACEMENT / CONSOLIDATION WITH OTHER SERVICES, PROJECTS, AND SYSTEMS
IN SCOPE	
OUT OF SCOPE	
UNCERTAIN	

TIMELINE / MILESTONES

ERVIEW	

MILESTONE	REPORTING	DEADLINE

PROJECT COST AND RESOURCE ESTIMATE **OVERVIEW NEEDS / INVESTMENT** COST ESTIMATED TOTAL COST

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