PORTFOLIO MANAGEMENT

PROJECT CONCEPT REVIEW CHECKLIST

Proposed Project Name: ______________________________
Completed By: __________________________ Date: __________

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the project meet the strategic intent of the department?</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Are there potential funding sources or budgets available?</td>
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<tr>
<td>3</td>
<td>Does the project have a clearly defined end point?</td>
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<td></td>
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<tr>
<td>4</td>
<td>Will the project involve or impact more than one department?</td>
<td></td>
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</tbody>
</table>

Project Description:

Opportunity / Preliminary Justification:

Significant Risks and/or Constraints:

Likely Project Sponsor:

Potential Funding Sources:

Order of Magnitude Cost and Timing Estimates: (Include required start and completion dates if applicable.)

Project dependencies, prerequisites, and/or assumptions:

Approvals (To be completed by Portfolio Management Team)

Outcome:
- □ Approved for Project Feasibility Analysis
- □ Approved for Project Planning
- □ Not a portfolio project, transfer to ________________
- □ Not Approved – no further action
- □ Other: ___________________________________________

Priority: □ 1 □ 2 □ 3

Approver: __________________________ Date: __________
Approver: __________________________ Date: __________
Approver: __________________________ Date: __________

PMO1 Version 1.0 Page 1 of 1