

**PORTFOLIO
MANAGEMENT**

PROJECT CONCEPT REVIEW CHECKLIST

Proposed Project Name:

Completed By:

Date:

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

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:** _____

Approver: _____ **Date:** _____