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| **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) |
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| **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:** |