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