



ACCREDITATION EVIDENCE

Title: Project Intake Questions

Evidence Type: Corroborating

Date:

WAN: 22-0518

Classification: Resource

PII: No

Redacted: No



Project Intake Questions

1. Project Title

The title of your request or a short description of your issue.

2. Project Details

Please provide a detailed description of your request or the issue you are experiencing. Include as much information as possible.

Project Management Request

Complete this form to begin the management process. Feel free to add or attach information which would be helpful in evaluating the project in the summary field above. (i.e. SMART goals, project charter, vendor info, estimated costs or bids, VPAT accessibility info, etc.)

3. What is driving the need to complete this project?

4. When was your last Program Review completed?

5. When is your next Program Review scheduled?

6. Was this need identified in your Program Review? If no, explain why it was not identified.

7. What are the benefits Western can expect from this work?

8. Which focus areas of Western's Strategic Plan or Guiding Principles will this project support?

9. What will be the institutional impact?

10. What departments will need to participate in this effort?

- | | |
|--|--|
| <input type="checkbox"/> Information Technology (IT) | <input type="checkbox"/> Registrar |
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> Student Life/Residence Life |
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Workforce Development/Community Ed. |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> School of Arts and Humanities |
| <input type="checkbox"/> Business Office | <input type="checkbox"/> School of Health Sciences and Wellness |
| <input type="checkbox"/> Distance Learning | <input type="checkbox"/> School of Business and Computer Technology |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> School of Health Sciences and Wellness |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> School of Manufacturing and Industrial Technology |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> School of Social Sciences and Education |
| <input type="checkbox"/> Library Services | <input type="checkbox"/> Other - please explain |
| <input type="checkbox"/> Mustang Success | |
| <input type="checkbox"/> Marketing | |

11. Who is the Project Lead and Sponsor?

12. Who are suggested members of the implementation team?

13. Who are outside vendors that may be involved in this project?

14. What technology components are involved with this project?

15. If a technology component is involved, has it been evaluated by IT for the following:

- Security (Data &/or system)
- Authentication/Single Sign On Capability
- Compatibility with Colleague
- Accessibility (Section 508 Compliance/WCAG 2.1 – VPAT)
- Other – provide explanation

16. What is the estimated cost in dollars?

17. Are these expenses already budgeted?

18. What expenses are included in the estimated cost?

19. What resources are needed for this project?

- Facilities (Spaces)
- Financial (Current/Future Budget)
- Human (Time/Talent)
- Materials
- Technology
- Training

20. How many work hours are needed for this project?

- Less than 40 hours
- More than 40 hours

21. What is your proposed timeline, including start and end dates?

22. What is driving the timeline for this project?