

## Project Conception Form

Project Initiator Information	
Initiator Name	
Initiator Title/Position	
Phone Number	
Email Address	
Immediate Project Stakeholder Information	
Stakeholder Name	
Stakeholder Title/Position	
Phone Number	
Email Address	
Project Overview/Introduction	
Project Description	
Mandate/Audit Drive? (if applicable)	
Estimated Users Impact@d (if applicable)	
Project Objectives	
Project Benefits	
Known Risks/Issues (if applicable)	
Risk if Project Not Implemented	
Risk If Project Not Approved	
Known Roadmap	
Estimated/Needed Timeline	
Additional Funding Required?	
Implementation and Support Requirements (e.g. vendors or other Lamar department needed. If known).	
Review and Confirmation	
PMO Recommended Project Tier	
Approval to Proceed (Signature Optional)	
Immediate Stakeholder	
Executive Stakeholder/Sponsor	