

## OTS Proposal Request

### 1. Identification

Requestor's Name:	
Requestor's Email:	
Department:	
Requestor's Phone/Ext:	Date Submitted:

### 2. Proposal Benefit/Need

Check all Benefits and Need Categories that apply. This project/purchase will:

Improve Services Internally
Support Regulatory Mandate
Provide for Greater Efficiencies
Instructional
Research
Other (specify):

Based upon the categories checked above, describe why this project/purchase is important (i.e., the results/outcomes to be realized). **Attach a separate document if needed.**

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Describe the project/purchase scope, objectives and deliverables. Include estimated cost benefits, resources needed and indicate whether training is required.

**Please be as detailed as possible; attach a separate document if needed.**

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**Requested Due Date:**

## OTS Proposal Request | 2016 - 2017

### 3. Proposal Visibility/Impact

Check all College Constituencies that are impacted.

Faculty	Alumni
Students	Staff
Facilities	Foundation
Community (external)	
Other (specify):	

### 4. Funding

Do you need funding to complete this project or service?    Yes    No

If yes, what will be your requested funding source?

If known, what will be the estimated cost of this proposal?

*(Please include a quote or budget details if available as a separate attachment)*

### APPROVAL PROCESS

**Save the completed form and email as an attachment to your VP or AVP, Dean or Director for review and approval.**

### For VP, Deans, and Directors Use Only

**For VP/AVP, Deans, and Directors for review and approval.**

**Date Reviewed:**

Approve	Comments:
Do not Approve	Comments:

**If you approve the request, save the form and email as an attachment to AVP Patricia Kahn of the Office of Technology Systems at [patricia.kahn@csi.cuny.edu](mailto:patricia.kahn@csi.cuny.edu) .**

### For OTS Use Only

**Date Reviewed:**

Approve	Comments:
Do not Approve	Comments:
Committee Review	Comments: