

# Student Activities IT Project Planning Form



**Organization Name:** \_\_\_\_\_

**Project Coordinator:**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**This is a new project.** Please describe the project below.

**This project already exists.** Please describe new features or modifications below, if any.

**Resources Required (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Basic Web Site      | <input type="checkbox"/> Web Site with Registration                            |
| <input type="checkbox"/> Database            | <input type="checkbox"/> Site Security/SSL Certificate (for confidential data) |
| <input type="checkbox"/> Online Payment      | <input type="checkbox"/> NetID-based Sign-in Capability                        |
| <input type="checkbox"/> Laptops/Desktops    | <input type="checkbox"/> Internet connectivity on-location                     |
| <input type="checkbox"/> Staff Training      | <input type="checkbox"/> Power supplies (surge protectors or generators)       |
| <input type="checkbox"/> Tents/Tables/Chairs | <input type="checkbox"/> IT Staff Support on-location                          |

**Project Timeline:**

**"Go-Live" Date for Project:** \_\_\_\_\_

(The "go-live" date is the earliest date the site will be required to be available to users.)

- **For new or modified projects:** complete this form 4 months prior to the above date.
- **For unchanged existing projects:** complete and return 2 months prior to the above date.

**Duration of Project:** \_\_\_\_\_

**Organization Advisor:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Organization Chief Student Leader:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_