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| **NEW SERVICE PROPOSAL FORM**  **Instructions:**   * **This purpose of this document is for Service Planning – to a) Stage 1 - Assess potential new services which are delivered via projects and b) Stage 2 - evaluate the Business Case. If the information is known a&b can be assessed together** * **The document should be completed by the Business Owner (Client Contact, Service Owner or Innovation Group) where the relevant information is known** * **The information provided should be reviewed with the Service Planning Group** * **This process applies to Client (ServicePlan), PMO and HEAnet Service proposals as well as all PMO projects** * **Subject to approval, the Service or Project proposal can proceed for Technical Evaluation or the PMO Validation as appropriate** | | | | | | | | | | |
| **Service Proposal Name** |  | | | **Service Proposal Owner** | |  | | | | |
| **Proposal Date** |  | | | **HEAnet Service Owner**  **(if proposal relates to existing service)** | |  | | | | |
| **Project Funding Source**  **e.g. HEA/CHI, HEAnet, Client, None** |  | | | **Project Budget Estimate (€) incl. VAT** | |  | | | | |
| **Supporting Clients & Contacts names (who are requesting the service and committing to avail of it)** |  | | | | | | | | | |
| **Service/Project Description**  **(please include any relevant associated documents with the proposal)** |  | | | | | | | | | |
| **Project Drivers** | [What has prompted this project proposal? Why is the project being done, what will it achieve, how will it achieve this? | | | | | | | | | |
| **Project Objectives** | [Please detail the objectives or outcomes of the proposed project] | | | | | | | | | |
| **Project Benefits**  **(please describe and quantify where possible)** | [Please detail the expected benefits of the proposed project/service for HEAnet and/or HEAnet clients] | | | | | | | | | |
| **Project Success Outcomes** | Please define the criteria for a successful service will achieve e.g. a benefit realised by X% of academic institutions | | | | | | | | | |
| **In Scope for Proposal** |  | | | | | | | | | |
| **Out of Scope for Proposal** |  | | | | | | | | | |
| **Market Analysis**  **(is a similar product available in the marketplace)** | [Please provide detail on why a HEAnet developed service is more appropriate than a Brokered solution if there is an alternative in the marketplace] | | | | | | | | | |
| **Project Resource Impact (by Team)** | Networking | Systems | Service Architecture | | Security | Management | | Brokerage | Other (please specify) |
| **Resource Estimate (person days) per team** |  |  |  | |  |  | |  |  |
| **Project Type**  **HEAnet Internal or Client Service** |  | | | **Priority**  **High / Medium / Low** | | | High – needed within the next 12 months  Medium – needed within 12 – 24 months  Low – needed within 24 – 36 months | | | |

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| **2 Service/Project Details (to assess future Production service)**  **Note: if the service proposal is for a Pilot, the assessment should be evaluating a future production service based on the Pilot** | | | |
| **Client Sponsor** |  | **Service Stage**  **e.g. POC, Pilot, Production** |  |
| **Forecast total number of HEAnet target clients service applies to** |  | **Client Uptake – Confirmed No. of Academic Client Intention to Avail of Service** | Universities No:  IOTs No:  Other Institutions No:  (confirm names) |
| **Data Protection Impact e.g. is PII or confidential information required or shared externally? If yes, please refer to DPO.** |  | **Risks and Rating**  **(High, Medium, Low)** |  |
| **Proposed Service Lifetime** |  |  |  |
| **Viability of Resource & skillset requirements for production service over service lifetime**  **1 = weak, 3 = good , 5 = v high** |  | **Assessment of HEAnet capability to meet SLA requirements**  **1 = weak, 3 = good , 5 = v high** |  |
| **Technical Architecture & Alignment (0 – 5)**  **1 = weak, 3 = good , 5 = v high**  **(Engineering Standards & Tech Strategy)** |  | | |
| **Finance Impact e.g. Billing** |  | | |
| **Other Information to verify if service is Common, Repeatable & Shareable (0-5)**  **1 = weak, 3 = good , 5 = v strong case** |  | | |

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| **3 Project Risk Assessment (RAID)** | | | |
| **Assumptions** | **Dependencies/Impacts** | **Constraints** | **Key Project Risks** |
| 1. … 2. … | 1. … 2. … | 1. … 2. … | 1. … 2. … |

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| **4 Business Alignment (Score 0 – 5 where is very high)** | | | |  |
| **Aligned to HEAnet Strategic Objectives** | **Cost Savings** | **New Service / Service Enhancement** | **Aligned to Client Needs and Service Demand** | **Other** |
| 0 | 0 | 0 | 0 | 0 |
| Please provide justification including vision statement & goal | Please provide justification | Please provide justification | Please provide justification | Please provide justification |

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| **5. Stage 1 : Service Assessment Decision** | |
| **Service Proposal Assessment Conclusion by Service Planning Group**  **Approval/rejection & Reasons** | Service Proposal Approved : Yes/No |
| **Additional Comments** |  |
| **Signed** |  |

**Note** : The conclusion should be communicated by the Service Planning Group to all stakeholders. The Service proposer may wish to resubmit a revised proposal based on feedback from the Service Planning Group.

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| **6. Stage 2 - Business Case Assessment**  Please include detailed additional supporting information to support the Business case e.g.   * Evidence of financial planning and forecasts – projected income and costs * Please itemise all costs in providing this service over the service lifetime * Evidence of client demand e.g. email to confirm service uptake | | | |
| **Financial Sustainability over Service Lifetime**  **1 = weak, 3 = good 5 = v positive**  **e.g. CHI, Clients, no cost** |  | **Resourcing/Skillsets Sustainability over Service Lifetime**  **1 = weak, 3 = good 5 = v positive** |  |
| **Please describe how the service will be funded (charging model, capital grant)** |  | **Please define the minimum number of clients required for financial breakeven.** |  |
| **Client Service Uptake Commitments / Demand over Service Lifetime**  **1 = weak, 3 = good 5 = v positive** | Client demand over service lifetime including ability of HEAnet to evolve service as needs evolve | **Client agreement to Service Charges**  **(if applicable)** |  |
| **Estimate of the business benefits to HEAnet Clients/Return on Investment** |  | | |
| **Please define any external contractual commitments required for service delivery.** |  | **Business Case Decision**  **(Approved / Rejected)** |  |
| **Proposed Prioritisation / Scoring (1 – 5)**  **1 = Critical**  **2 = Very High**  **3 = High**  **4 = Medium**  **5 = Low** |  | **Tier Rating (1-4)**  **1=Stuff we need to do**  **2=PMO / ServicePlan**  **3=Team Internal**  **4=Team task/major Activity**  **(1&2 = PMO projects)** |  |
| **Budget Viability Assessment** | Is the proposed budget available ? | **Resource (days) approval** |  |
| **Project Sponsor (if known)** |  | **Project Manager (if known)** |  |
| **Additional Actions or Comments** |  | | |
| **Reason for approval/rejection of Business Case** |  | | |
| **Signoff – Service Planning Group** |  | | |
| **Follow-on Actions/Notes** | e.g. approval subject to specific conditions or follow on actions | | |

**Note:**

1. Services/projects which are approved should be added to the Workplan and validation by the PMO as a PMO project.