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| --- | --- |
| **Project Name:** | **HSC School/Unit:** |
| **Approval for Project Analysis**: Yes  No | |
| **How does this project support the HSC 2020 Strategic Plan?** | |
| **Who is intended to benefit from this project?** | |
| **What problems/issues will this project solve? How will it increase efficiency?** | |
| **How is the project intended to function?** | |
| **What is required to complete the project? Are there any drawbacks?** | |
| **What are the key benefits expected upon the completion of this project?** | |
| **How is this project better than other similar project options?** | |
| **Project Budget Attached:** Yes  No | |
| **Please indicate the return on investment anticipated for this project. Return on investment can be qualitative and/or quantitative.** | |

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*Project Sponsor’s Signature Date*

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*Dean’s Signature Date*