

**NEW YORK STATE DEPARTMENT OF HEALTH  
PROJECT MANAGEMENT OFFICE**

**BUSINESS CASE**

<i>Purpose:</i>	<i>Provide a compelling case for the project. Define the business need for the project with objective analysis of the costs and benefits of executing the proposed project.</i>
<i>Target Audience:</i>	<i>The target audience is the person(s) involved with preparing this document as well as the person(s) who use the document. The Project Sponsor and other individual(s) responsible for making the decision to approve the project proceeding to the initiation phase.</i>

<b>PROJECT IDENTIFICATION</b>
<b>Project Name:</b>
<b>Project Sponsor:</b>
<b>Project Director:</b>
<b>Project Manager:</b>
<b>Date:</b>

<b>DOCUMENT HISTORY</b>		
<b>Revision</b> <i>(Briefly describe the revision.)</i>	<b>Author</b>	<b>Revision Date</b>

<b>PROJECT SOURCE</b> <i>(Check the appropriate box for project source.)</i>				
<input type="checkbox"/> Legislative Federal Mandate	<input type="checkbox"/> Legislative State Mandate	<input type="checkbox"/> Executive Project	<input type="checkbox"/> External Funded Project	<input type="checkbox"/> Other
<b>Comments:</b>				

<b>BUSINESS NEED / PROBLEM</b>
<i>Briefly describe the Need or Problem driving the proposed project.</i>

<b>PROPOSED SOLUTION / PROJECT APPROACH</b>
<i>Briefly describe the product of the project that would resolve the Business Need or Problem, and the Solution proposed to create it.</i>

<b>OTHER SOLUTIONS</b> <i>(Briefly list alternative solutions and the reasons for rejecting options.)</i>	
<b>ALTERNATIVE</b>	<b>REASON FOR REJECTING ALTERNATIVE</b>

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**CONSISTENCY / FIT WITH ORGANIZATION'S MISSION AND STRATEGIC PLAN**

*Describe how the project is consistent with the mission or provide the rationale if it is not.*

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**ANTICIPATED BENEFITS**

*List all Anticipated Benefits resulting directly from the project. Specify the ways there will be measurable improvement of new capabilities. Consider the implication of NOT doing the project – what benefits would be missed?*

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**COST / RESOURCE ESTIMATE SUMMARY**

*Provide a summary if the Cost Estimate for project. If available enter cost estimates into the below tables.*

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**PERSONAL SERVICES**

State Resources	FTEs	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Future Years	Remarks
<b>Total State Resources:</b>						
Vendor/Contractor Resource	FTEs	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Future Years	Remarks
<b>Total Vendor/Contractor:</b>						
<b>Total PS</b>						

**NON-PERSONAL SERVICES**

Type of Service	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Future Years	Remarks
Hardware					
Software					
Equipment					
Travel					
Training					
Etc					

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<b>Total NPS</b>					
<b>Total PS + NPS</b>					

**COST / BENEFIT ANALYSIS**

*Briefly justify the Costs for the identified Benefits. Include quantities analysis, e.g., calculations of anticipated savings, cost avoided, Return On Investment, etc.*

**SPECIAL FUND SOURCES**

*List and describe any Sources for project funding. Are there grants that will be applied for? Are federal funds available/ Is a charge-back to the Customers planned?*

**RISKS**

*Identify any **Risks** associated with embarking and implementing the project.*

**ORGANIZATIONAL IMPACT**

*Briefly describe the **Impact** this Project will have on the organization.*

**ADDITIONAL COMMENTS**