



**SYSTEMS PROJECT INTAKE REVIEW**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
COMMISSIONER'S OFFICE  
SFN 144 (1-2025)

Project Name
Brief Project Description
Project Goal Statement

**Define who we are helping**

Is there an item that is driving the need for the project to happen? <input type="checkbox"/> Yes <input type="checkbox"/> No
What problem are we solving?
How does this project align with the strategic priorities of DHHS?
What would make this project successful?

**Impacts**

How does this project impact the "customer" for DHHS?
How many people are impacted by this potential change? <input type="checkbox"/> 0-10 <input type="checkbox"/> 10-100 <input type="checkbox"/> 100-500 <input type="checkbox"/> 500 and Greater
Impacted HHS Divisions <input type="checkbox"/> Public Health <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Human Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Operations <input type="checkbox"/> Finance <input type="checkbox"/> Legal <input type="checkbox"/> Communications <input type="checkbox"/> Deputy Commissioner's Office <input type="checkbox"/> Human Resources
Which existing work processes would be impacted by this project? (how do we account or differentiate between processes internal and external)
What are the largest risks associated with this project?
What would be affected if we did not do this project?
What constraints are there related to this project?

**Effort**

Due date in which the output of the project would need to be completed <input type="checkbox"/> Immediate <input type="checkbox"/> Within 6 Months <input type="checkbox"/> Within 12 Months <input type="checkbox"/> Within 24 Months <input type="checkbox"/> Greater than 24 Months
How long will the project take to complete? <input type="checkbox"/> Within 6 Months <input type="checkbox"/> Within 12 Months <input type="checkbox"/> Within 24 Months <input type="checkbox"/> Greater than 24 Months
Is there a known funding source? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes: <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Combination <input type="checkbox"/> Other (specify):
Does funding source have a due date? <input type="checkbox"/> No <input type="checkbox"/> Yes - Specify Due Date:
Was this project appropriated in the Agency's Budget? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any special considerations around the timing of funding elements of this project? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain:
Is this project technically, legally, and organizationally feasible ? (Explain):
Will there be an IT element to this project? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, is there an existing technical solution in place and how will that be impacted through this project? (Explain):

Intake Review Committee Designee Signature	Date
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