# Project / Program Information

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| **PROJECT NAME:** | [Project name] |
| **SENIOR RESPONSIBLE OFFICER:** | [Name of delivery agency’s nominated SRO] |
| **AGENCY HEAD:** | [Name of delivery agency’s Secretary or CEO] |
| **DELIVERY AGENCY:** | [Name of delivery agency] |

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| PROBLEM AND SERVICE NEED |
| [Succinctly define the problem/ service need which has been identified] |
| EVIDENCE OF PROBLEM OR SERVICE NEED IS ATTACHED | Choose an item. |

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| POLICY AND STRATEGY ALIGNMENT  |
| [List the NSW Government policies and strategies which this problem/service need is aligned to][Briefly describe how this project assists in meeting the Government’s current objectives] |

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| PROJECT GOVERNANCE |
| [Briefly describe the governance to be put in place during project development][Briefly describe how this project will be reported through the delivery agency’s executive][Briefly describe and the agency’s resourcing approach to the project development stage][State whether the delivery agency is confident of its ability and has the resources to deliver the project should funding be approved] |

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| POTENTIAL DEVELOPMENT FUNDING SOURCE |
| [State the intended source of funding for the development of the strategic options analysis][List the most likely or anticipated potential source(s) of funding for the physical delivery project e.g. budget bid/capital funding envelope/Restart/Commonwealth] |

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| WHO WILL MAKE THE DECISION TO PROCEED |
| [Name the agency, role position, steering committee or governance body that will make the decision to proceed to options analysis] |

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| AGENCY EXECUTIVE ENDORSEMENT (SECRETARY/CEO OR DELEGATE):  | [Name and position of executive endorser] |