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| Part 1: Capital Request Identification |
| Project or Program Name:  | Business Case ID:   |
| Dept. ID:  | Department:. | Division:  | Branch:  |
| Project or Program Number (if available):  |
| BC Author:  | Date created (MM/DD/YYYY):  |
| Funding Sources (√):Debt [ ] Cash [ ] Other [ ]  | Project Driver (% Allocation): |
| Maintain Base LOS | Regulatory Change | Support Growth | Enhanced LOS | Increase Efficiency |
|   |   |   |   |   |
| Service View Budget Category:  | Approved Budget to Date: $  |
| Our Winnipeg Reference(s):  | Total Project Capital Cost:$  |
| Department Strategic Plan(s) Considered:  | Operating Budget Adjustment (√): Yes [ ]  No [ ]  |

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| Part 2: Description of Business Need |
| Target Service Level:  |
| Background:  |
| Need (Problem, Risk to Level of Service, Opportunity):  |
| Root Cause (bullets):*
 | Consequences (bullets):*
 |
| Significant Dependencies/Synergies:  | Evidence and Data that support the Need (Name sources & attach in appendix if applicable):  |

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| Part 3: Option Evaluations  |
|  NPV Summary:   |
| Differences or Considerations pertaining to Options (if required):   |

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| Part 4: Recommended Solution |
| Solution Description and Rationale:  |
| Operational Impact – Financial and Other:  |
| Quantified Benefits:  |
| Assets Created or Decommissioned:  |
| Key Assumptions and Sensitivities:  |
| Deliverability Risks or Issues:  |
| Project and Stakeholder Coordination:  |
| Estimated Schedule:  |
| Stakeholders Consulted   |

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| Part 5: Financial Analysis  |
| Budget($ thousands) | 2015 | FORECAST | Total |
| 2016 | 2017 | 2018 | 2019 | 2020 |
| Capex |   |   |   |   |   |   |   |
| Net Opex |   |   |   |   |   |   |   |
| Type (P/S):P [ ] S [ ]  | Escalation (%):  | Contingency (%):  | Class of Estimate (1-5):  |
| Key Components of Project Costs | Type | Amount ($ thousands) |
| IS&T  | $  |
| Contingency  | $  |
| O/H Fees  | $  |
| Other  | $  |

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| Part 6: Change Log |
| No. | Date | Description |
|   |   |   |
|   |   |   |

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| Part 7: Approval |
| Asset Management QA: Date:  | Comments:  |
| Finance Manager: Date:  | Comments:  |
| IS&T: Date:  | Comments:  |
| Division Manager: Date:  | Comments:  |

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| Appendix: Supplementary Information |
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