

SGA Project Proposal

Project Title: _____

Requesting Member: _____

Objectives and Measures of Success

What is the goal of the project? How will it improve the student body experience? How can the success of this project be measured?

Proposed Date(s), Time(s), and Location(s) of Event

Click here to enter a date.

Funding Estimate

Item	Expected Cost
TOTAL	

**Attach documentation for all proposed costs. If more lines are needed, attach additional sheets as necessary.*

SGA member signature: _____

When complete, **submit to your supervisor, VP Kutner or Chief of Sampson (circle one).**

If approved, **submit to Treasurer Martin** for review by Finance Committee.

If approved, **submit to President Ridgeway** for final approval.

For Internal Use Only

Approval:

VP Kutner / Chief of Staff Sampson: _____

Treasurer Martin: _____

President Ridgeway: _____

Risk Assessment and Evaluation

Risk Item	Risk Level 1-15 (Circle one)	Risk Score
External Dependencies: How dependent is the project on other projects or efforts?	High (11-15) Medium (6-10) Low (1-5) None (0)	
Management Risk: What level of risk does the proposer's management capability represent?	High (11-15) Medium (6-10) Low (1-5) None (0)	
Mission Risk: How critical is project success to the success of the SGA?	High (11-15) Medium (6-10) Low (1-5) None (0)	
Failure Risk: What is the risk of failure?	High (11-15) Medium (6-10) Low (1-5) None (0)	
Complexity Risk: How complex is the project?	High (11-15) Medium (6-10) Low (1-5) None (0)	
Preliminary Risk Assessment: What is the overall risk of the project?	High (73-100) Medium (36-72) Low (1-35) None (0)	Total Risk Score: