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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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