

Project Needs Assessment Form

Project Information:

- Project Name: _____
- Project Manager: _____
- Project Start Date: _____
- Expected Completion Date: _____

Stakeholder Information:

- Key Stakeholders: _____
- Stakeholder Roles: _____

Needs Identification:

- What is the primary objective of the project?

- What resources are currently available?

- What additional resources or inputs are required?

Barriers to Success:

- Limited Budget
- Lack of Expertise
- Insufficient Staff
- Technological Challenges
- Other: _____

Proposed Solutions:

- **Provide potential solutions to address identified barriers:**

Approval Section:

Signature of Project Manager: _____

Date: _____