System Development and Life-Cycle Management (SDLCM) Methodology

GO OR NO GO DECISION FOR PROJECT FORM **Component 3. Design the Solution**	

<table>
<tr><td colspan="2" align="center">Project Information</td></tr>
</table>

Project/Task Name:

Overall Project Manager (printed name): (Signature) _____	**Phone Number:**

❑ **Go**

                      Y   N   Y   N

❑ **No Go**   **Budget Overrun?** ❑   ❑   **Schedule Overrun?** ❑   ❑

Rationale for Decision:

(Attach continuation if necessary)

Additional Information Required for Consideration:

(Attach additional pages, if necessary)

Technical Project Manager (printed name):	❑ **Go** ❑ **No Go**
(Comments:)	(Signature) _____

(Attach additional pages, if necessary)

Technical Subject Matter Expert **Infrastructure (printed name):**	❑ **Go** ❑ **No Go**
(Comments:)	(Signature) _____

(Attach additional pages, if necessary)

Approval to Proceed: Executive Sponsor (Signature) _____	**Date:**