

GO OR NO GO DE	ECISION FOR PROJECT F	ORM	
Componen	t 5. Deploy the Solution		
	roject Information		
Project/Task Name:			
Overall Project Manager (printed name):	Phone Number:	Date:	
Signature:			
Go			
🗅 No Go			
Rationale:			
Additional Information Required for Consideration:			
Approval to Proceed: Executive Sponsor (printed nan	ne):	Date:	
(Signature)			