



## SSC Request Form

### Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Goals

Describe the issue or opportunity you wish to address or solve? What is the desired outcome?

Who is affected? (Suppliers/Subscribers/PRI Staff/ Other)

What value will be gained (e.g. cost reduction, time saved, etc.)?

What constituency will be most positively be impacted?

How will the effectiveness be measured?



**Implementation and Expectations**

Are there key stakeholders that need to be involved to assure success of the project?

Does a procedure need to be changed? How will the change be communicated?

Has any prior activity taken place to address this issue?

Is there a deadline associated with this activity?

Would you be willing to participate on a team to implement this request?

**Comments**

Additional Comments:

Internal Use Only			
Date Received:	Date Reviewed by SSC LT:	Action: <input type="checkbox"/> Project Accepted <input type="checkbox"/> Project Declined <input type="checkbox"/> More Information Needed	Response Sent:
Reason for declining request (if applicable)::			