

A. Problem/Opportunity (the "why"):

B. Strategy This Initiative Supports:

C. Background Information:

D. Alternatives Considered:

E. Recommended Solution (the "what"):

F. Key Assumptions, Risks:

G. This Initiative Materially Impacts or Requires Non-Trivial Changes to Our:

- | | | | |
|------------------------------------|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Strategy | <input type="checkbox"/> Clients | <input type="checkbox"/> Systems | <input type="checkbox"/> Skills |
| <input type="checkbox"/> Offerings | <input type="checkbox"/> Partners | <input type="checkbox"/> Processes | <input type="checkbox"/> Roles |
| <input type="checkbox"/> Channels | <input type="checkbox"/> Budgets | <input type="checkbox"/> Equip, Facilities | <input type="checkbox"/> Incentives |

H. Resources Required:

I. Revenues or Other Justification:

J. Implementation Plan (the "how"):

✓	Milestones and Key Tasks	Owner	Due Date	Comments