

GOVERNMENT COMMUNICATION AND INFORMATION SYSTEM (GCIS)
REPUBLIC OF SOUTH AFRICA
TEL: (012) 314 2293/2294
FAX: (012) 323 5196

Request for GCIS' Assistance: Project Scope (SOP)

(The client department must complete the form in full, to enable GCIS to make a decision on the request.)

CLIENT INFORMATION

1.1 Client department:

1.2 Which are the other key departments (involved or affected)?.....
.....

1.3 Contact name:

1.4 Contact details: Tel..... Fax:

Cell:..... E-mail:

1.5 Postal address:

.....

.....

1.6 Physical address:

.....

.....

ABOUT THE PROJECT

2. Project description [Broadly, what is the project's background, history, problem statement, policy context, etc?]:
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3. Project's strategic intent/objective(s) [To be specific, measurable, actionable, realistic and timeous]:
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SERVICE REQUIREMENTS

4. Assistance required from GCIS [Please tick and complete table]

Project activity [Main task/s to be executed]	Project outputs [Results to be achieved]	Target delivery date [When should the main task/s and result/s be completed?]
✓		
<input type="checkbox"/> Development of a communication strategy	Communication strategy	
<input type="checkbox"/> Media liaison	Media plan	
<input type="checkbox"/> Advertising	Advertising schedule	
<input type="checkbox"/> Distribution	Distribution strategy	
<input type="checkbox"/> Production	Radio or video products	
<input type="checkbox"/> Liaison (national, provincial & local)	Effective networking	
<input type="checkbox"/> Other		
<input type="checkbox"/> Other		
<input type="checkbox"/> Other		

PROJECT BUDGET

5. Total or estimated project budget [How much has been budgeted for communication?]:

.....

6. Budget available for communication [Out of the total or estimated communication budget, how much has been allocated for the above required activities in this project?]:

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[Please refer to the attached **GCIS Financial Procedures**]

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7. Important project deadlines [Are there specific fixed deadlines for this project?]:

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8. Project completion date [When must the project be completed?]:

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9. Project risks and constraints [Are there any possible risks and constraints e.g. time, resources and environmental issues that the project should try to avert?]:

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10. Supporting documents [List and/or attach all documents, research reports, policy and background information relevant to this project.]:.....

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Signature: Head of Communication: Date:

Signature: Accounting Officer: Date:

FOR PROJECT DESK OFFICE USE ONLY:

Date of receipt:.....

Name of the Project Desk recipient:

Signature of the recipient:.....

Referred to (Deputy CEO: Centralised Services with a Scope Brief for approval):

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Recommendation (if applicable):

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Date of referral:

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