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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?]:

.....

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

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

.....  
.....

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

.....

**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?]:

.....  
.....  
.....

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

.....  
.....  
.....  
.....  
.....

**Signature: Head of Communication:** ..... **Date:** .....

**Signature: Accounting Officer:** ..... **Date:** .....

**FOR PROJECT MANAGEMENT OFFICE USE ONLY:**

**Date of receipt:**.....

**Name of the Project Management Office recipient:**

.....

**Signature of the recipient:**.....

**Referred to (Chief Director: Strategic Planning and Programme Management with a Scope Brief for approval):**

.....

**Recommendation (if applicable):** .....

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**Date of referral:** .....