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**STATEWIDE PROCESS IMPROVEMENT STEERING COMMITTEE**

**CONSIDERATION FOR OPM SPONSORSHIP**

**Name:** **Date of Request:**

**Agency:**

Please provide a brief summary of the process that needs improvement (including project scope and identification of customers affected by this process, if known)

Please list up to three (3) potential goals that may be associated with this project

1.
2.
3.

Please list up to three (3) potential performance metrics/KPIs that may be used to measure the success of any changes made

1.
2.
3.

Please describe how this project will impact the residents of Connecticut

Please describe (and quantify, if possible) the cost savings and/or revenue increases associated with implementing change to this process

Please select Yes/No in response to the following questions

This project impacts more than one state agency/entity\* Choose an item.

(\*including non-profit, municipal and private partners)

 If yes, please list all relevant entities:

A Team Sponsor has already been identified Choose an item.

A Team Leader has already been identified Choose an item.

Team members have already been identified (tentative or confirmed) Choose an item.

There is measurable data to support the need for improvement Choose an item.

This improvement project was at the request of OPM/OTG Choose an item.

Is this the agency’s first Kaizen event? Choose an item.

Is this the Team Leader’s first Kaizen event? Choose an item.

Have some team members served on a Kaizen team before? Choose an item.

Have all known team members attended a Lean overview training/briefing? Choose an item.

Please select the type of efficiency that can be gained from this project (choose all that apply)

[ ]  Administrative [ ]  Customer Service

[ ]  Enforcement/Compliance [ ]  Inter-Agency Collaboration

[ ]  Permitting [ ]  Financial Benefit

[ ]  Process/Cycle Time Reduction [ ]  Information Technology

[ ]  Resource [ ]  Legislative

Based upon the seasonality of the topic and work schedules, please enter a month (or two) that would be most convenient for your organization(s) to start a 3 or 5 day event

Please note any additional assistance that you may require in order to ensure a successful event

**Please send your completed application to** **alison.fisher@ct.gov**