

Decision Paper [

Amendment log		
Title:	[Title (Decision Paper ID – Title)]	
Referencing to other documents:	[Referenced documents]	
Applicability:	[Division]	[Country]
Validity:	From: [Date]	Until: [unlimited/date]
Circulation list:	stakeholders	
Language versions:	<input type="checkbox"/> German <input checked="" type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Italian	
Owner and function:	[Owner Name and Function]	
Author's:	[Authors]	
Policy Committee:	Checked on: [Date]	
Approval body:	[Board/SteCo]	Approved on: [Date]

Stakeholders:

Function	Organization	Represented by	Why Stakeholder?
[Function]	[Organization]	[Name]	[Reason for interest]

OVERVIEW

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Important links:

Topic	Link
[Title]	[Link]

0. Introduction

[Introductory explanation of current situation and reason why for the decision]

1. Required Decision and Background

Required decision

Description of the decision required
[Please describe]
Background information
[Please describe]
Facts
[Please describe]

2. Stakeholder Requirements/Restrictions

Nr	Requirement/ Restriction and Reason Why	Type (Please set x)			Requested by
		MUST	SHOULD	MUST NOT	
1.	[Title] [Description]	[x]	[x]	[x]	[Stakeholder Name]
2.					
3.					
4.					
5.					

Approval of completeness of requirements/restrictions

The mentioned stakeholders herewith confirm that the requirements/restrictions of the modules have been completely carried out and declare this by their signature.

Stakeholder	Function	Organization	Approval date
[Name]	[Function]	[Organization]	[Approval date]

Date / Place / Signature _____

Date / Place / Signature _____

Date / Place / Signature _____

Date / Place / Signature _____

Date / Place / Signature _____

Date / Place / Signature _____

3. Description of Solution Alternatives

Solution alternative 1

Description			
[Please describe]			
Strengths			
▪ [Please describe]			
Weaknesses			
▪ [Please describe]			
Opportunities			
▪ [Please describe]			
Threats			
▪ [Please describe]			
Satisfied stakeholder requirements (see chapter 1)			
Nr.	Sat.	Not Sat.	Comment/Reason
1.	[x]	[OR: x]	
2.			
3.			
4.			
5.			
Estimated effects on schedule			
[Please describe]			
Estimated effects on costs			
[Please describe]			

Solution alternative 2

Description			
[Please describe]			
Strengths			
▪ [Please describe]			
Weaknesses			
▪ [Please describe]			
Opportunities			
▪ [Please describe]			
Threats			
▪ [Please describe]			
Satisfied stakeholder requirements (see chapter 1)			
Nr.	Sat.	Not Sat.	Comment/Reason
1.	[x]	[OR: x]	
2.			
3.			
4.			
5.			
Estimated effects on schedule			
[Please describe]			

Estimated effects on costs
[Please describe]

Solution alternative 3

Description			
[Please describe]			
Strengths			
▪ [Please describe]			
Weaknesses			
▪ [Please describe]			
Opportunities			
▪ [Please describe]			
Threats			
▪ [Please describe]			
Satisfied stakeholder requirements (see chapter 1)			
Nr.	Sat.	Not Sat.	Comment/Reason
1.	[x]	[OR: x]	
2.			
3.			
4.			
5.			
Estimated effects on schedule			
[Please describe]			
Estimated effects on costs			
[Please describe]			

4. Recommendation

Recommendation
[Please describe and reference solution alternatives]
Rationale for recommendation
[Please describe]
Impact of recommendation
▪ [Please describe]
Follow up actions
▪ [Please describe]

Stakeholder Signatures

I herewith confirm with my signature that all mentioned aspects and consequences in the area of my roll have been completely considered and I support the recommendation described above.

Name	Function	Organization	Approval date
[Name]	[Function]	[Organization]	[Approval date]

Date / Place / Signature _____

Date / Place / Signature _____

Date / Place / Signature _____

Date / Place / Signature _____

Date / Place / Signature _____

Date / Place / Signature _____

5. Decision

Decision
[Please describe]
Conditions for decision (if any)
<ul style="list-style-type: none">▪ [Please describe]

6. Approvals & Signatures

Approvals

Body	Approval date
[Body]	[Approval date]