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## APPENDIX B: FORMS

Template Number	Name	Process Group	Turnaround Document	Optional	File Name
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PM - 02	Project Management Plan: Revision History	Planning			
PM – 03	Project Management Plan: Project Summary	Planning			”
PM – 04	Project Charter	Planning			”
PM – 05	Project Tradeoff Matrix & Status Summary	Planning	X	X	”
PM – 06	Project Organization	Planning			”
PM – 07	Work Product Identification	Planning	X		”
PM – 08	Estimated Cost At Completion	Planning	X		”
PM – 09	Resource Loading Profiles - Staffing	Planning	X		”
PM – 10	Project Requirements	Planning			”
PM – 11	Risk Identification Form	Planning			
PM – 12	Risk Management Log	Planning	X		”
PM – 13	Change Management Plan	Planning			”
PM – 14	Change Control Form	Planning			
PM – 15	Project Quality Plan	Planning			”
PM – 16	Project Top Five Issues	Planning	X	X	”
PM – 17	Issue Status	Planning	X	X	”
PM – 18	Activity List (Work Breakdown Structure)	Planning	X		
PM – 19	Schedule	Planning	X		”

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Template Number	Name	Process Group	Turnaround Document	Optional	File Name
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PM – 22	Project Start-Up Check List	Start-up			
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PM – 27	Project Work Assignment	Start-up/ Execution			
PM – 28	Project Close Out Checklist	Closeout			
PM – 29	Lessons Learned Template	Closeout			
PM – 30	Lessons Learned Summary	Closeout			

**BUSINESS CASE FOR {insert name of project here}**

**PROGRAM NUMBER: {insert program # here}**

**On behalf of: {insert name of sponsor}**

**Document facilitated by: {insert name of Project Manager}**

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## Revision History

Revision Number	Revision Date	Summary of Changes	Revision Page Number	Revised By

## Approvals

_____ Name of Sponsor	_____ Title	_____ Date
_____ Name of Steering Committee Member	_____ Title	_____ Date
_____ Name of Steering Committee Member	_____ Title	_____ Date
_____ Name of Steering Committee Member	_____ Title	_____ Date
_____ Name of ITAB Representative	_____ Title	_____ Date

## **Executive Overview**

*This section describes project background including primary business issues, goals of the project and an overview of the approach used to address the business problem.*

## **Program Charter**

### **Business Problem Statement**

*Provide a brief concise description of the business problem.*

### **Goals (High-Level Project Scope Statement)**

*Provide a short description of the high-level scope of the project.*

### **Objectives**

*Provide a brief list of what the project is to accomplish.*

Short-Term Objectives:

Long-Term Objectives:

### Success Factors

Short-Term Success Factors:

Long-Term Success Factors:

### High-Level Implementation Plan

Provide information about the expected projects to accomplish the goals, objectives and benefits/success factors of this program charter.

No.	Project Description	Expected Duration	Planning		Execution		Total Cost
			Hrs	Cost	Hrs	Cost	
1.							
2.							
3.							
4.							
	<b>TOTALS (+/- 25%)</b>						





## **Risks**

*Provide information on any major risks to the overall program. .*

## **Constraints**

*Provide information on any constraints that could impact the overall program.*

## **Next Steps**

*Describe the series of activities/tasks which should immediately follow the signoff of this document.*

## **Appendices**

*Use this section to attach any supporting documentation to this Business Case.*

## **Glossary**

*Provide a glossary of terms for any special used in this document or throughout the program.*

## Revision History

Revision Number	Revision Date	Summary of Changes	Revision Page Number	Revised By

# Project Summary

State Organization:  Sponsor:

Prime Contractor:  Date Awarded:

This is a part of *{Insert Name of Program}* Program

Please Provide Comments of over all program.

Please answer the following questions by marking “Yes” or “No” and provide a brief response as appropriate

Is this an updated Project Plan? If so, reason for Update: _____ _____	Yes	No
---	-----	----

## Budget

Total Personal Services Hours		Year Scheduled:		
IS Hours		Funded?	_____	_____
Non-IS Hours				
Total Personal Services Cost		Year Scheduled:		
Outside Costs		Funded?	_____	_____
Consultants				
Hardware		Year Scheduled:		
Software		Funded?	_____	_____
Total Costs				

# Project Charter

## Problem Statement

- *Provide a brief concise description of the business problem.*

## Goals (High-Level Scope Statement)

- *Provide a short description of the high-level scope of the project*

## Objectives

*Provide a brief list of what the project is to accomplish. (You can break out the short-term objectives from the long-term objectives here.) These objectives should be measurable and ties to the benefits/success factors of the project.*

Short-Term Objectives:

Long-Term Objectives:

## Success Factors

*Provide the benefits/success factors and ensure that they tie back to the objectives. Use any of the following bulleted items to get started.*

Short-Term Success Factors:

Long-Term Success Factors:

## Project Tradeoff Matrix and Status Summary

Schedule	Scope	Resources

Identify variable to be CONSTRAINED, IMPROVED, ACCEPTED

*Comments:*

**+/- Status**

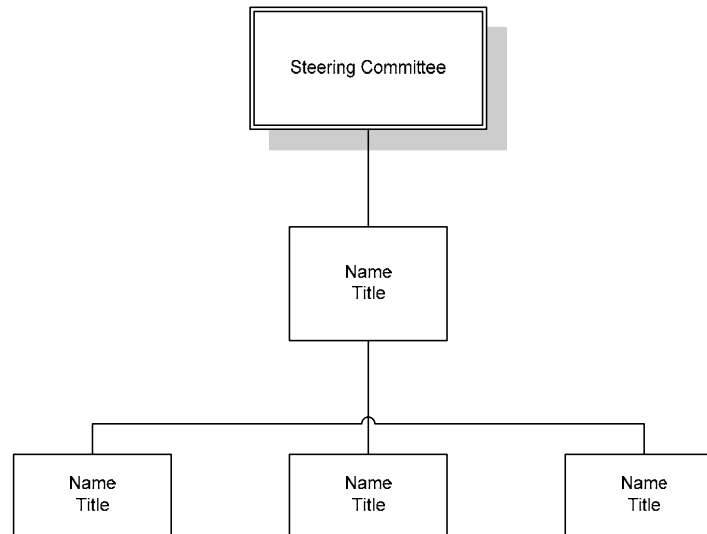
Team	Tech	Schedule	Cost	Comment
	-/+	-/+	-/+	
	-/+	-/+	-/+	
	-/+	-/+	-/+	
	-/+	-/+	-/+	
	-/+	-/+	-/+	

Discuss:

*Legend*

+ = Ahead of Schedule
- = Behind Schedule
/ = On Schedule

# Project Organization







# Resource Loading Profiles – Staffing

*Provide a staffing plan that shows the number of personnel, by type, that will be required on the project on a monthly basis. Your information should be based on a detailed FTE Resource Loading Table.*

## Project Requirements (Traceability Table) / Product Scope Statement

Documents Product Specifications with appropriate cross-references to other documents, if applicable.

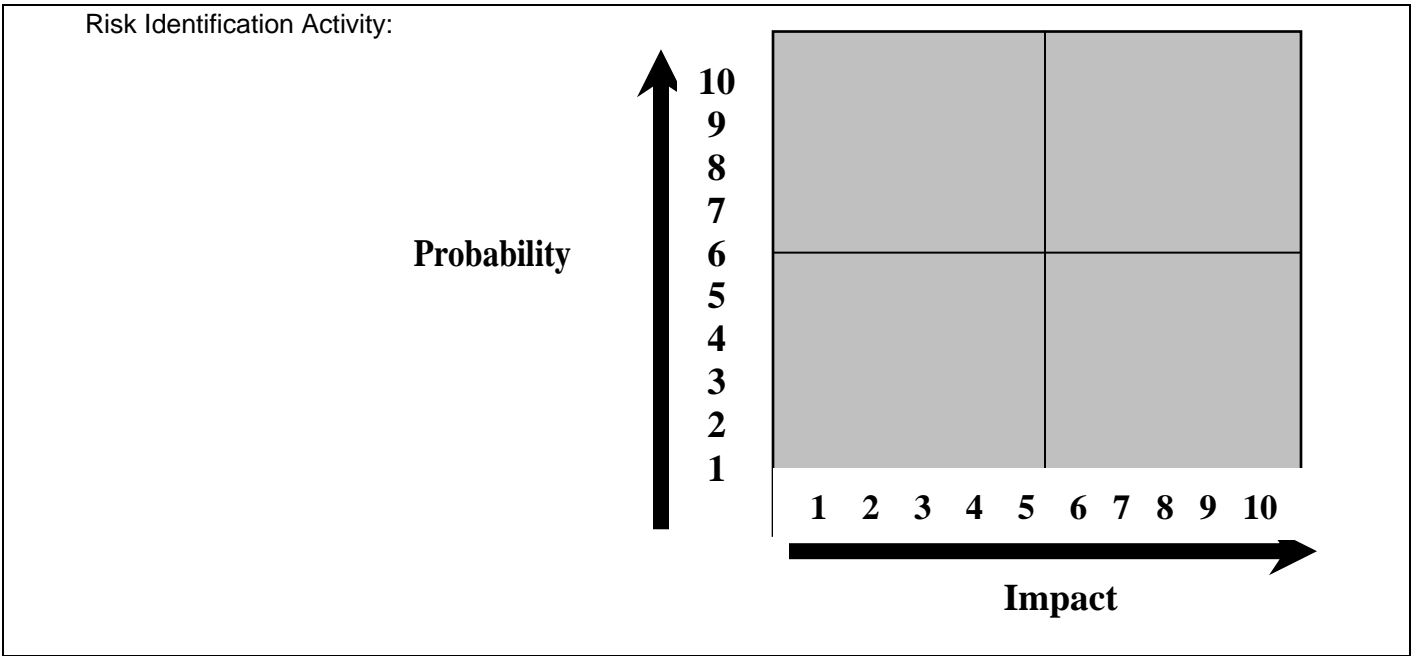
No.	Requirement	RFP Reference	SOW Reference	Task Reference	Specification Reference	Date Completed	Comments/Clarification
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

SOW = Statement of Work

## Risk Identification Form

Name of Project:
Project Manager:
Project Sponsor:
Created by:
Date:

Identify Risk(s):



Risk Priority Log	Probability Score	Impact Score	=	RIN
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

RIN is calculated by multiplying the probability by the impact.

Mitigation or Contingency of Risk #1:

Budget for This Risk: \_\_\_\_\_

Time for This Risk: \_\_\_\_\_

Responsible:

Mitigation or Contingency of Risk #2:

Budget for This Risk: \_\_\_\_\_

Time for This Risk: \_\_\_\_\_

Responsible:

Mitigation or Contingency of Risk #3:

Budget for This Risk: \_\_\_\_\_

Time for This Risk: \_\_\_\_\_

Responsibility:

Mitigation or Contingency of Risk #4:

Budget for This Risk: \_\_\_\_\_

Time for This Risk: \_\_\_\_\_

Responsibility:

### Risk Management Log

Name of Project:	
Project Manager:	Customer:
Project Sponsor:	

### Risk Management Log

A description of project risks, the probability of the risk occurring, the impact of the risk on the project, and the suggested mitigation activities  
RIN is calculated by multiplying probability by impact.

Last Risk Assessment Date: \_\_\_\_\_ Prepared by: \_\_\_\_\_

<b>Ref #</b>	<b>Risk Event</b>	<b>Probability Score</b>	<b>Impact Score</b>	<b>RIN</b>	<b>Mitigation Plan</b>	<b>Contingency Plan</b>	<b>Responsible Person</b>

## Change Management Plan

Provide a change management plan that defines the person responsible for project change management, the procedures that will be used, the planned change items, planned release dates for change items, and resources required to conduct CM.

Describe the change management process which will be followed in this project:
Describe which change requires the documentation with a change request form:

### Change Control Items:

No.	Item	Approves Change	Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

# Change Control Form

**Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Control Number:** \_\_\_\_\_

Name of Project:
Project Manager:
Project Sponsor:
Created by:
Date:
Requester: <input type="checkbox"/> Customer <input type="checkbox"/> Project Sponsor <input type="checkbox"/> Team Member <input type="checkbox"/> Other

**Proposed Change Description:**

**Justification:**

**Impact: (Effect on Project Schedule or Cost)**

**Impact of Not Implementing Change**

**Alternatives:**

# Change Control Form

Project: \_\_\_\_\_

Date: \_\_\_\_\_

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Reviewer: \_\_\_\_\_ Review Completion Date: \_\_\_\_\_

Reviewer Comments:

Cost / Schedule Impact Analysis Required? Yes\_\_\_ No\_\_\_ Attach if completed.

Impact in Schedule: \_\_\_\_\_ Impact on Cost: \_\_\_\_\_

Project Manager Recommendation (check one)

Accept

Defer

Need Additional Information

Reject

Comments:

## Change Control Board Approval

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## Steering Committee Approval, If Required

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Assigned to: \_\_\_\_\_

Planned Completion Date: \_\_\_\_\_

## Quality Plan

Name of Project:	
Project Manager:	Customer:
Project Sponsor:	

### Quality Plan

Provide a quality plan that defines the person responsible for project quality assurance, the procedures that will be used, and resources required to conduct quality assurance.

Measurements (goals, tasks, objectives to be met)	Metric or indicator for each item (how to measure quality)	Comments
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Define the monitoring process:

## Quality Plan Approvals

Project Name: \_\_\_\_\_

<b>APPROVALS:</b>		<b>REVIEWED BY:</b>	
<b>Steering Committee Representative</b>	<b>Date</b>	<b>Project Manager</b>	<b>Date</b>
<b>Project Sponsor</b>	<b>Date</b>	<b>Management Representative</b>	<b>Date</b>
<b>Vendor Manager (if applicable)</b>	<b>Date</b>	<b>Customer</b>	<b>Date</b>

## Top Five Issues

*A list of known issues associated with the project along with current status.*

<b>Ref #</b>	<b>Issue Description</b>	<b>Responsible Individual</b>	<b>Open Date</b>	<b>Closure Date</b>	<b>Status</b>

# Issue Status

Maintain a list of action items, including a description of the item, a point of contact a date by which action should be taken and a description of the action taken to close items.

<i>Action Item #</i>	<i>Action Item Description</i>	<i>Responsible Individual</i>	<i>Open Date</i>	<i>Closure Date</i>	<i>Status</i>

## Activity List and Project Schedule

Provide an activity list (*work breakdown structure*) that describes each task required by the project

**Discard this page and attach the Activity List spreadsheet created in Excel™.**

















# Task Analysis Form

**Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This form is used to document the detail associated with unusual tasks, especially tasks that do not have a normalized dispersion of likely outcomes or tasks that will be crashed.

**Task number:** \_\_\_\_\_ **Task name:** \_\_\_\_\_

**Predecessor task(s):** \_\_\_\_\_ **Prepared by:** \_\_\_\_\_

**Deliverables:** \_\_\_\_\_ **Milestone:** \_\_\_\_\_

## Normal Mode Cost Analysis

Resource	Units	Rate	Cost
<b>Total</b>			

## Crash Mode Cost Analysis

Resource	Units	Rate	Cost
<b>Total Personnel Cost</b>			
<b>Other Costs:</b>			
<b>Total Cost</b>			

## Duration Analysis

<b>Work Hours</b>		<b>Optimistic <math>T_o</math></b>	
<b>Late Start</b>		<b>Pessimistic <math>T_p</math></b>	
<b>Late Finish</b>		<b>Most Likely <math>T_m</math></b>	
		<b>Estimated Time <math>T_E</math></b>	

**Notes:**

# Project Start-Up Checklist

**Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	Item	Status	Location	Comments/ Plan to Resolve
<b>1</b>	<b><i>Planning</i></b>			
1.1	Is the Project Charter still in line with the Program Charter?			
1.2	Has the Business Case and Project Plan been reviewed as part of the baseline process?			
1.3	Is there a Baseline Plan against which to measure progress?			
1.4	Does the Baseline Plan address or include the following areas:			
1.4.1	Project Scope, deliverables, and milestones			
1.4.2	Work Breakdown Structure with task dependencies			
1.4.3	Task plans, estimates, resource assignments			
1.4.4	Project Schedule with milestone dates			
1.4.5	Project progress tracking			
1.4.6	Change Management Process established			
1.4.7	Quality Assurance			
1.4.8	Risk Management Plan			
1.4.9	Project Organization			
1.4.10	Facilities Plan			
1.4.11	Communication Plan			
1.4.12	Training Plan			
1.4.13	Back-up and Recovery Plan			
1.4.14	Contingency Plans			
1.4.15	Transition Plan			
1.4.18	Others:			
1.5	Is the plan for project resources adequate?			
1.6	Are the original project schedule and budget realistic?			
1.7	Is the organization plan adequate?			
1.8	Do adequate project controls appear to be in place?			
1.9	Is there an information system for the project?			
1.10	Did key project stakeholders help develop the Project Plan?			
1.11	Were potential users involved early in the planning process?			
1.12	Was planning completed before the project was initiated?			
1.13	Is the Plan under change management?			

# Project Start-Up Checklist

**Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	Item	Status	Location	Comments/ Plan to Resolve
1.14	If there are vendors, have they signed off on the Project Plan?			
1.15	If there is an independent oversight contractor, have they signed off on the Project Plan?			
<b>2</b>	<b>Organization</b>			
2.1	Is the Project Manager qualified and experienced in Project Management?			
2.2	Have roles and responsibilities of the team been documented and clearly communicated to the team, customer, and stakeholders?			
2.3	Is the organization structure appropriate for the project's size and complexity?			
2.4	Are there detailed role and responsibilities for each team member?			
2.5	Is the Quality Assurance function identified and assigned?			
2.6	Does the Project Manager have adequate administration and technical support?			
2.7	Are there backup strategies for key members of the project?			
2.8	Other organization items:			
2.9				
<b>3</b>	<b>Tracking &amp; Monitoring</b>			
3.1	Are the various types of reports, their contents, frequency, and audience defined and communicated to the Project Team?			
3.2	Are the input requirements from the team members clearly documented and communicated?			
3.3	Has schedule for time collection and status reports been defined?			
3.4				
<b>4</b>	<b>Reviewing</b>			
4.1	Have the various meetings, the purpose, context, frequency, and participants been defined and communicated?			
4.2	Have the meeting materials been defined?			
4.3	Are the meetings set up to have assigned scribes that will add action items/issues to the issue list?			
<b>5</b>	<b>Issue Management</b>			
5.1	Is an Issue Management Process documented?			
5.2	Is this process communicated to the customer and team members?			
5.3	Will an issue form be in use?			
5.4	Will all project issues be unconditionally tracked through the issue resolution process?			

# Project Start-Up Checklist

**Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	Item	Status	Location	Comments/ Plan to Resolve
5.5	Will all tasks resulting from issues be entered into the Project Plan and tracked through the plan?			
5.6	Are there processes for unresolved issues to be escalated and resolved within a reasonable timeframe?			
<b>6</b>	<b>Change Control</b>			
6.1	Is the Change Control Process that has been defined for this project adequate for the risk of the project?			
6.2	Is the Change Control Process documented and on file?			
6.3	Has this process been communicated to the customer and Project Team?			
6.4	Will there be a Change Request Form in use?			
6.5	Will all project deliverable and software be changed only through the Change Control Process?			
6.6	Will all Change Requests be unconditionally tracked through this process?			
6.7	Will all Change Requests and current status be logged?			
6.8	Will all tasks resulting from approved changes be entered into the Project Plan and tracked through the Plan?			
6.9	Will new Change Requests be acknowledged in a timely manner?			
6.10				
<b>7</b>	<b>Risk Management</b>			
7.1	Has a Risk Manager been assigned?			
7.2	Will the risk management worksheet be updated on a regular and frequent basis?			
7.3	Will the risk status be reported to management on a regular and frequent basis, i.e. as part of the status report?			
7.4	Are there documented contingency plans for the top 5-10 risks?			
7.5	Are the preventive activities for the top 5 risks included in the Project Plan?			
7.6	Are all risk preventative activities in place to be accomplished?			
7.7	Is the Steering Committee aware of all project risks and the plans to mitigate them?			
7.8	Are adequate management reserves in place to deal with unknowns?			
<b>8</b>	<b>Quality Assurance</b>			
8.1	Is there a Quality Assurance Plan documented?			

# Project Start-Up Checklist

**Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	Item	Status	Location	Comments/ Plan to Resolve
8.2	Are the Quality Assurance functions and related roles and responsibilities clearly defined?			
8.3	Will completion / verification criteria be defined for each task producing an output?			
8.4	Is there a process (test plans, inspections, reviews) defined for verifying outputs for each task?			
8.5	Will tasks be marked "complete" only after internal tests has been successfully completed?			
8.6	Are all relevant QA activities incorporated in the Project Plan and are they scheduled?			
8.7	Will the QA issues be collected and documented and problems raised as issues?			
8.8	Will the QA related information be reported regularly as part of the status reporting mechanisms?			
8.9	Is there a formal sign-off process for every major deliverable to be produced by the Development Team?			
<b>9.0</b>	<b>Requirements</b>			
9.1	Were the high-level requirements defined within the Project Plan? If not, how will this affect the project scope?			
9.2	Has a method and process for requirements tracking been developed?			
9.3	Are project requirements tracked by configuration controls?			

<b>Comments:</b>

# Status Report

**Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project is:       On Plan       Ahead of Plan       Behind Plan

Reporting Period: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

## **Current Activity Status:**

*Briefly summarize the activities that took place during the current reporting period.*

## **Significant Accomplishments during the Current Reporting Period:**

## **Planned Activities for next period:**

*Briefly describe the activities planned for the next reporting period.*

# Status Report

---

<b>Financial Status:</b>	<b>Financial Metrics</b>
Schedule Variance:	
Cost Variance:	
Schedule Performance Index:	
Cost Performance Index:	
Current Period Planned Versus Actual FTE:	
ETC Projection (Cost):	
ETC Projection (Time)	
EAC Projection (Cost):	
EAC Projection (Time):	
Expected Project Completion Calendar Date:	

## Technical Status/Issues:

## Major Action Items:

## Current Risk Status Summary:



# Issue Resolution Form

**Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Control Number:** \_\_\_\_\_

Page 1 of 2

<b>Project Name:</b>	<b>Date:</b>
<b>Requester:</b>	<b>Department:</b>

**Issue Type (check one)**

Request for Information     System Problem     Procedural Problem     Other

**Description of Issue:**

**Recommendation, If Applicable**

**Impact (if not resolved) or Reasons for Issue Request**

<b>Date Resolution Needed:</b>
<b>Assignee:</b> _____ <b>Attachments (if any):</b> _____

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# Project Work Assignment

Project:

Date:

---

<b>Assigned To:</b>		<b>Reference No.</b>	
<b>Supervisor:</b>		<b>Functional Ref:</b>	
<b>Technical Ref:</b>			
<b>Planned Start Date</b>		<b>Due Date:</b>	
<b>Budget Hours</b>			

**Task Description:**

**Deliverable(s) Expected:**

**Attachments:**

**Relevant Standards:**

# Project Close Out Checklist

**Project:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Project Manager:** \_\_\_\_\_

	Close Down Activity	Met Expectations	Did Not Meet Expectations	Comments/ Concerns to Resolve
<b>1</b>	<b><i>Planning</i></b>			
1.1	Was project scope met?			
1.2	Was project on schedule?			
1.3	Was the project on budget?			
1.4	Team member evaluations completed			
1.5	Final bills paid			
1.6	Staff reassigned			
<b>2</b>	<b>Customer</b>			
2.1	Pre-closeout meeting with customer complete			
2.2	Close down process agreed upon by customer			
2.3	Project handoff accepted by customer			
2.4	Lessons learned conducted			
2.5	Project documents archived			
2.6	Team celebration conducted			

## Lessons Learned Template

Name of Project:

Project Manager: Customer:

Project Sponsor:

Project Process:	Learned	Recommendations	Impact	
Initiating				
Planning				
Execution				
Controlling				
Closing				

Tool or Plan Used in Project	Grade	Strength/Weakness	Suggestions for Improvements
<b>Communication Plan</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F		
<b>Risk Plan</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F		
<b>Change Management Plan</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F		
<b>Quality Management Plan</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F		

