# PROJECT CHARTER **Name of Project: State Rural Health Evaluation**

This Charter authorizes an evaluation for the *State Office of Rural Health* and *State Flex Program*. Evaluation activities will commence upon approval of the evaluation plan and the requested resources to execute the evaluation by the Flex Program director. The following are included in the evaluation plan: brief charter statement; timeline of major milestones; resources (including staff time and a budget if applicable); communications; risks and limitations; and project management.

**This Project falls under which of the following Programs
(check all that apply):**

\_\_ State Office of Rural Health

­­\_\_ State Flex Program

\_\_ State PCO

\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GETTING STARTED: COMPONENTS OF PROJECT PLANNING

* 1. **Scope Description:** What is the big picture? Develop a one to two sentence description of what you want to accomplish.
	2. **Acceptance:**Who checks this off as done? Consider who in the organization can give approval to this project, and who has the authority to commit resources to it. What authority does the Project Manager have?

* 1. **Deliverables:** What steps get us to the Big Picture? Consider the things you will have to do along the way to get to the end goal. What is the timeline? What are the major milestones?
	2. **Resources:** How much staff time is needed for this project? What type of staff is needed (Manager, specialist, administrative assistant, etc…)? Money? Technology resources? Additional supplies?

* 1. **Exclusions:** What are we NOT doing? Consider the related (or unrelated) things that others might assume you will take on because you are doing this project.

* 1. **Constraints:** What limits us? Consider things like time, money, regulations, unexpected change, audience, eligibility and content. While most of these are a given reality, try to think of issues specific to this project, this time frame, etc. that will constrain your project.

* 1. **Assumptions:** What resources do we think we have? Why is this project needed? Why is it unique?

DIRECTOR ACCEPTANCE

Approved by SORH Director

Signature: Date: