**Process to Be Improved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Business Opportunity** | |
| **Problem/Opportunity Statement**  *What is the reason for the project initiation, the business need to be addressed, and/or the targeted issue or challenge?* |  |
| **Outcomes**  *What will it look like when we are successful?* [*How do we know it is good enough?]* |  |
| **Strategic Goals and Objectives**  *How does this project support the strategic goals of our facility?* |  |
| **Value Statement**  *What are the expected savings or gains from the project in terms of reduced costs, reduced staffing, improved efficiencies, reduced risks, enhanced policy compliance, etc.?* |  |

|  |  |  |
| --- | --- | --- |
| **Preliminary Project Scope** | | |
| ***Includes*** | | ***Excludes*** |
|  | |  |
| **Critical Success Factors**  *What factors or characteristics are critical to the success of the project?* |  | |
| **Assumptions**  *Which pre-conditions are important enough that if they change or turn out not to be true, the project will be at risk and need considerable re-planning?* |  | |
| **Constraints**  *Which pre-existing limitations, related to budget, schedule, resources, scope, sponsoring, organization, or business environment, must be adhered to or addressed for successful project implementation?* |  | |
| **Risks**  *What are key, probable events or conditions that could negatively or positively impact successful project implementation?* |  | |
| **Benefit to Internal and External Customers**  *How will internal or external customers benefit from this project? How does improvement in the metrics selected help them improve their performance?* |  | |

**Schedule**

*Discuss any scheduling criteria or key dates that are essential to the project’s success. If specific targets are mentioned, describe why these dates are important.*

|  |  |  |
| --- | --- | --- |
| **Key Milestones** | **Date** | **Comments** |
| **Project Start Date** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Project Completion** |  |  |

**Team Members**

*List all members of the team and which role each member will play. Think about representatives from ancillary departments that may be affected by the project.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Mandatory/Optional** | **Name(s)** | **Contact Information** |
| **Project Sponsor** | Mandatory |  |  |
| **Project Manager** | Mandatory |  |  |
| **Project Facilitator** | Optional |  |  |
| **Functional Manager(s)** | Optional |  |  |
| **Team Member** |  |  |  |
| **Team Member** |  |  |  |
| **Project Stakeholder** |  |  |  |
| **Subject Matter Expert** |  |  |  |
| ***Insert Rows as Needed*** |  |  |  |

**Resources**  *List resources required for implementation of the project. Include items or services (facilities, software, equipment, posters, web design, legal review, etc.) provided from groups internal to the facility and procured from external suppliers.*

| **Description** | **Responsible(s)** | **Estimated Cost (if applicable)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Metrics/Measurements**

*What metrics will be improved, what is the current performance for those metrics, and how much improvement is targeted? Provide specifics on how metrics are computed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Metrics** | **Description** | **Current** | **Goal** |
| [Metric 1] | [Replace this text with a description of the metric] | [Replace this text with current data and information] | [Replace this text with future state goal data and information] |
| [Metric 2] |  |  |  |
| [Metric 3] |  |  |  |
| [Metric 4] |  |  |  |

**Administrative Support/Approval**

|  |  |
| --- | --- |
| **Project Charter Approval** | **Date** |
| Executive Stakeholder(s) (if applicable) |  |
| Project Sponsor |  |
| Project Manager |  |
| Project Facilitator (if applicable) |  |
| Functional Manager(s) (if applicable) |  |