Project Management Methodology Tools and Templates

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# Project Management Methodology Checklist

|  |  |
| --- | --- |
| Project selection, justification and approval process | 🞎 |
| Project phases, stage gates and/or milestones  | 🞎 |
| Project governance  | 🞎 |
| Project sponsorship  | 🞎 |
| Delegated authority limits | 🞎 |
| Project roles and responsibilities | 🞎 |
| Business case preparation  | 🞎 |
| Project charter preparation  | 🞎 |
| Project management software selection | 🞎 |
| Requirements definition, management and control | 🞎 |
| Work breakdown structure development and control | 🞎 |
| Scope definition, management and control  | 🞎 |
| Cost estimating, management and control  | 🞎 |
| Budget development and control | 🞎 |
| Project financial processes | 🞎 |
| Schedule estimating, management and control  | 🞎 |
| Monitoring project performance | 🞎 |
| Managing project changes  | 🞎 |
| Project status reporting  | 🞎 |
| Quality assurance processes | 🞎 |
| Process audit procedures | 🞎 |
| Quality control processes | 🞎 |
| Risk assessment, management and control  | 🞎 |
| Resource estimation, levelling and management | 🞎 |
| Project team formation and development  | 🞎 |
| Project communications development, distribution and control | 🞎 |
| Stakeholder identification, engagement and management  | 🞎 |
| Customer engagement and management | 🞎 |
| Procurement and contract assessment and management  | 🞎 |
| Vendor management | 🞎 |
| Claims administration and resolution | 🞎 |
| Health and safety | 🞎 |
| Environmental management | 🞎 |
| Deliverable acceptance procedure | 🞎 |
| Operational handover process | 🞎 |
| Project, or phase, closure process and checklist | 🞎 |
| Gathering and documenting of lessons learned  | 🞎 |
| Benefits realization and/or post implementation review process | 🞎 |
| Methodology tailoring guidelines | 🞎 |

# Generic Project Management Methodology Process Flow



# Activity Resource Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Project Title: |  | Date: |  |
| Author: |  | Version |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[WBS](#WBS_ID" \o "Unique identifier) Code** |  **[Type of Resource](#Type_of_Resource" \o "Type of resourceIndicate whether the resource is a person, equipment, supplies, material, location, or some other form of resource.)** | **[Quantity](#Quantity" \o "Document the amount of the resource needed for the activity.)** | **Description** | **[Assumptions](#Assumptions" \o "Enter assumptions associated with the resource, such as availability, certifications, and so forth.)** |
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# Change Log

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Change Number** | **Date** | **Details** | **Requested by?** | **Process** | **Status** | **Decision** | **Date of decision** | **Updates** | **Who?** | **Validation** |
| *Give very change request a unique number* | *List date the change was submitted* | *Briefly describe the nature of the change request* | *Detail who submitted the change request* | *Describe the process the change request has to go through i.e. considered under delegated authority, submitted to change control board, or client consultation required.* | *Describe the status of the change request i.e. further information being sought, awaiting client approval, etc.* | *Has the change request been approved of declined?*  | *Input the date the decision was made* | *Describe the documents and processes that will be updated as a result of an approved change.* | *Describe who is responsible for ensuring the approved change is implemented?* | *Describe the date and confirmation that the approved change was implemented as planned and checked for correctness.* |
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# Change Management Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Project Title: |  | Date: |  |
| Author: |  | Version |  |

[**Change Management Approach:**](#Change_Management_Approach)

|  |
| --- |
|  *Provide an outline of the change management process. You should specifically address levels of delegated authority of project manager, project team members, project sponsor, steering committee, change control board and any other relevant stakeholders**Identify all people involved in the change control approval process**A clear text and graphical description of the change process**Reference to the correct change control templates**Describe different levels of change and how each is documented and processed* |

# Delegated Authority

|  |  |  |  |
| --- | --- | --- | --- |
| **[Name](#Name" \o "Individual’s name)** | **[Role](#Role" \o "Position on the change control board)** | **[Responsibility](#Responsibility" \o "Responsibilities and activities required of the role)** | **[Authority](#Authority" \o "Authority level for approving or rejecting changes)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Approved by: |  | Date: |  |
| Approved by: |  | Date: |  |

# Change Request

|  |  |
| --- | --- |
| Project Name: |  |
| Project Manager: |  |
| Requested by: |  |
| Date: |  |
| Change Number: | *Insert the unique number for this change request. Record all changes on your change log* |
| Describe the nature of the Change Request |
| *Describe the currently known work to be done as part of the project. Include both project work and a description of the product, service or result to be delivered. Attached any relevant documents, contracts, agreements or plans.* |
| What are the implications on project cost and budget? |
| *Describe any known impacts on project costs or budgets and propose potential solutions. Include any necessary stakeholder approvals or comments.* |
| What are the implications on project scope? |
| *Describe any known impacts on project scope and propose potential solutions. Include any necessary stakeholder approvals or comments.**.* |
| What are the implications on project time? |
| *Describe any known impacts on project timeframes and propose potential solutions. Include any necessary stakeholder approvals or comments.* |
| What are the implications on project quality, risk, communications or personnel requirements? |
| *Describe any known impacts on quality, risk, communications, and personnel parts of the project and propose potential solutions. Include any necessary stakeholder approvals or comments.* |
| Are there any other impacts? |
| *Describe any known impacts on other areas of the project and propose potential solutions. Include any necessary stakeholder approvals or comments.* |
| Change process |
| *Describe the change process i.e. considered under delegated authority, submitted to change control board etc.* |
| Decision |
| *Is the change request approved or declined?* |
| Notification |
| *List all documents and processes that need to be updated as a result of an approved change and who will ensure the changes are made and validated.* |
| Signatures: *insert as appropriate when change approved or declined* |
| Project Sponsor: |
| Project Manager: |
| Client: |
|  |
| Date: |

# Communications Plan Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Version: |
| **Stakeholders** | **Stakeholder Issues** | **Key Messages**  | **Communication Methods** | **Timing**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Communications Plan

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date/Version: |

*The communications plan is more than just the communications register. It also provides guidance on how all communications will be carried out, the general tone of communications and key messages. There can be a degree of overlap between you communications register and your stakeholder register.*

*Provide an outline of your communications management strategy and key messages*

# Cost Change Request Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Person(s) Requesting Change: |
| Change Number: |
| Detailed Description of Cost Change Requested: |
| Reason for Cost Change Requested: |
|  |
| Overall Effect on Project Cost: |
| □ Projected Cost Overrun of approximately % |
| □ Estimated Cost Reduction of approximately % |
|  |
| Effect on Schedule: |
| □ Planned Project Completion Date: |
| □ New Project Completion Date: |
| Effect on Scope: |
| Additional Remarks: |
| Approval  | Project Manager | Date |
| Approval  | (Other) | Date |

# Cost Estimating Checklist

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Be certain that all possible needed resources are taken into account, including but not limited to: |
|  |
| Project Management (figure at 10% of total) |
| Labor  |
| Materials |
| Supplies |
| Travel |
| Fees for consultants and other outside professional services |
| Miscellaneous (shipping, copying, couriers, etc.) |
| Contingency planning |
| Inflation allowance. |
| Be as specific as possible, using as many means as you can to quantify the resources the project will require. |
| Express cost estimates in units of currency. |
| Indicate other metrics, such as staff hours/days, as appropriate. |
| Be sure you consider every activity involved in the project, when computing potential costs. |
| Allow for realistic quantities and frequencies of cost items, such as number of days for equipment rentals, number of workers needed for each stage of the project, and so forth. |

# Cost Management Plan Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Person(s) authorized to request cost changes (see Cost Change Request): |
|  |
| Person(s) to whom Cost Change Request forms must be submitted for approval: |
|  |
| Acceptable reasons for changes in Project Cost: |
| Describe how you will calculate and report on the projected impact of any cost changes: |
| Describe any other aspects of how changes to the Project Cost will be managed: |

# Generic Change Request Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Person(s) Requesting Change: |
| Change Number: |
| Type of Change Requested: |
|  | Project Scope Change  |  | Project Budget Change  |  | Project Schedule Change |
|   | Project Procurement/Contract Change  |  | Other (specify)  |
| Detailed Description of Change: |
| Reason for Change Requested: |
|  |
| Effect on Project Cost: |
| □ Projected Cost Overrun of approximately % |
| □ Estimated Cost Reduction of approximately % |
|  |
| Effect on Schedule: |
| □ Planned Project Completion Date: |
| □ New Project Completion Date: |
| Additional Remarks: |
| Approval  | Project Manager | Date |
| Approval  | (Other) | Date |

# Lessons Learned Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Lesson Learned Number: |
| Lesson Learned Proposed Name: |
| Project Team Role: |
| Process Group:\* |  | Initiating |  | Planning |  | Executing |  | Controlling |  | Closing |
| Specific Project Management Process Being Used: |
| Specific Practice, Tool or Technique Being Used: |
| What was the action undertaken? |
| What was the result? |
| What might have been a more preferred result: |
| What might have created the more preferred result? |
| What is the specific Lesson Learned?  |
| How could one identify a similar situation in the future? |
| What behavior is recommended for the future?  |
| Where and how can this knowledge be used later in this current project? |
| Where and how can this knowledge be used in a future project? |
| Who should be informed about this Lesson Learned: (check one) |
|  |  | Executive(s) |  | Project Manager(s) |  | Project Team(s) |  | All Staff |
|  |  | Other:  |
| How should this Lesson Learned be disseminated? (check all that apply) |
|  |  | e-mail  |  | Intranet/Web site |  | Tip Sheet/FAQ |  | Library |
|  |  | Other:  |
| Have you attached reference(s), example(s) and/or additional material(s)? |  | yes |  | no |
| Name(s) of attachment(s): 1. 2.  |

# Procurement Change Request Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Person(s) Requesting Change: |
| Change Number: |
| Type of Change Requested: |
|  | Terms of contract  |  | Termination of Contract  |  | Description of Product or Service |
|   | Other (specify)  |  | Other (specify) |
| Detailed Description of Change: |
| Detailed Reason for Change Requested: |
|  |
| Effect on Project Cost: |
| □ Projected Cost Overrun of approximately % |
| □ Estimated Cost Reduction of approximately % |
|  |
| Effect on Schedule: |
| □ Planned Project Completion Date: |
| □ New Project Completion Date: |
| Additional Remarks: |
| Approval  | Project Manager | Date |
| Approval  | (Other) | Date |

# Procurement Management Planning Checklist

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Identify types of contracts being used |
| Independent estimates required?  | Yes  | No  |
| If Yes, who will prepare? |
| By when? |
| Actions that Project Management Team can take independent of Procurement Department |
| Source of standardized procurement documents, if needed |
| How will multiple providers be managed? |
| How will you coordinate Procurement with the following aspects of the project? |
| Scheduling |
| Performance Reporting |
| Human Resources |
| Other |

# Product Description Development Outline

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Product or Service (intended outcome of project): |
| How This Product or Service supports the original motive for the project (business need, market demand, customer request, technological advance, legal requirement, social need, etc.): |
| a. |
| b. |
| c. |
| d. |
|  |
|  |
| Draft of Full Product or Service Description (with sufficient detail to enable later project planning), for example: a. Functional and performance requirementsb. Quality requirementsc. Cost requirementsd. Other |

# Project Archives Checklist

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
|  | Project Documents Located: | √Indexed | √Submitted for Archives | Date | Comments | Initials |
| √ |  |  |  |  |  |  |
|  | Project Charter |  |  |  |  |  |
|  | Scope Statement |  |  |  |  |  |
|  | Performance Measurement Baselines |  |  |  |  |  |
|  | Key Staff |  |  |  |  |  |
|  | Scope Management Plan |  |  |  |  |  |
|  | Cost Management Plan |  |  |  |  |  |
|  | Cost Estimates |  |  |  |  |  |
|  | Cost Baseline |  |  |  |  |  |
|  | Staffing Management Plan |  |  |  |  |  |
|  | Role and Responsibility Assignments |  |  |  |  |  |
|  | Risk Response Plan |  |  |  |  |  |
|  | Work Breakdown Structure |  |  |  |  |  |
|  | Major Milestones and Target Dates |  |  |  |  |  |
|  | Risk Management Plan |  |  |  |  |  |
|  | Schedule Management Plan |  |  |  |  |  |
|  | Project Schedule |  |  |  |  |  |
|  | Quality Management Plan |  |  |  |  |  |
|  | Communications Management Plan |  |  |  |  |  |
|  | Procurement Management Plan |  |  |  |  |  |
|  | Supporting Detail for all Plan Documents |  |  |  |  |  |
|  | Procurement Documents |  |  |  |  |  |
|  | Vendor Proposals |  |  |  |  |  |
|  | Project Contracts |  |  |  |  |  |
|  | Project Status Reports |  |  |  |  |  |
|  | All Change Requests |  |  |  |  |  |
|  | Performance Reports |  |  |  |  |  |
|  | Performance Measurement Documents |  |  |  |  |  |
|  | Notes and Files of Key Project Stakeholders |  |  |  |  |  |
|  | Other Documentation (Specify) |  |  |  |  |  |
|  |  |  |  |  |  |  |
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# Project Change Control System Development Checklist and Worksheet

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Determine those responsible for approving or rejecting proposed project changes:Be sure to provide for appropriate review of all changes. |
| Define Roles and Responsibilities of approving person or body: |
| Get key stakeholder agreement on roles and responsibilities (list stakeholders): |
| Define any types of changes qualifying for automatic approval without review:  |
| Define steps by which contracts may be changed, including: |
| Paperwork |
| Tracking Systems |
| Dispute Resolution procedures |
| Approval levels required |
| Describe how contract changes will be integrated with the project's integrated change control system: |

# Project Change Log

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Project Manager: |
| Project Change Request Administrator: |
| Change Number | Change Name | Change Requestor | Status of Change | Comments |
|  |  |  |  | 1.  |
| 2.  |
|  |  |  |  | 1.  |
| 2.  |
|  |  |  |  | 1.  |
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| 2.  |

# Project Charter Template

|  |  |
| --- | --- |
| Project Name: | Insert name of the project |
| Project Manager: | Insert name of the project manager and contact details |
| Project Sponsor: | Insert name of the project sponsor and contact details |
| Client | If the project has a client, insert client details |
| Date: | Insert date  |
| Version: | Insert the version i.e. Draft, Final |
| Statement of work |
| *Describe the currently known work to be done as part of the project. Include both project work and a description of the product, service or result to be delivered. Attached any relevant documents, contracts, agreements or plans.* |
| Does this project align with the organisation’s strategic goals? |
| *Describe how this project will align with organizational strategic goals.* |
| What is the financial justification for the project? |
| *Describe the financial justification for the project i.e. what is the payback period, cost benefit ratio, return on investment, expected profit, net present value.* |
| What is the non-financial justification for the project? |
| *Describe any non-financial criteria being used to justify the project i.e. compliance with regulations or standards, environmental objectives, charitable purposes or gaining market share.* |
| What is the budget required? |
| *Describe the known budget required for the project or the next phase of the project. Explain how it was estimated.* |
| What is the preliminary schedule? |
| *Describe the know time the project or phases of the project will take, Explain how this was estimated.* |
| Are there any known risks? |
| *Describe any known projects risks, their consequences, planned responses and who is responsible for monitoring them.* |
| Are there any known constraints? |
| *Describe any known time, cost or quality constraints affecting the project that may impact further project planning.* |
| Describe the particular project management methodology that will be used |
| *Does the organization have a defined project management methodology? If so, name and briefly describe it here* |
| What level of delegated authority does the project manager have? |
| *What levels of delegated authority to make decision about resources, change requests, budget and time does the project manager have?* |
| Signatures: insert as appropriate when charter is finalised and approved |
| Project Sponsor: |
| Project Manager: |
| Client: |

# Project Closure Checklist

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Customer has accepted all project results: Accepted by: |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| Customer has accepted all other deliverables: Accepted by: |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| Customer has accepted from delivering organization all other project requirements: Accepted by: |
| 1 | Staff evaluations |  |  |
| 2 | Budget reports |  |  |
| 3 | Lessons learned |  |  |
| 4 | Other |  |  |
| 5 | Other |  |  |
| Explain any exceptions to the above: |
| Documentation for the above has been filed/archived as follows: |
| Comments or remaining issues: |
| Checklist submitted by: |
| Name/Title: | Signature: | Date: |
| Name/Title: | Signature: | Date: |

# Project Communication Requirements Analysis Worksheet

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| General Area of Communication Need | Information Needed, and for Whom? | Optimum InformationFormat(s) | How is this communication essential to success of project?  | Decision to implementYes/No |
| Project Organization Relationships |  |  |  |  |
| Stakeholder Responsibility Relationships |  |  |  |  |
| Sponsor Relationships |  |  |  |  |
| Senior Executive Relationships |  |  |  |  |
| Disciplines, Departments, Specialties, etc. |  |  |  |  |
| Logistics of Project Staffing by Location |  |  |  |  |
| External: Media |  |  |  |  |
| External: Community |  |  |  |  |
| External:Government, Regulatory Agencies |  |  |  |  |
| Other |  |  |  |  |

# Project Plan Update Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Update(s) are being made to the following: |
|  | Project Charter |  | Project Management Approach |
|  | Scope Statement |  | Work Breakdown Structure |
|  | Performance Measurement Baselines |  | Major Milestones and Target Dates |
|  | Key Staff |  | Risk Management Plan |
|  | Scope Management Plan |  | Schedule Management Plan |
|  | Cost Management Plan |  | Quality Management Plan |
|  | Staffing Management Plan |  | Communications Management Plan |
|  | Risk Response Plan |  | Procurement Management Plan |
| Updates to Supporting Detail? (explain): |
| Description of Modifications being made:1.  |
| Corrective Action: |
| 2.  |
| Corrective Action: |
| 3.  |
| Corrective Action: |
| Stakeholders being notified: |
| Name/Title: | Signature: | Date: |
| Name/Title: | Signature: | Date: |

# Project Planning Checklist

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| No. | Item/Comments | Y | N | Planned Completion | Actual Completion | Actual Effort |
|  | Goals and objectives defined |  |  |  |  |  |
|  | Scope defined |  |  |  |  |  |
|  | Major deliverables defined |  |  |  |  |  |
|  | WBS completed |  |  |  |  |  |
|  | Top-down planning estimates created |  |  |  |  |  |
|  | Major milestones defined |  |  |  |  |  |
|  | Master integrated schedule completed |  |  |  |  |  |
|  | Product and services requirements defined |  |  |  |  |  |
|  | Phase Plan completed |  |  |  |  |  |
|  | Organization Plan completed |  |  |  |  |  |
|  | Performance, evaluation, and test plan completed |  |  |  |  |  |
|  | Change Control Plan completed |  |  |  |  |  |
|  | Problem Tracking Plan completed |  |  |  |  |  |
|  | Documentation Plan completed |  |  |  |  |  |
|  | Education Plan completed |  |  |  |  |  |
|  | Communication Plan completed |  |  |  |  |  |
|  | Legal and Regulatory Requirements Plan completed |  |  |  |  |  |
|  | Risk Assessment completed |  |  |  |  |  |
|  | Risk Management Plan completed |  |  |  |  |  |
|  | Reliability, Availability, Usability Plan completed |  |  |  |  |  |
|  | Preliminary Support Plan completed |  |  |  |  |  |
|  | Interdependencies Plan completed |  |  |  |  |  |
|  | Resources Plan completed |  |  |  |  |  |
|  | Project Plan completed |  |  |  |  |  |
|  | Opportunity Costs calculated |  |  |  |  |  |
|  | Budget specified |  |  |  |  |  |
|  | Financial Analysis completed |  |  |  |  |  |
|  | Integrated Business and Realization Plan completed |  |  |  |  |  |
|  | Functional Deliverables defined |  |  |  |  |  |
|  | Top-level Architecture Specification Plan completed |  |  |  |  |  |
|  | High-Level Functional Specifications complete |  |  |  |  |  |
|  | Bottom-up Task Estimates created by functional groups |  |  |  |  |  |
|  | Detailed Functional Planning and Schedules completed |  |  |  |  |  |
|  | Functional Schedule Critical Path Analysis completed |  |  |  |  |  |
|  | Master Schedule Critical Path Analysis completed |  |  |  |  |  |
|  | Functional Coach Approval and Commitment |  |  |  |  |  |
|  | Master Schedule and Plan aligned with functional groups |  |  |  |  |  |
|  | Planning Phase Checklist completed |  |  |  |  |  |

# Project Report Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Status of Project Relative to Project Objectives: |
| Scope (On scope? If off scope, how serious?) |
| Schedule (On schedule? Ahead or behind by how much, etc.) |
| Cost (On budget? Under or over by how much, etc.) |
| Quality  |
| Progress Report: (what is completed, what is in process, key changes made, when and why, etc.) |
| Forecasting: (estimate of future project status and progress) |
| Other issues or comments:  |
| Issue: | Who Will Address: |
|  |  |
|  |  |
|  |  |
|  |  |
| Project Report Submitted to: |
| Name:  | Title: | Date: |
| Name:  | Title: | Date: |
| Name:  | Title: | Date: |

# Project Risk Prioritization Worksheet/Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |

By Rank:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identified Risk | Low Risk(Check √) | Medium Risk(Check √) | High Risk(Check √) | Work Breakdown Structure Level |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

By Required Response:

|  |  |  |
| --- | --- | --- |
| Identified Risk | Can Be Handled Later(specify planned response) | Requires Immediate Response!(specify planned actions and who is assigned responsibility) |
|  |  |  |
|  |  |  |
|  |  |  |

By Area of Expected Impact:

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Impact | Identified Risks affecting this area | Level of Risk: High, Medium, Low | Basis for High-Risk Assessments |
| Cost |  |  |  |
| Schedule |  |  |  |
| Functionality |  |  |  |
| Quality |  |  |  |

# Project Scope Statement

|  |  |
| --- | --- |
| Project Name: | Insert name of the project |
| Project Manager: | Insert name of the project manager and contact details |
| Project Sponsor: | Insert name of the project sponsor and contact details |
| Client | If the project has a client, insert client details |
| Date: | Insert date  |
| Version: | Insert the version i.e. Draft, Final |
| Objectives |
| *Describe the reason the project is being undertaken, the expected outcomes and the purpose of the deliverable.* |
| Project description |
| *Describe the full scope of all the work to be done on the project i.e. the planning work, the executing work, the monitoring, controlling and change control work, and the close out work. List the parts of the project management plan that will be completed as part of the planning work.*  |
| Product description |
| *Describe the product, service or result that the project will deliverable. Take care to describe it in detail and attached any related plans, and documents.* |
| Acceptance criteria |
| *Describe the process of formal acceptance on behalf of both your organization and the client. List who will formally sign off and their role.* |
| What is not included? |
| *Describe all the work that is not included as part of the project* |
| What are the key project milestones? |
| *Describe the known project milestones* |
| What is the project budget? |
| *Describe the project costs broken down into categories, the project budget (i.e. Costs over time), and any uncertainty in the estimating process.* |
| What is the process for managing change? |
| *Describe the change control process that will be used* |
| Team roles |
| *List and describe project team members, their role and responsibilities* |
| Signatures:  |
| Project Sponsor: |
| Project Manager: |
| Client: |

# Quality Audit Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Project Manager: |
| Project Phase: | Overall Project Status: |
| Audit Date: | Audit Number: | Audit Leader: |
| Audit Team: |
| Goal(s) of This Specific Audit: |
| Audit of Management of Project: |
| 1. (required project objective #1) | Assessment: | Comment: |
| 2. (required project objective #2) | Assessment: | Comment: |
| 3. (required project objective #3) | Assessment: | Comment: |
| 4. (required project objective #4) | Assessment: | Comment: |
| : |  : |  : |
| n. (required project objective #n) | Assessment: | Comment: |
| Overall Assessment of Management of Project: |
| Recommended Action(s)/Lessons Learned Regarding Management of the Project:1. 2. 3.  |
| Audit of the Product of the Project: |
| 1. (required product characteristic #1) | Assessment: | Comment: |
| 2. (required product characteristic #2) | Assessment: | Comment: |
| 3. (required product characteristic #3) | Assessment: | Comment: |
| 4. (required product characteristic #4) | Assessment: | Comment: |
| : |  : |  : |
| n. (required product characteristic #n) | Assessment: | Comment: |
| Overall Assessment about the Product of the Project: |
| Recommended Action(s)/Lessons Learned Regarding the Product of the Project:1. 2. 3. |
| Additional Audit Comments:1. 2. 3.  |
| Have you attached additional material(s)? |  | yes |  | no |
| Name(s) of attachment(s): 1. 2. |
| Audit Report Submitted To: | Date:  |

# Quality Management Plan Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Description of Project Quality System: |
| Describe in as much detail as needed specifically what will be required in each of the following areas to manage quality on this project: |
| Organizational structure |
| Roles and responsibilities |
| Procedures |
| Processes |
| Resources |
| Describe how each of the following aspects of quality management will be addressed on this project: |
| Quality control |
| Quality Assurance |
| Quality Improvement |

# Responsibility Assignment Matrix Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
|  PERSONPHASE |  |  |  |  |  |  |  |
| Requirements |  |  |  |  |  |  |  |
| Functional |  |  |  |  |  |  |  |
| Design |  |  |  |  |  |  |  |
| Development |  |  |  |  |  |  |  |
| Testing |  |  |  |  |  |  |  |

 P = Participant A = Accountable R = Review Required

 I = Input Required S = Sign-off Required

# Risk Brainstorming Session Worksheet

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Session Facilitator: |
| Title/Position: |
| Participating Group: |
| Location: |
| **Identified Risk** | **Probability of Occurrence**  | **Potential Impact** | **Proposed Actions** | **Identified by Whom?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

# Risk Identification – SWOT Analysis

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Project Manager: |
| SWOT Analysis Facilitator: |
| SWOT Analysis Participants: |
| SWOT Analysis Recorder: |
| Date of SWOT Analysis: |
|  |
| Project Strengths: *(What potential strengths exist about the project, the project team, the sponsor, the organization structure, the client, the project schedule, the project budget, the product of the project, etc.?)*1. 2. 3. 4. 5.  |
| Project Weaknesses: *(What potential weaknesses exist about the project, the project team, the sponsor, the organization structure, the client, the project schedule, the project budget, the product of the project, etc.?)*1. 2. 3. 4. 5.  |
| Project Opportunities: *(What potential opportunities exist in regard to achieving the project requirements, the product requirements, the project schedule, the project resources, the project quality, etc.?)*1. 2. 3. 4. 5.  |
| Project Threats: *(What potential threats exist in regard to achieving the project requirements, the product requirements, the project schedule, the project resources, the project quality, etc.?)*1. 2. 3. 4. 5.  |

# Risk Management Plan Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Description of Risk Management Methodology to be Used:  |
| Approaches |
| Tools |
| Data Sources |
| Roles and Responsibilities: |
| Risk Management Action #1: |
| Team Leader |
| Team Members |
| Support |
| Risk Management Action #2: |
| Team Leader |
| Team Members |
| Support |
| [Add sections as needed] |
| Budget: |
| Timing: (Describe how risk management will relate to the project life cycle, and at what points it will be reviewed during the execution of the project) |

# Risk Response Plan Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Description of Risk Identified:  |
| Person(s) Responsible: |
| Results from Risk Analysis: |
| Agreed Responses (avoidance, transference, mitigation, acceptance): |
| Response #1 |
| Response #2 |
| Response #3 |
| Residual Risk Level: |
| Action Steps: |
| Budget & Time for Response: |
| Contingency/Fallback Plans: |

# Risk Register

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Risk Identification | Qualitative Risk Analysis | Quantitative Risk Analysis | Risk Response Planning | Residual Risk Analysis |  |
| Risk Category | Risk Event | Risk Consequence | +/- | Urgency Assessment | Probability (P)(1-10) | Impact (I)(1-10) | P x I | P$ | I$ | P$ x I$ | Risk Response | Trigger | Residual Probability(Pr) | Residual Impact(Pi) | Pr x Pi | Who? |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Schedule Change Request Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Person(s) Requesting Change: |
| Change Number: |
| Detailed Description of Schedule Change: |
| Reason for Schedule Change Requested: |
|  |
| Effect on Project Cost: |
| □ Projected Cost Overrun of approximately % |
| □ Estimated Cost Reduction of approximately % |
|  |
| Overall Effect on Schedule: |
| □ Planned Project Completion Date: |
| □ New Project Completion Date: |
| Additional Remarks: |
| Approval  | Project Manager | Date |
| Approval  | (Other) | Date |

# Schedule Management Plan Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Person(s) authorized to request schedule changes (see Schedule Change Request): |
|  |
| Name: | Title: | Location: |
| Name: | Title: | Location: |
| Name: | Title: | Location: |
|  |
| Person(s) to whom Schedule Change Request forms must be submitted for approval: |
|  |  |  |
| Name: | Title: | Location: |
| Name: | Title: | Location: |
| Name: | Title: | Location: |
|  |
| Acceptable reasons for changes to Project Schedule (e.g., delays due to material or personnel availability; weather; need to resolve related issue before proceeding; acceleration permitted due to early completion of a phase or process, etc.): |
| Describe how you will calculate and report on the projected impact of any schedule changes (time, cost, quality, etc.): |
| Describe any other aspects of how changes to the project schedule will be managed: |

# Schedule Variance Analysis Worksheet/Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Reporting Period: |
| Project Activity Analysed | Target Start/Finish Dates | Actual Start/Finish Dates | Amount of ScheduleVariance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Cause of Variance(s): |
| Anticipated Impacts: |
| Planned Corrective Action: |
| Signature | Name/Title: | Date: |
| Signature | Name/Title: | Date: |

# Scope Change Control System Development Checklist and Worksheet

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Determine those responsible for approving or rejecting proposed scope changes:Be sure to provide for appropriate review of all changes.  |
| Define any types of scope changes qualifying for automatic approval without review:  |
| Describe how scope change control will be integrated with the integrated change control system: |
| Define steps by which project scope may be changed, including: |
| Paperwork |
| Tracking Systems |
| Dispute Resolution Procedures |
| Approval Levels Required |

# Scope Change Request Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Person(s) Requesting Change: |
| Change Number: |
| Detailed Description of Scope Change Requested: |
| Reason for Scope Change Requested: |
|  |
| Effect on Project Cost: |
| □ Projected Cost Overrun of approximately % |
| □ Estimated Cost Reduction of approximately % |
|  |
| Effect on Schedule: |
| □ Planned Project Completion Date: |
| □ New Project Completion Date: |
| Additional Remarks: |
| Approval  | Project Manager | Date |
| Approval  | (Other) | Date |

# Scope Management Plan Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Describe how Project Scope will be managed: |
| Assess the expected stability of the scope of this project (how likely is it to change, how frequently, and by how much?): |
| How will scope changes be identified and classified? |
| Describe how changes in project scope will be integrated into the project: |
| Additional Remarks: |

# Scope Statement Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Project Justification: | The business need that the project was undertaken to address. The project justification provides the basis for evaluating future tradeoffs. |
| Product Description: | A brief summary of the product description |
| Project Deliverables: | A list of the summary-level sub products whose full and satisfactory delivery marks completion of the project. |
| Deliverable A |  |
| Deliverable B |  |
| Deliverable C |  |
| Known Exclusions |  |
| Project Objectives: | The quantifiable criteria that must be met for the project to be considered successful. Project objectives must include at least cost, schedule, and quality measures. |
| Cost Objectives (quantify) |  |
| Schedule Objectives (start and stop dates) |  |
| Quality Measures (criteria that will determine acceptability) |  |
| Other Objectives |  |

# Staffing Management Plan

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Project Manager: |
| Version: |
| Project Team Role: |
| Approach to Identifying Human Resource Needs: |
| Approach to Determining Timing Needs for Adding and Removing Project Personnel: |
| Human Resource Needs: |
| Description | Estimated Number | Projected Timing | Projected Completion |
| 1.  |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |
| 4.  |  |  |  |
| 5.  |  |  |  |
| 6.  |  |  |  |
| 7.  |  |  |  |
| 8.  |  |  |  |
| 9.  |  |  |  |
| Projected Approach and Schedule for Updating Staffing Management Plan: |
| Triggering Event | Expected Timing |
|  |  |
|  |  |
|  |  |
|  |  |
| Additional Notes: |
| 1.  |
| 2.  |

# Stakeholder Analysis Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Version: |
| **Project Stakeholder** | **Specific Information Needs** | **Best Source of Information Needed** | **Planned Method of Delivery** | **Timing Considerations** |
| Project Manager |  |  |  |  |
| Customer #1 |  |  |  |  |
| Customer #2 |  |  |  |  |
| Customer #3 |  |  |  |  |
| Performing Organization |  |  |  |  |
| Project Team Members |  |  |  |  |
| Sponsor |  |  |  |  |
| Senior Executive |  |  |  |  |
| Other Internal Stakeholders |  |  |  |  |
| Other External Stakeholders |  |  |  |  |

# Stakeholder Communications Register

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Stakeholder | Contact details | Interest | Power(1-5) | Interest(1-5) | P x I | What? | When? | How? | Who |
| List the individual or groups of stakeholders | List their contact details | Describe their interest in the project | Describe the power the stakeholder has in terms of their ability to affect the project either negatively or positively on a scale of 1 -5:1: no discernible power, 2: some power to affect the project3: Moderate power to affect the project4: Significant power to affect the project5: The power to affect the entire project  | Describe the level of interest the stakeholder has in the project on a scale of 1 -5:1: No discernible interest in the project, 2: some interest in the project3: Moderate interest in the project4: significant interest in the project5: Is interested in all aspects of the project all the time. | Multiply power and influence scores together to get a ranked list of stakeholders – pay particular attention to all stakeholders scoring 12 or higher. | Describe what sort of information they need | Describe the frequency with which they will be supplied with information | Describe the means by which the information will be delivered | Describe who is responsible? |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Power x Interest scores:

1-6: These stakeholders can usually be ignored but keep an eye on them in case the situation changes.

7 -12: Communicate regularly with these stakeholders to ensure they get the information they require

13 – 18: Take careful notice of these stakeholders and their needs.

19 – 25: These stakeholders need to be closely monitored and kept satisfied to ensure they provide support for the project, or at least don’t oppose the project

# Statement of Work Template

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Vendor Name: |
| Description of Deliverables or Procurement Items (in as much detail as needed to accurately define the proposed work): |
|  |
| Required Timeline and Milestone Dates: |
|  |
| Collateral Services Required of Vendor (e.g., performance reporting, post-project operational support, etc.): |
|  |
| Cost Parameters: |

# Template for Formal Acceptance and Closure

|  |
| --- |
| Project Name: |
| Prepared by: |
| Date: |
| Name of Client or Sponsor: |
| Statement of Formal Acceptance: |
| The undersigned formally accept as complete the above-identified project, and do hereby state that this project, project phase, or major deliverable meets or exceeds agreed-upon performance standards for scope, quality, schedule, and cost, and state that we have seen documentation that all relevant legal and regulatory requirements have been met or exceeded.   |
| Additional Remarks: |
| Accepted by (name of client, sponsor, or other official) | Date |
| Accepted by (name of client, sponsor, or other official) | Date |
| Accepted by (name of client, sponsor, or other official) | Date |
| Signed form distributed to: |
| Stakeholder name  | Date |
| Stakeholder name | Date |
| Stakeholder name | Date |