

# Project Charter

## AUTHORITY TO PLAN THE FOLLOWING PROJECT:

### Section 1: Project Description

Project Name	Enter name here.
Project Sponsor	Enter the name of the Project Sponsor, position and division.
Project Manager	If known at this time, enter name, position, and division.
Author or Contact	Enter name of the author or person(s) who completed this document. If several, enter the name of the person who represents the functional area for this initiative and who may be contacted for more information. This may be the project manager or a different person.
Program/Operational Area	Identify the program or operational area on behalf of which the project is being undertaken.
Project Rationale	A concise statement of the project's rationale; why is it being undertaken, what problem or opportunity is it intended to address?
Benefits	Identify the 1-3 major benefits the organization will capture through the successful completion of this project; how this project's results will help the organization better fulfil its mission.
Major Deliverable(s)	Identify the tangible product(s), service(s), or result(s) the project is intended to create.
Functions & Features	A high-level description of the key features or capabilities of the new product, service, or result the project is intended to create (attach diagram if appropriate).
Strategic Plan / Other Plan Relationships	Identify the Strategic Plan goal or objective or the Departmental Plan goal or objective this project helps realize.
Urgency / Priority	If this is a high priority project, indicate here (examples include legislative or court or quasi-judicial body requirement).
Timeframe	Identify the preliminary / proposed start and finish dates.
Status/Background	If any work has already been done, briefly document it here. Include reference to any other documents that exist, such as a Decision Documents, Business Cases, Cost:Benefit Analyses, Feasibility Studies, Planning Documents, Policies, Legislation, etc.
Links and Dependencies	<ul style="list-style-type: none"> <li>• Identify how this project's results contribute to other projects being contemplated;</li> <li>• Identify how the success of this project depends on other projects or operational work currently underway or being contemplated.</li> </ul>
Assumptions	Identify the 3-5 key assumptions made in developing this preliminary project description.
Risk	Identify the 3-5 major areas of uncertainty (beyond the key assumptions identified above proving mistaken) related to this project's ultimate success. (Consider stakeholder relationships, technology, organizational change, scope, timing, funding, resourcing, project complexity, stakeholders, external dependencies, quality.)

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## Section 2: Resources

Estimated Human Resource Requirements			Estimated Effort and Duration									
	Staff	Contract										
Project Manager	<input type="checkbox"/>	<input type="checkbox"/>	(e.g. 25% for 6 months)									
Other Staff	<input type="checkbox"/>	<input type="checkbox"/>	(e.g. 2@ 100% for 6 months)									
Subject Matter Experts	<input type="checkbox"/>	<input type="checkbox"/>										
Others: <i>(Expand as needed)</i>	<input type="checkbox"/>	<input type="checkbox"/>										
Estimated Total Effort <sup>1</sup> (choose one – [ <input checked="" type="checkbox"/> ] in box to left of relevant category]	<input type="checkbox"/>	< 6 (fewer than 120 person - days)	<input type="checkbox"/>	6-24	<input type="checkbox"/>	24-48	<input type="checkbox"/>	48 - 120	<input type="checkbox"/>	120 - 240	<input type="checkbox"/>	> 240

Estimated Project Budget	20yy/yy	20yy/yy	20yy/yy	20yy/yy	Total Project
Capital <sup>2</sup> • [list]					
Operational <sup>3</sup> • staff • non-staff / contracted					
Total Project (before recovery)					
Projected Recovery <sup>4</sup> • [list collaboration and cost sharing opportunities] • fees and other direct revenues.					
Net Project (after recovery)					

Estimate of Ongoing Investment	Year 0	Year 1	Year 2	Year 3	Year 4
Amortization <sup>5</sup>					
Operation <sup>6</sup>					
Total Investment					

<sup>1</sup> **Total effort** is the combined effort in person-months (not duration) of everybody working on the project. It helps to measure the size of the project. It should match the sum of the resource requirements listed in the previous section.

<sup>2</sup> **Capital** is used for Technology and Facility projects only. It includes the acquisition (purchase) of assets and/or the cost to purchase services to develop an asset. Project Management costs are treated as a capital expenditure beginning with project planning and ending in project close-out (when contracts are closed). Capital must be amortized and becomes an operational line item for the program area when the product, service, or result begins operation.

<sup>3</sup> **Operational project costs** includes annual staff time and non-staff time as well as supplies, equipment, and space.

<sup>4</sup> **Recovery** from an external group including a government or client may be possible. If so, identify recoveries here; indicate if the recovery has been confirmed or is speculative.

<sup>5</sup> **Amortization** of capital expenses is paid for retroactively and begins immediately when the project product, service, or result becomes operational. Year 0 is the first operational year.

<sup>6</sup> **Operation** is the cost to support the asset after it has become operational; it includes maintenance, staff costs, supplies, etc.

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## Section 3: Supporting Documentation and Key Dimensions

Background Documentation: [ <input checked="" type="checkbox"/> as appropriate]	Available and Reviewed	NA (Not needed)	Needed - state when	Comments
Decision Document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Business Case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feasibility Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cost:Benefit Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Privacy Impact Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discussion Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others [name]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Type of Project		
<input type="checkbox"/> New Program	<input type="checkbox"/> Procedures	<input type="checkbox"/> Research
<input type="checkbox"/> New Course	<input type="checkbox"/> Facility	<input type="checkbox"/> Technology
<input type="checkbox"/> Program Update	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Policy
<input type="checkbox"/> Course Update	<input type="checkbox"/> Other Administrative	<input type="checkbox"/> Standards

Will any of this work be contracted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will this involve policy changes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will new space/renovation be required?	<input type="checkbox"/>	<input type="checkbox"/>	Will this involve procedures changes?	<input type="checkbox"/>	<input type="checkbox"/>
Will new computer systems be required?	<input type="checkbox"/>	<input type="checkbox"/>	Other (identify)	<input type="checkbox"/>	<input type="checkbox"/>
Who will own the intellectual property created?	<input type="checkbox"/> Municipality		<input type="checkbox"/> Other: (name of owner)		

Stakeholders: Have the following stakeholders / functions been consulted? [adjust list as needed <input checked="" type="checkbox"/> all that apply]	Yes (Discussion held)	No – State date it will occur	Comments
(enter name)	<input type="checkbox"/>	<input type="checkbox"/>	
(enter name)	<input type="checkbox"/>	<input type="checkbox"/>	
(enter name)	<input type="checkbox"/>	<input type="checkbox"/>	
(enter name)	<input type="checkbox"/>	<input type="checkbox"/>	
(enter name)	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

## Section 4: Project Management and Governance

Project Management Documents Required: [place <input checked="" type="checkbox"/> all that apply]								
None <input type="checkbox"/>	Charter <input type="checkbox"/>	Gantt <input type="checkbox"/>	Project Plan <input type="checkbox"/>	Risk Plan <input type="checkbox"/>	Com. Plan <input type="checkbox"/>	HR Plan <input type="checkbox"/>	Quality Plan <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Date Expected:								

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## Section 5: Approval and Constraints

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I hereby: [Place  in all that apply]

- Approve that planning proceed for this project as described in the Project Description section of this document subject to the following constraints.
- Approve in principle the Resource Estimates set out in Section 2 of this document.

### Constraints

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)