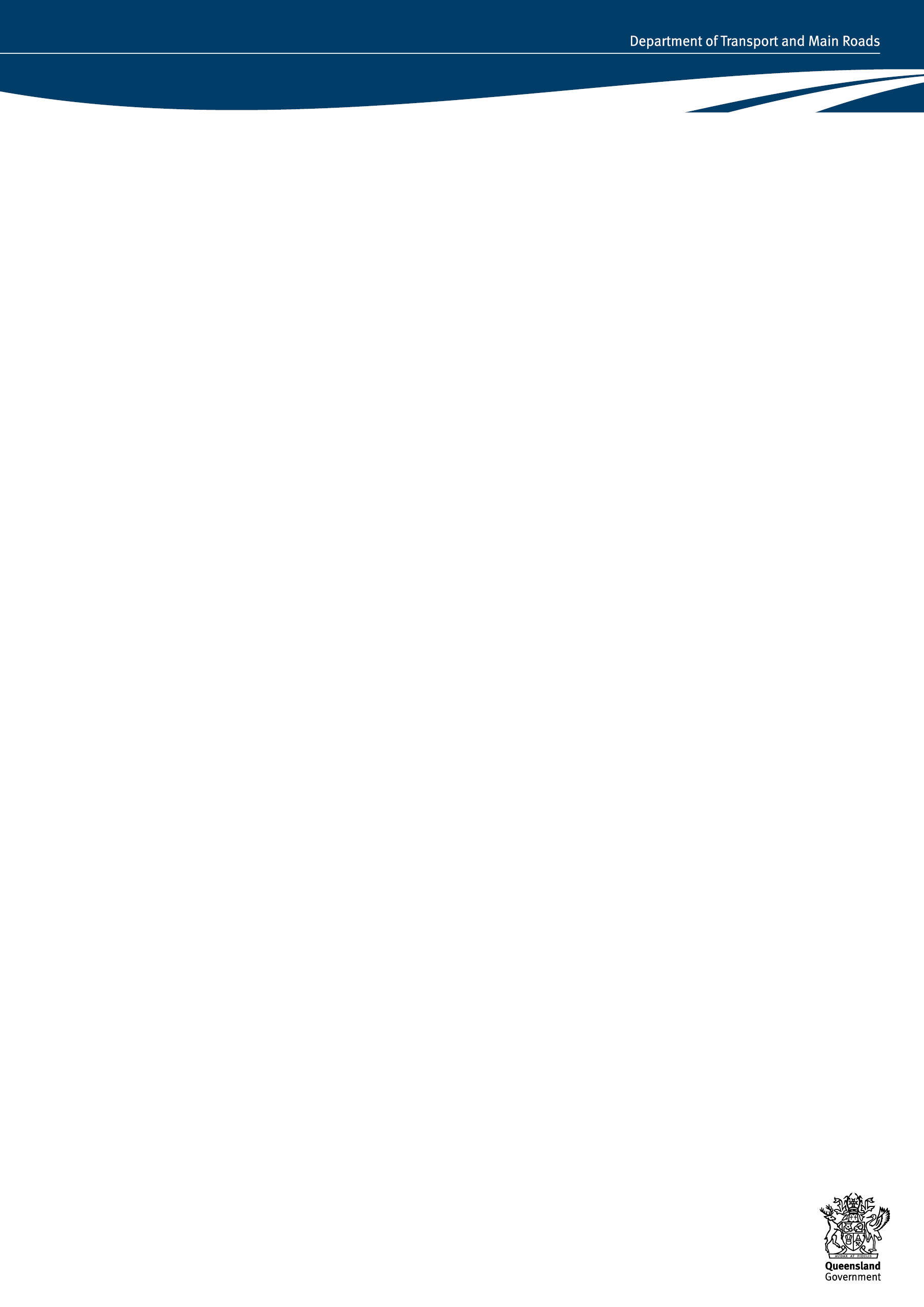
|  |
| --- |
| Project Scope Identification  for a small business/corporate project |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Scope Identification **for a small business/corporate project** | | |  | |
|  | | | | |
| **Source of funds/ Program:** |  | | | |
|  | | | | |
| **Region/Unit :** |  | **Branch:** | |  |
|  | | | | |
| **Division:** |  |  | | |
|  | | | | |
| **Project Name:** |  | | | |
|  | | | | |
| **Project No:** |  | **File No:** | |  |  |
|  | | | | |  | **Branch:** |  |
| **Current Situation:** |  | | | |
| **Need for Project:** |  | | | |
| * **Existing system/process:** |  | | | |
| * **Deficiencies this project will address:** |  | | | |
| * **Political and community issues:** |  | | | |
| * **Any associated works/projects/ dependencies:** |  | | | |
| * **Other:** |  | | | |
| *(provide photos where applicable):* |  | | | |
| **Program Benefits/outcomes of proposed works:** |  | | | |

|  |  |
| --- | --- |
| **Scope of proposed project:** |  |
| * **In Scope:** |  |
| * **Out of Scope:** |  |
| **Options considered:** | * (If any) |
| **Constraints:** | (e.g. budget, time, staff, developments/events, political circumstances, electoral cycle, funding availability, environmental, permits, materials supply, availability of key equipment, seasonal weather conditions. Delete/amend/replace as appropriate.) |
| **Delivery method:** | (e.g. in-house resources/contractors/suppliers) |
| **Future operational performance:** | (How this project will improve operations & how will this be measured) |
| **Acceptance Criteria:** |  |
| **Significant risks identified:** | (e.g Public consultation, flooding, safety equipment + constraints above) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Cost** | **Proposed expenditure flows** | | | | |
| **Prior Expenditure**  **$'000** | **20\_\_-\_\_**  **$'000** | **20\_\_-\_\_**  **$'000** | **20\_\_-\_\_**  **$'000** | **Total**  **$'000** |
| **Operating** |  |  |  |  |  |
| Salaries/FTEs |  |  |  |  |  |
| Consultants |  |  |  |  |  |
| Training |  |  |  |  |  |
| Other |  |  |  |  |  |
| **Total Operating Cost** |  |  |  |  |  |
| **Capital** |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Software |  |  |  |  |  |
| Other |  |  |  |  |  |
| Contingency |  |  |  |  |  |
| **Total Capital Cost** |  |  |  |  |  |
| **Total Project Cost** |  |  |  |  |  |

**Submitted (Project Manager)**

|  |  |
| --- | --- |
| Name: | Position: |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

**Recommended (Program Manager/Sponsor - head of delivery group**)

|  |  |
| --- | --- |
| Name: | Position: |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

Comments:

**Approved (Customer – decision maker ‘owning’ the new asset/process)**

|  |  |
| --- | --- |
| Name: | Position: |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

Comments:

**Attachments: (where applicable)**

1. Drawing/Sketch
2. Photos
3. Risk Register (if applicable)
4. Estimate of Cost

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TMR OnQ Template Version 3.0 (06/09/2017)