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| Project Planfor small business/corporate project |



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| This document describes how the project will be managed and provides a baseline for its delivery. |
| **Project Name:** |  |
| **Project Number:** |  |
| **File No:** |  |
| **Project Description:** |  |
| **Date Project Scope Identification Form Approved:** | \_\_\_\_/\_\_\_\_/ 20\_\_\_  |
| **Approved Budget:** | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project Sponsor:** Name/Position |  |
| **Project Customer:** Name/Position |  |

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| **Project Expenditure flow** | **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** |  |  |  |  |  |

| **Project Control** | **Development Phase** | **Implementation Phase** |
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| **Scope Management***For In and Out of Scope statements refer approved Project Scope Identification Form.* | For any alterations to the approved scope, a Change of Scope form will be submitted and approved prior to implementing the scope variation. |
| **Time Management***Show dates here, or attach an electronic schedule output.* | Are design activities required for this project? Yes/No.Details?Anticipated start \_\_/ \_\_\_/ 20\_\_ Anticipated completion \_\_ / \_\_/20\_Any changes in milestones are to be approved using a Change of Scope Form. | Anticipated start of contract \_\_\_/ \_\_\_/ 20\_\_Anticipated end of contract: \_\_\_/ \_\_\_/ 20\_\_Any changes in milestones are to be approved using a Change of Scope Form. |
| **Cost Management***The initial project cost estimate/budget is noted in the Project Scope Identification Form.* | The Project Cost Estimate will be reviewed: - following any initial design activities/or design changes; - prior to accepting any Offers.SAP will be used to manage the current project cost estimate and a spreadsheet will be used for expenditure forecasts. | Any Variations during delivery will be reviewed against the approved scope and approved budget.SAP will be used to manage the current project cost estimate and a spreadsheet will be used for expenditure forecasts. |
| **Quality Management:***Note any design requirements or standards, incl operations, environment, safety, or customer service standards* |  |  |
| **HR Management***Note Project Team* | Project Manager: (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team Member/s: (Name/Role):\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ | Project Manager: (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team Member/s: (Name/Role):\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ |
| **Communications Management**(Internal & External) | Communication with?/By whom?\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ | Communication with?/By whom?\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ |
| **Risk Management***Note how risks will be assessed/considered & documented?* | Contingency/Risk Allowance will be determined by? *(Select one)** Costing risk items, ***or***
* Adopting a % of total cost
 | Contingency/Risk Allowance will be reviewed and updated during this Phase. |
| **Procurement Management***Note method of procurement/other method of delivery* | The following equipment/contractors/consultancies will be procured by: Charges for contractors working in house will be accrued using CATS | Proposed delivery method Charges for contractors working in house will be accrued using CATS |
| **Learnings & Finalisation Phase** | Any learnings will be recorded in a project learnings register. | Any learnings will be noted in a Completion Report/Close-out document/post-construction review. |

**Submitted (Project Manager)**

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

**Agreed to proceed (Sponsor – head of delivery group)**

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

Comments:

**Attachments:** (where applicable)

1. Previous Scope Identification Statement and attachments
2. Any approved change of scope forms
3. Cost estimate
4. Schedule/Gantt chart
5. Corporate Risk Register

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