Project Charter Request Form

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| The *Project Charter Request* form must be completed in order to request significant implementation changes related to ITS services, which includes new product or service or enhancing or modifying existing service. Examples of when this Form is required are:   * A request to implement newly procured solution * A request to implement enhancements to existing system * A request to identify & implement a solution for a defined business need   Once you complete this document, please send it as an attachment in an[***email to the ITS project management office***](MailTo:MGogulapati@csub.edu?Subject=Project%20Charter%20request%20-%20See%20attached&Body=Here%20attached%20new%20project%20request%20with%20associated%20charter%20document%20for%20review%20by%20Project%20Leadship%20Team%20and%20CSUB%20PMO.), as well as to the identified project leadership team. A response for chapter review will be provided back to the requester & leadership team within two weeks of submission.  Note: The project charter review process is documented in the *Project Charter Life Cycle* document.  For an exception to the two week initiation, please contact 661-654-3425. |
| **Revision History:**   |  |  |  |  | | --- | --- | --- | --- | | Version | Date | Author | Reason for change | | *1.0* |  |  |  | |
| **Project Title:**  *\_Enter the project title\_* |
| **Project Scope:**  *\_Describe the primary goal of this project. What are we trying to accomplish, by when, and for how much?****\_*** |
| **Project Audience:** *Choose an item.*  *\_List the beneficiaries of this project\_* |
| **Project Driver:** *Choose an item.*  *\_Beyond the tangible benefits, why are we doing this project? \_* |
| **Project Objectives:**  *\_Describe the measurable benefits of this project\_ (Perhaps refer at the CSU for Success Criteria)* |
| **Project Type:** *Choose an item.*  *\_Describe the work involved for this project\_*   * Is this “***Periodic update***” project? – (i.e. Maintenance or updates to existing systems with no significant functionality change; focus on reliability, stability and effectiveness) * Is this “***Change/ Enhance***” project? – (i.e. Adds significant new capacity or capability that responds to changing needs of organization) * Is this “***Replace/ Transform***” project? - (i.e. Introduces new capability for organizational benefit) |
| **Project Leadership:**  *\_Please Identify the management organization for this project\_*   |  |  |  | | --- | --- | --- | | Role of Leader | Name of Leader | Responsibilities | | *Sponsor* |  |  | | *Project Manager* |  |  | | *Functional Manager* |  |  |   ***NOTES:*** *It is possible your project may need, more than one sponsor or functional manager.*   * **Project Sponsor (VP/AVP):** [Responsible for project direction, scope, decisions and deliverables. Also to address barriers or assist in procuring additional resources.] * **Project Manager:** [Responsible for determining requirements & resources, and oversee progress and status] * **Functional Manager(s)/Lead(s) (Director/MPP):** [Responsible for determining requirements & allocating resources, and work with Project Manager to run the project] |
| **Project Deliverables:**  *\_What are the tangibles expected outcomes from this project, measurable tangibles are preferred. (Something you can use, have or hold)\_* |
| **Project Team & Others:**  *\_Describe all personnel needed for the project implementation, as well as approximate number of hours needs by each of team members. \_*   |  |  |  |  | | --- | --- | --- | --- | | Resource name | Resource Role | Approximate Hours | Weekly Commitment (Minimum hours) | |  |  |  |  | |  |  |  |  |   ***Possible Roles:*** *Functional Team/ Business Analyst/ Training Team/ Testing Team/ Communication Team/ Sys Admin/ Developer/ PM/ Tester*   |  |  |  |  | | --- | --- | --- | --- | | Summary by Team | # of members | Estimated project hours | Average weekly commitment | | ITS Team |  |  |  | | Customer Team |  |  |  | | Total |  |  |  | |
| **Project Implementation & Operational Costs:**  *\_Describe the known implementation costs and operational costs\_* |
| **Project Constraints:**  *\_Describe any related information: Dependencies, Risks, Other projects, Restrictions/ Considerations, and Deadlines; that can influence the project during implementation\_* |
| **Project Authorization:**   |  |  |  | | --- | --- | --- | | Approved By | Signature | Date | |  |  |  | |

DELETE FROM HERE.

Please save the document with the project title, “Mobile application for ITS charter”, for easier reference. Consider deleting following (example) content prior to submission of your project charter.

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| **Revision History:**   |  |  |  |  | | --- | --- | --- | --- | | Version | Date | Author | Reason for change | | *1.0* | *3/1/17* | *User 1* | *Initial version* | | *1.1* | *3/15/17* | *User 2* | *Updates from team* | | *1.2* | *3/20/17* | *User 1* | *Approved by Sponsor* | |
| **Project Title:**  *\_Mobile applicant for ITS department\_* |
| **Project Scope:**  *Develop a mobile application to provide campus services for students, employees, and community users by Sept 2016 for $120,000.* |
| **Project Audience:** Campus  *\_List the beneficiaries of this project\_* |
| **Project Driver:** Foundational  *\_Beyond the tangible benefits, why are we doing this project? \_* |
| **Project Objectives:**   * *Responsive mobile application* * *Provide access to key* *campus services for students (i.e. view class schedules, pay fees),* * *Provide access to key campus services for employees (i.e. report time, view paycheck)* |
| **Project Type:** Change/Transform  *This is a “****Transform****” project that provides university services in a mobile application.* |
| **Project Leadership:**   |  |  |  | | --- | --- | --- | | Role of Leader | Name of Leader | Responsibilities | | *Sponsor* | *User 1* | Responsible for project direction, scope, decisions and deliverables. Also to address barriers or assist in procuring additional resources. | | *Project Manager* | *User 2* | Responsible for determining requirements & resources, and oversee progress and status | | *Functional Manager* | *User 3* | Responsible for determining requirements & allocating resources, and work with Project Manager to run the project |   ***NOTES:*** *It is possible your project may need, more than one sponsor or functional manager.* |
| **Project Deliverables:**   * *Responsive mobile application* * *Provide access to key* *campus services for students (i.e. view class schedules, pay fees),* * *Provide access to key campus services for employees (i.e. report time, view paycheck)* |
| **Project Team & Others:**  *The team consists of 3 students (30-hours each in 6 weeks), 4 staff members from UA, SA, Housing, & Athletics (20-hours each in 6 weeks) and 1 Student-Assistant (6 hours in last 3 weeks). We don’t expect any documentation & training.*   |  |  |  |  | | --- | --- | --- | --- | | Resource name | Resource Role | Approximate Hours | Weekly Commitment (Minimum hours) | |  |  |  |  | |  |  |  |  |   ***Possible Roles:*** *Functional Team/ Business Analyst/ Training Team/ Testing Team/ Communication Team/ Sys Admin/ Developer/ PM/ Tester*   |  |  |  |  | | --- | --- | --- | --- | | Summary by Group | # of members | Estimated project hours | Average weekly commitment | | ITS Team | *3* | *90* | *9* | | Customer Team | *6* | *240* | *24* | | Total | 9 | 330 | 33 | |
| **Project Implementation & Operational Costs:**  *The project costs are estimated about $80,000 for software, $20,000 for installation and about $16,000 annually for maintenance. The project requires additional 0.25 FTE for department support.* |
| **Project Constraints:**  *The time line spans start of semester. Some resources in the projects are critical to other project, so functional managers need to find alternate resources to meet project timelines. This project needs to complete by Dec 2016, so that the functionality can be introduced in Spring 2017 Semester. Scope changes are not permitted for Dec 2016 deliverables.* |
| **Project Authorization:**   |  |  |  | | --- | --- | --- | | Approved By | Signature | Date | |  |  |  | |