

**NEW YORK STATE DEPARTMENT OF HEALTH  
PROJECT MANAGEMENT OFFICE**

**PROJECT ROSTER**

<i>Purpose:</i>	<i>Identify team members, their roles and responsibilities, and their contact information.</i>
<i>Target Audience:</i>	<i>Project Sponsor, Project Director, Project Manager, Project Team</i>

<b>PROJECT IDENTIFICATION</b>
<b>Project Name:</b>
<b>Project Sponsor:</b>
<b>Project Director:</b>
<b>Project Manager:</b>
<b>Date:</b>

<b>DOCUMENT HISTORY</b>		
<b>Revision</b> <i>(Briefly describe the revision.)</i>	<b>Author</b>	<b>Revision Date</b>

<b>PROJECT SPONSOR</b> <i>The project sponsor has primary responsibility for advocating for the project and ensuring that the project has the necessary resources to be successful. Some projects may have more than one Project Sponsor.</i>		
<b>Name/Organization</b>	<b>Email Contact</b>	<b>Telephone Contact</b>

<b>PROJECT DIRECTOR</b> <i>The project director acts as the primary intermediary between the project's Sponsor or organization's executives and the Project Manager. Often, the same individual performs the Sponsor and Project Director roles.</i>		
<b>Name/Organization</b>	<b>Email Contact</b>	<b>Telephone Contact</b>

<b>PROJECT MANAGER</b> <i>The project manager has primary responsibility for planning and implementing the project.</i>		
<b>Name/Organization</b>	<b>Email Contact</b>	<b>Telephone Contact</b>

**NEW YORK STATE DEPARTMENT OF HEALTH  
PROJECT MANAGEMENT OFFICE**

**PROJECT TEAM**

*The project team has primary responsibility for delivering a successful project.*

<b>Name/Organization</b>	<b>Email Contact</b>	<b>Telephone Contact</b>

**STEERING COMMITTEE**

*The Steering Committee will provide support and direction at the request of the sponsor.*

<b>Name/Organization</b>	<b>Email Contact</b>	<b>Telephone Contact</b>