

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

PROJECT CHARTER

<i>Purpose:</i>	<i>Provides authority to establish the project and secures commitment for the resources required to complete the initiation of the project.</i>
<i>Target Audience:</i>	<i>Project Sponsor should indicate acceptance of the Project Charter by signing the form. It is unwise to proceed with the project without complete agreement on the content of the charter with the sponsor.</i>

PROJECT IDENTIFICATION
Project Name:
Project Sponsor:
Project Director:
Project Manager:
Date:

PROJECT DESCRIPTION
PROJECT BACKGROUND: <i>Explain the events leading up to the project request.</i>
PROJECT TIMEFRAME: <i>Provide the expected timeframe of the project.</i>
PROJECT MISSION: <i>Describe the mission of the project.</i>
PROJECT OBJECTIVE(S): <i>Describe the objective(s) of the project</i>
CRITICAL SUCCESS FACTORS: <i>Provide a list of outcomes that must be achieved in order for the project to be considered a success.</i>
CONSTRAINTS: <i>List any known factors that limit the project's execution. Common constraints may include staffing resources, fiscal resources, etc.</i>

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PROJECT ORGANIZATION:

Identify who will be involved in this project, their level of authority, roles, and responsibilities.

ROLE (NAME)	AUTHORITY	RESPONSIBILITY

PROJECT SPONSOR APPROVAL:

The signature below signifies acceptance of the information provided within and the authority established in this project charter.

Name:

Signature:

Date: