

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

**COMMUNICATION PLAN**

<i>Purpose:</i>	<i>Describes the means by which project communications will occur and defines how often information will be disseminated. It should be reviewed regularly throughout the course of the project and updated as necessary to ensure it remains current and applicable.</i>
<i>Target Audience:</i>	<i>Project Sponsor ,Project Director, Project Manager, Business Project Lead, Technical Lead, Financial Representative, Customer or Program Area Representatives, Vendor Project Manager, Advisory Group Members, Change Control Group Members, Other Project Team Members, Other Stakeholders</i>

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

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

COMMUNICATION PLAN					
Information Need	From	To	Delivery Method	Frequency / Delivery Date	Prepared By
<i>Describe or outline the specific information (e.g., project status) for the communication. If feedback is required, describe what information is expected and how it will be gathered.</i>	<i>List the individual(s) that will send the Information Need.</i>	<i>List the stakeholder group(s) or individual(s) that will receive the Information Need.</i>	<i>Identify the tool (e.g., email, report) or activity (e.g., meeting, demonstration, training) used to deliver the Information Need.</i>	<i>Timing of contact, (e.g., one time, weekly, monthly).</i>	<i>Individual responsible for preparing the message; may also identify a person required to approve the Information Need.</i>
1.					
2.					

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3.					
4.					
5.					
6.					
7.					
8.					
9.					