

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

**ORGANIZATIONAL CHANGE PLAN**

<i>Purpose:</i>	<i>Changes made to the project's products may have an impact on the organization. This form can be used to document and plan for those changes to ensure an organization is prepared to accept the changes and utilize the product delivered.</i>
<i>Target Audience:</i>	<i>Project Sponsor, Project Manager, Organization's Management</i>

PROJECT IDENTIFICATION
<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

HUMAN CHANGE MANAGEMENT <i>(How will people using the product(s) be affected by the change)</i>					
Organizational Change Activities <i>(describe any activities that must be completed in order to ensure that the organization is ready to accept and use the product once it's been implemented)</i>	Type of Change (People/Process/Culture) <i>(select the type of change that will be affected by its implementation)</i>	Individual/Group(s) Affected <i>(select individual/group that will be affected by the activity)</i>	Individual/Group(s) Responsible for Implementation <i>(identify individual/group responsible for implementation of the activity)</i>	Required Completion Date	Status

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