

NLANA Project Plan

Template Guidelines

Definition	The Project Plan is the Agreement between the project team (the doers of the work) and the Northern Lights Area of Narcotics Anonymous. It summarizes what work is to be performed, how it will be completed, when it will be done, who will perform the work, how much it will cost and how the work will be controlled.
Purpose	The Project Plan provides the foundation for the other major project deliverables including budget, schedule and the project activities plans. It serves as a communications tool to generate concurrence from the project team, and the NLANA.
Ownership	The Project Manager with the project team and Project Sponsor complete the Project Plan. The Project Plan must be approved by the NLANA Executive Committee prior to base-lining and moving forward with the project.
When	Work should begin on the Project Plan as soon as the motion to start the project has been passed.
Template Completion	1. This Template Guidelines section is for reference purposes only. It should be printed and deleted prior to completing the final document. 2. To input text within a text field (), place the cursor inside the field and just start typing. 3. Enter the required information on the Title Page. For Status enter Draft, Approval or Final; for Version enter a version control number such as 1.0. Within the document enter the Project # and Name in the page header and the Service Area in the page footer (e.g. Public Relations, Hospitals & Institutions, Literature, etc.). 4. Complete the document utilizing suggested text where applicable and entering text/fields where shown within <blue text> brackets. Note that the blue text is NOT to be included in your final document. Its purpose is to either provide guidance for completing requested information, or to show where text is to be input. 5. Save the document using the following file naming convention: [Project #][Project Name] Project Plan.doc. 6. Wherever attachments are to be included in the Project Plan, include a comment as such and add the name of the attachment to the Attachments list in Section 11. 7. Complete the Approvals section, listing all required final reviewers, approvers and others who only require acknowledgement, their department or area and phone number. 8. After approval is received, the Project Plan is base-lined. Any subsequent changes to the project's scope would go through a change control process—do NOT revise the Project Plan. 9. Once the Project Plan is completed and after the project has been closed, this document is to be retained with other project documentation in the regional archives.

Project Plan

<Project # & Name>

Status:

Version:

Prepared by:

Project Manager:

Project Sponsor:

Date Created:

Date Last Revised:

Project Plan

<Project # & Name>

1. Project Scope

1.1. Project Purpose

<Provide a BRIEF description of the reasons for recommending the project. Include background information, the problem or challenge that needs to be resolved and explain what is being affected by the problem and how it is presently impacting the fellowship.>

1.2. Project Objective

<This is a high-level statement that provides the overall context for what the project is trying to accomplish.>

1.3. Project Benefits

<Identify the key benefits (both internal and external) of adopting the project solution to be delivered and what a successful solution would provide to the fellowship.>

1.4. Inclusions & Exclusions

<List what is in and out of scope for project completion.>

2. Project Impacts

2.1. Dependencies

<List any known key project dependencies, such as related project initiatives.>

2.2. Key Assumptions

<List any known key project assumptions.>

2.3. Key Critical Success Factors

<Critical Success Factors (CSFs) are those measurable qualitative criteria, listed in order of importance, that when present in the project's environment are most conducive to the achievement of a successful project. **Note that a project sponsor's acceptance criteria will often drive the CSFs for the project.** As such, CSFs are determined through a joint effort by the Project Sponsor and Project Manager.

Critical Success Factor	Key Success Indicator (if applicable)	Action Steps to Assure Success
<Example: ABC Reports are produced per specification.>	<Data provided is as requested and accurate, in the report format as requested, and has been produced on EOM minus 2 days.>	<Requirement to be included in Business Requirements Document under Reports.>

3. Project Deliverables

<Key Deliverables/Milestones shown are an example for smaller projects. They may or may not be all-inclusive—content would be dependent on the size, type and requirements of the project. They should be listed in chronological order as they would occur in the project lifecycle.>

Key Deliverables / Milestones	Planned Start Date	Planned Completion Date
Project Initiation Approval	<MM/DD/YY> or <MM/YY>	<MM/DD/YY> or <MM/YY>

Project Plan

<Project # & Name>

Key Deliverables / Milestones	Planned Start Date	Planned Completion Date
Project Plan Approval		
Project Plan Base-lined		
Design Completed		
Step 1 Completed		
Step 2 Completed		
Step 3 Completed		
Step N Completed		
Testing Completed		
Readiness Review (Go/No-Go Decision)		
Implemented		
Project Closed		

4. Budget Estimate

<Insert expenses as needed to accommodate your project budget estimates.>

EXPENSES TO IMPLEMENT PROJECT		
Expense A		\$XX,XXX
Expense B		\$XX,XXX
Expense C:		\$XX,XXX
Sub-Expense 1	\$XX,XXX	
Sub-Expense 2	\$XX,XXX	
Expense D		\$XX,XXX
Expense n		\$XX,XXX
Total Project Budget Estimate		\$XXX,XXX

5. Attachments

<List the names of all the Attachments from the preceding sections that are appended to this Project Plan.>

- ☐
- ☐
- ☐

6. Approvals

Review and Approve

<List the names, departments and phone numbers of individuals who will be **approving** the Project Plan.>

Name	Department	Phone #

Review and Acknowledge

<List the names, departments and phone numbers of individuals who will be **acknowledging** the Project Plan.>

Name	Department	Phone #

Project Plan

<Project # & Name>

Name	Department	Phone #

Review/Approval Results

NOTE: To electronically mark an "X" in a check box (☐): (a) Place the cursor over the desired check box; (b) Double-click the left mouse button; (c) Choose "Checked" under "Default Value" in the "Check Box Form Field Options" window; (d) Click "OK".

- ☐ Approved without revisions
- ☐ Approved with revisions
- ☐ Not approved

Signature (type in if provided electronically)

Date

Name (printed)

Position