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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name:** | | | **Sister’s wedding cake** | | | **Project ID:** | | **#1!** |
| **Requestor/Key Stakeholder:** | | | **Sister** | | | Charter Date: | | **5/1/19** |
| **Stakeholder Department:** | | | **Family** | | | **Associated Project(s):** | | **Sister’s wedding!** |
| **Executive Sponsor(s):** | | | **Mom** ($$) | | | **Project Tier:** | | **Tier 3 (see policy)** |
| **Mandate:** | **No** | **Yes** | | **If yes, date required:** | |  | | --- | | Click here to enter a date. | |  | | |

1. **Project Goal/Description:**

What is the purpose and/or the business need for this project? What business benefits will be achieved?

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| Description: Baking a wedding cake for sister’s wedding.  **Business Need: Fulfill a girlhood dream** |

1. **Scope Definitionand Project Outcomes/Deliverables & Measures of Success:**

What work will be included as part of this project? What work will **not** be included as a part of this project?

How will the project be defined as completed? What are the high level deliverables?

What metrics should be measured six months after completion to determine success of project?

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| **In Scope:** Baking a test cake, adjusting, Baking final cake, delivering final cake  **Out of scope:** Serving cake, purchasing serving utensils, purchasing and delivery plates/forks/napkins, etc.  **Outcome:** Fulfill Girlhood Dream  **Deliverables:** Test cake, Taste test, and Final Cake and Delivery  **Completion requirement:** 3 tiers, serves 100 people, Must have figurines  **Measures of success:** Taste test with achievable adjustments to recipe, Meets requirements  **6 months later**: Look back on fond cake memories – yummy! |

## Project Team/Key Stakeholders/Roles:

*Who are the key people and key areas that need to be involved in this project?*

*If the project requires resources from other departments/teams, a representative from each should be listed.*

*Include key stakeholders, account manager(s), executive sponsor(s), project manager(s), developers etc.*

| Name | Role on Project Team | Department | NetID/Contact Info |
| --- | --- | --- | --- |
| Sister | Sponsor |  |  |
| Mom | Money-lady |  |  |
| Dianna | Project Manager and Baker |  |  |
| Andrew | Delivery guy |  |  |
| Church lady | Helps with delivery and setup |  |  |
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1. **Organizational Groups Impacted:**

Who are the key people and/or areas that will be impacted by the work on this project, or by the work and the results of this project?

List the user groups for this project (i.e. students).

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| Wedding attendees  Church workers |

1. **Software/Databases Impacted:**

What existing applications or databases will be impacted by the work on this project, or by the results of this project?

What integration points will be necessary with existing systems for this project to be successful?

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| N/A |

1. **Ownership**

If this project involves the implementation of a software product, what department will be responsible for the administrative management (such as adding users, removing users, configuration changes)?

What department will be responsible for the technical support of this product (maintenance, upgrades, code changes etc.)?

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| Dianna will own the cake and be responsible for support/adjustment of the cake after delivery (ex: If decorations are messed up during delivery). Once wedding begins, cake is in final state. |

1. **Security /Risk Assessment:**

What security risks are associated with implementation of this project?

Who will be responsible for addressing these risks and how?

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| NA |

1. **Scheduling Requirements (Anticipated Timeline/Milestones):**

Is there an externally—or internally—driven completion date (or other limitation) for this project? If so, please indicate and explain.   
Are there specific milestones that must be met on certain dates?

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| **Wedding date: 5/27!!!**  **Taste Test: No Later than 5/16**  **Must have basic recipe no later than 2/26, so that allergy information can be included on invitation** |

1. **Funding Requirements:**

Will funding be required for the purchase of services or products (software/hardware) for the project?

If so, describe what will need to be funded, the anticipated costs/budget estimates and funding sources.

All account managers of the funding sources should be included as stakeholders on this charter.

This section provides a summary of estimated costs associated with the objectives of this project. This is intended to present probable funding requirements.

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| Estimated budget: $100 |

**Authorization/Charter Approval:**

*Type the name of each Project Team Member and their title and route for electronic signatures.*

Sister Sponsor

Mom Money-lady

Dianna Project Manager and Baker

Andrew Delivery guy

Church lady Helps with delivery and setup

**Attachments (could include requirements, major deliverables, Project Management Plan, gantt chart, executive milestones, communication plan, etc.):**

*Include the name of the document and a description*