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| **Implementation Template** |
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|  |
| **Project Name here** |

**INSTRUCTIONS:**

Acceptance of one or more deliverables occurs with an Implementation review. The review ideally occurs as an in-person demonstration to the relevant stakeholders of the deliverable completed; however, an in-person meeting is not required.

**ACCEPTANCE REVIEW MEETING DATE: MM/DD/YYYY**

**KEY PROJECT INFORMATION:**

[This table should be completed by EPMO Project Manager]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SPONSOR NAME:** | Name | **DoIT primary contact Name:** | | Name | |
| **Sponsor Org:** | Org | **EPMO Project Manager:** | | Name | |
| **Sponsor Poc:** | Name | **support primary contact:** | | Name | |
| **Impact Groups:** | [Faculty / Staff / Students] | **Impact Scope:** | [All / High / Medium / Low / None] | | |
| **PRB Demand #(s):** | [list all PRB Demand number(s) associated with this project or enter n/a] | | | | |
| **ITSM Service Ticket(s):** | [list all related ITSM service tickets here] | | | | |
| **Document Author:** | Name | **Document Date:** | | | MM/DD/YYYY |
| **Project Type:** |  | | | | |

Deliverable(s) Completed:

[The deliverable(s) and acceptance criteria listed here should match what is in the signed/approved Project Plan. Please complete the testing information below for the deliverable(s) completed. Please attach any relevant artifacts of test results (i.e. completed test script, email confirmations, etc.) that you would like included as part of the record for this acceptance approval.]

|  |  |
| --- | --- |
| **Deliverable Name:** | [Should match the name in the signed/approved Project Plan] |
| **Completion date:** | MM/DD/YYYY |
| **What acceptance criteria are being met:** | [Should match or exceed those listed the signed/approved Project Plan] |
| **What acceptance criteria were unable to be met:** | [Should be taken from those listed the signed/approved Project Plan] |
| **What scope outcomes were accomplished:** | [Should match or exceed those listed the signed/approved Project Plan] |
| **What dependencies were resolved:** | [Should match or exceed those listed the signed/approved Project Plan] |
| **Describe how any risks were mitigated:** | [Should match or exceed those listed the signed/approved Project Plan] |
| **Estimated hours to complete:** | [Should match the value from the Project Plan] |
| **Actual hours to complete:** | [Total people hours used to complete this deliverable] |

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| --- | --- |
| **Deliverable Name:** | [Should match the name in the signed/approved Project Plan] |
| **Completion date:** | MM/DD/YYYY |
| **What acceptance criteria are being met:** | [Should match or exceed those listed the signed/approved Project Plan] |
| **What acceptance criteria were unable to be met:** | [Should be taken from those listed the signed/approved Project Plan] |
| **What scope outcomes were accomplished:** | [Should match or exceed those listed the signed/approved Project Plan] |
| **What dependencies were resolved:** | [Should match or exceed those listed the signed/approved Project Plan] |
| **Describe how any risks were mitigated:** | [Should match or exceed those listed the signed/approved Project Plan] |
| **Estimated hours to complete:** | [Should match the value from the Project Plan] |
| **Actual hours to complete:** | [Total people hours used to complete this deliverable] |

Deliverable(s) Requiring further action:

[Provide the deliverables that have not met the requested acceptance criteria and/or require further action and review]

|  |  |
| --- | --- |
| **Deliverable Name:** | [Should match the name in the signed/approved Project Plan] |
| **Acceptance review date:** | MM/DD/YYYY |
| **Acceptance criteria outstanding:** | [List the outstanding criteria or ‘N/A’ if not applicable] |
| **Actions required:** | [i.e. Approval to proceed at some future date with another deliverable] |

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| --- | --- |
| **Deliverable Name:** | [Should match the name in the signed/approved Project Plan] |
| **Acceptance review date:** | MM/DD/YYYY |
| **Acceptance criteria outstanding:** | [List the outstanding criteria or ‘N/A’ if not applicable] |
| **Actions required:** | [i.e. Approval to proceed at some future date with another deliverable] |

Next Steps / Actions:

[In cases where no further Approvals to Proceed are needed (i.e. there are no more deliverables remaining), the action steps listed will become requirements for transition to operations.]

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| Text here |

signed Deliverable Acceptance:

[All deliverables must be formally accepted. Use one or more Acceptance of Deliverables documents as needed.]

|  |  |  |  |
| --- | --- | --- | --- |
| Role | name & organization | Signature | date |
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NOTES:

[Notes, Contingencies, Comments]

Once this document is completed, all deliverables listed on this document have been accepted, and signatures have been acquired, submit this Implementation document and any relevant artifacts to the EPMO. Email approvals are accepted in place of a signature but must be appended to the end of this document.