

Program Scope and Evaluation

Branch Name

Business Unit No:

Work Order No:

Program Details	Program Name				
	Program Description/Scope				
	Program Snapshot	Total Program Cost:	Total Associated Income:	Net \$:	Total Program Duration:
		If external associated income, is it confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Funding Body:			
		Contact details:			
	Document Management Reference Number:				
	Corporate Plan Reference				
	Operational Plan	Goal:			
		Outcome:			
		Service:			
	How was the program identified?	<input type="checkbox"/> Internal <input type="checkbox"/> External		<input type="checkbox"/> Proactive <input type="checkbox"/> Reactive	
		More information:			
	Type of program	<input type="checkbox"/> Strategic	<input type="checkbox"/> Program Delivery	<input type="checkbox"/> Operational	
Does the program align with any State / Federal Initiatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, is it a:				
	<input type="checkbox"/> State Initiative		<input type="checkbox"/> Federal Initiative		
	<i>(Attach relevant details)</i>				
What existing initiative does this align with:					
What is the existing initiative's target/goals/KPIs:					
Identified Referral Agencies / User Groups <i>(i.e. Audience)</i>					
Does program scope duplicate any existing services delivered by other bodies in the same location?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, please list: <i>(Attach relevant details)</i>				
Does this program demonstrate	<input type="checkbox"/> Leadership	<input type="checkbox"/> Sustainability	<input type="checkbox"/> Environment		

SWOT Analysis	Strengths	Weaknesses
	Opportunities	Threats

Risk Management / Treatment	A Risk Management Review has been undertaken relevant to the delivery of the proposed program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	A copy of the Risk Management Plan including appropriate Risk Treatment is attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Preliminary Program Management Plan	Task Milestone (Critical steps in process)	Resources (Who)	\$	Start Date	End Date	Success Factor/s	
	Planning						
	Implementation						
	Evaluation						
Reporting							
			\$	<i>(Must reconcile to Total Program Cost)</i>			

Impact on other initiatives	Detailed Program Management Plan attached, eg. Gantt Chart	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	This Program impacts other initiatives (Council or otherwise) for the identified location at / or around a similar time. Reviews undertaken include: <ul style="list-style-type: none"> • • • • • • 	Complements <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	Conflicts <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Key Success Indicators	Target	Reporting Frequency	TYPE		DEMONSTRATES			
			Qualitative	Quantitative	Efficiency	Effectiveness	Quality	Customer Service
1.								
2.								
3.								
4.								
5.								
6.								

Summary of Attachments	Document Management System Ref #	Document Name / Description
		Risk Management & Treatment Plan
		Detailed Program / Program Management Plan
		Evaluation Framework / Report Template
		Program Finalisation Report

Administration	Prepared by:	
	Signature:	
	Date: / /	
	To be completed by approving officer:	
	Approval: <input type="checkbox"/> Granted <input type="checkbox"/> Declined	
	_____ Coordinator's Signature / /	_____ Manager's Signature / /
Organisational Plan / Performance Plan updated to reflect program: <input type="checkbox"/>	_____ / / Signature	