

PROJECT SCOPE PLAN

Please complete the below project work plan to assist you in your Grant Application	
If you have any questions regarding the work schedule please contact the Community Capacity Building Team on 9806 5110	
Project Commencement Date:	Project Completion Date:
Total Amount Requested:	Funding Category:
Proposed Project Title:	
Create a generic email for Grant Application purposes: eg. admin@	
Brief Project Description: (How are you addressing the identified need?)	
Project Activities: (What are the activities you need to do to implement your Project?)	
Expected Outcomes: (What do you hope to achieve from this completing this project?)	
Measures of Success: (How will you know you've a expected milestones and dates for those milestones	

Assumptions, Dependencies & Constraints: (Please include here any assumptions made about the project plan, any project dependencies or constraints that have been imposed on this project)
Project Budget: (Estimation can be based on similar projects, professional quotes, historical evidence, experience etc)
Quality Management: (WHS / procurement)
Risk Management: (Reputation / conflict of interest / WHS issues)