|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name** |  | | |
| **Date of Report** |  | **Project Completion Date** |  |
| **Agency/Dept.** |  | **Project Manager** |  |
| **Sponsor** |  | **Portfolio Manager** |  |
| **Project Description** |  | | |
| **M&O TPID** | Required | | |

**The Close-out Meeting was held on <<date>> and the attendees provided input to this report**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Close-out Meeting Attendees** |  | | | |
| **Project Deliverable Review**  *Provide a list of project deliverables and indicate if they were completed. If not, or only partially completed, provide the reason. Add more lines to the table if needed.*   |  |  |  | | --- | --- | --- | | **Deliverable** | **Completed?** | **Reason If Not Completed** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | |
| **Business Value/Success Criteria Review**  *List the Business objectives/value this project was implemented to achieve (as reported in IT-ABC and annual legislative reporting), whether it was successful, and how success was measured. Add more lines to the table if needed.*   |  |  |  |  | | --- | --- | --- | --- | | **Business Value Indicator** | **Business Value** | **Method of Measure** | **Achieved?** | | Choose an item. |  |  | Choose an item. | | Choose an item. |  |  | Choose an item. | | Choose an item. |  |  | Choose an item. | | Choose an item. |  |  | Choose an item. | | Choose an item. |  |  | Choose an item. | | | | | |
| **Schedule Review**  *Was this project implemented according to the original schedule? Explain any event(s) requiring major schedule changes.* | | | | |
| **Scope Review**  *Was the project implemented according to the original defined scope (based on the Project Charter)? Describe the*  *Reason(s) for any significant scope changes.* | | | | |
| **Estimated Project Cost on the IT ABC Form** | | **$** | **Actual Project Cost** | **$** |
| **Budget Review**  *Explain any event(s) resulting in significant changes/impacts to the budget from what was proposed on the IT ABC Form.* | | | | |
| **Highlights from Lessons Learned**  *Provide a list of the top 3 to 5 lessons learned from this project based on the lessons learned conducted with the project team and key stakeholders.* | | | | |
| **Other Comments on the Project** | | | | |

**Close-Out Report Sign-off:**

|  |  |  |
| --- | --- | --- |
| Role | Name | E-Signature |
| **Project Manager** |  |  |
| **Sponsor** |  |  |
| **Portfolio Manager** |  |  |
| **Business Lead** |  |  |
| **IT Manager** |  |  |
| **<<Other Role>>** |  |  |