

Group Project – PUT NAME OF PROJECT HERE along with
location and postcode



*Sections of the form marked by an asterisk must be completed

*** Why do we want to do this? Is there a need?**

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***What do we want to change with this project?**

Please explain how this project will support either of Sands' first two aims: Support anyone affected by the death of a baby; improve bereavement care

Key Stakeholders

[illegible]

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***What might go wrong?**

Risk	What are we doing to reduce this risk?

***Who will be involved?** *Define roles and responsibilities for each team member*

Team member	Activities
Project lead (PL)	
Treasurer (TR)	
Fundraiser (Fun)	
Network Coordinator (NC)	

What resources would the Group need from Sands? E.g. Fundraising support, Comms support

Sands team involvement	Activities

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What will happen and when? *See the milestone chart on the back of this form*

*Anticipated Start Date	
*Anticipated End Date	

***Anticipated Budget:** *Sometimes budgets change during the project, which is fine. Just make sure everyone is kept in the loop about it.*

Income	
	15750
	750
	200
Total income	2450
Expenditure	
	2350
	1800
	900
	879
Total expenditure	5929
Resourcing costs (15% of total expenditure)	
Balance	-3479.00

***Budget dependency: For the Network Coordinator:**

Is the project dependent on the release of funds?

If so, when does the first payment need to be made?

Project milestone	Budget needed	Sands Finance team contacted

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Extra Notes:

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*Form Completed By	
*Date	
Project plan sent to senior management	
Project plan authorised by (name/date)	
Projects Account Code	
Staff Liaison	

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What will happen and when?

The key steps that you need to follow to complete the project from start to finish

[illegible]