# PROGRAM RISK EVALUATION CHECKLIST

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|---|---|
| **Program Name:** | |
| **Prepared by:** | |
| **Date (MM/DD/YYYY):** | |

**Table of Contents:**

**A portion of this template is available for your review**

**The complete template is available at www.cvr-it.com**

## 1. Instructions

- *For each item below, complete all blank fields (see footnotes for Planning Status and Risk Level columns).*
- *At the bottom of this form, enter an overall evaluation rating (H, M, L, N) for this project.*

## 2. Evaluation

| Item No. | Item | Planning Status [1] | Risk Level [2] | Comments / Plan to Resolve |
|---|---|---|---|---|
| **1** | **Program Planning** | | | |
| 1.1 | Does this program have a Sponsor? | | | |
| 1.2 | Are specific Business Objectives for this program documented and available to the stakeholders? | | | |
| 1.3 | Is there an identified Program Manager? | | | |
| 1.4 | Does the Program Manager have a well defined role? | | | |
| 1.5 | Does the Program Manager have sufficient training and experience to do the job? | | | |
| 1.6 | Does the Program Manager have adequate time allocated to his/her duties as Program Manager? | | | |

[1] *Enter one of the following:* **C** (Complete), **P** (Partially Complete), **A** (Absent); **Y** (Yes), **N** (No); **NA** (Not Applicable)
[2] *Enter one of the following:* **H** (High), **M** (Medium), **L** (Low), **A** (Absent)

## 2. Evaluation

| Item No. | Item | Planning Status [1] | Risk Level [2] | Comments / Plan to Resolve |
|---|---|---|---|---|
| 1.7 | Is the primary Customer of this program identified?  Are other customers identified? | | | |
| 1.8 | Is there a group of stakeholders involved in oversight of this program? | | | |
| 1.9 | Does the program have sufficient resources assigned to it to accomplish the work that will be required (e.g. is there a Program Management Office that provides administrative support?) | | | |
| 1.10 | Does the assigned staff actually have time allocated to work on the program? | | | |
| 1.11 | Is there a defined organizational structure for the Program Management group? (Note: this question refers to the overall program, not to the underlying projects that the program may generate.) | | | |
| 1.12 | Is there a document that describes how those managing this program will conduct their work? | | | |
| 1.13 | Is there a process in place that ensures that resources are assigned to projects according to the priority and requirements of those projects? | | | |
| 1.14 | Are there political (e.g. "turf") issues that could compromise the success of this program? | | | |
| 1.15 | Is there an organizational structure in place to support the Benefits Realization Plan? | | | |
| 1.16 | Do all stakeholder groups have representation in the program? | | | |
| **2** | **Program Mission and Goals** | | | |
| 2.1 | Is the overall purpose of this program documented and available to stakeholders? | | | |
| 2.2 | Is there agreement that this program supports the organization's Business Strategy? | | | |
| 2.3 | Is there agreement that this work must be done as a program (e.g. that it cannot be done as a single large project)? | | | |
| 2.4 | Are the specific Business Objectives of this program documented and available to the stakeholders? | | | |
| 2.5 | Is there agreement on how the Customer of the program will benefit? | | | |
| 2.6 | Are the business drivers that currently cause this program to exist likely to change during the course of the program? | | | |