|  |  |
| --- | --- |
| **Project Name:** |  |
| **Project Number:** |  |

Level 1 - Recipients of Communication:

*Who needs to receive communications about what?*

*(Communications may include: Progress on Project, upcoming events, focus group sessions, informing groups of upcoming changes, asking for responses, directing people to information, etc.) Add or delete rows, as needed.*

|  |  |  |
| --- | --- | --- |
| **Item** | **Who Receives Communication** | **About What** |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
| 4) |  |  |
| 5) |  |  |
| 6) |  |  |
| 7) |  |  |
| 8) |  |  |

Level 2 - Logical Order and Approximate Timing of Communications:

*Based on the communication needs above, specify the details of communication items.*

*(Examples may include: Regular meetings, targeted sessions, emails, newsletters, vendor fairs, etc.) Add or delete rows, as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Satisfies Item #** (from above) | **Communication Type** | **When to Send/Accomplish** | **Who & How/Method of Delivery** |
|  |  |  |  |
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| --- | --- | --- | --- |
| *No:* |  | *Yes:* |  |

Communication Costs:

*Is funding required to support any of the communication items?*

(If Yes, please specify details below)

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| --- |
|  |

**Authorization:**

*Indicate who has approved the above communication items and the method of delivery.*

Signature Communications Authority Date

##### Signature Project Manager Date

Signature Funding Authority Date

*(Required when TR funding is necessary)*