Continuous Improvement Project Form

*Only use this template if you’re unable to access the* [*project report form*](https://apps.gov.powerapps.us/play/e/eeba1ad7-d156-e800-9141-f7c5e655c379/a/ba0fa867-a211-4349-aed5-bb5e5a9c946f?tenantId=f4e2d11c-fae4-453b-b6c0-2964663779aa&hint=5eec2161-e31b-4bc3-ac7a-a590ea444453&sourcetime=1699556105867)*. Email completed forms and associated files to* [*DOASMP@wisconsin.gov*](mailto:DOASMP@wisconsin.gov)*.*

*Required fields are indicated with an asterisk (\*).*

**Team lead information**

|  |  |
| --- | --- |
| **Team lead email** *\** |  |
| **Team lead name** |  |
| **Additional team lead email** |  |
| **Additional team lead name** |  |
| **Name of agency** *\** |  |
| **Name of division** *\** |  |
| **Name of bureau** *\** |  |

**Project background**

**Please indicate the belt level certification you are pursuing for this project.** *\**

Yellow Belt  Green Belt  Black Belt  This project is not for a belt certification

**Project Name** – *What are you doing in this project? \**

**Background** – *Provide some context. Describe the process or setting in which the problem occurs. \**

**Problem Statement** – *What’s the problem? What’s the value in solving it? \**

**What type of problem is this?** *\**

Process Problem  Cost Problem  Clutter Problem  Not Sure  Other

|  |  |
| --- | --- |
| **When do you plan to start this project?** |  |
| **When do you expect to complete the project?** |  |

**Project charter**

*If your project uses a project charter, please complete all required fields.*

**Stakeholders** – *Who is affected by this process? Who is involved in this process?*

**Scope** – *What are you focusing on in this project? What related processes will you avoid changing?*

**Problem Magnitude** – *How many people are affected by this problem? How often does it occur?*

**Goals** – *What do you hope to accomplish in this project? What does success look like?*

**Before metrics**

Select at least one metric below and report what its value was before you made an improvement.

**Annualized metrics (before) Other metrics (before)**

Annual hours required: \_\_\_\_\_\_\_ hours  Number of steps in process: \_\_\_\_\_ steps

Annual ongoing current cost: \_\_\_\_\_\_ dollars  Average process lead time: \_\_\_\_\_ steps

Annual ongoing future cost: \_\_\_\_\_\_\_ dollars  Percent of satisfied stakeholders: \_\_\_\_\_ %

Other: \_\_\_\_\_ (*insert metric name here)*

**Outcomes and after metrics**

**Describe the solution you implemented and its outcomes.** *\**

**Annualized metrics (after) Other metrics (after)**

Annual hours required: \_\_\_\_\_\_\_ hours  Number of steps in process: \_\_\_\_\_ steps

Annual ongoing current cost: \_\_\_\_\_\_ dollars  Average process lead time: \_\_\_\_\_ steps

Annual ongoing future cost: \_\_\_\_\_\_\_ dollars  Percent of satisfied stakeholders: \_\_\_\_\_ %

**One-time cost metrics**

**How much did this solution cost to implement?** *\**

**List any one-time cost savings below.** *\**

**Metrics Explanation**

**Metrics explanation** – *How did you arrive at the numbers entered above? \**

*Email any files that help explain the numbers you entered above to DOASMP@wisconsin.gov*