

**Delaware Performance Review Charter**  
**Please Complete Blank White Fields Only**

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<b>OMB -Approved Amount:</b>		<b>Previous Initiatives for this project?:</b>	No	<b>If Yes, enter the previous Initiative number(s):</b>	
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<b>ID No.:</b>		
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**Project Description Section**

<b>Project Title:</b>	
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<b>Project Manager:</b>	<b>Phone #:</b>
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<b>Type:</b>	
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<b>[Reserved]:</b>	
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<b>Department(s) Supported:</b>	
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<b>Performing Department:</b>	
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<b>Priority:</b>	
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*Enter Executive Summary below. Use Alt + Enter for new line.*

<b>Project Scope:</b>	
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<b>Expected Financial Benefit in Annual Run-rate Dollars:</b>	
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<b>Expected Benefits :</b>	
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<b>Total Project Development &amp; Implementation Cost: \$</b>	<b>Expected Annual Operations &amp; Maintenance Cost: \$</b>
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**Approval Section**

Title	Name	Signature
OMB Director		
OMB Program Manager		
Agency Director		
Agency Program Manager		