|  |  |  |
| --- | --- | --- |
| 1. | Agency Name  |  |
|  |  |
| 2. | Contact’s Name  |  | 3. | Contact’s E-mail |  |
|  |  |  |  |  |  |
| 4. | Contact’s Title | 5. | Contact’s Phone Number |
|  |  |  |  |
| 6.  | Reporting RequirementAgency Name and Contract Number |
| 7. | Impact to Agency |
|  |  [ ]  [ ]  [ ]  [ ]  | Change in Business Process – Additional WorkloadChange in Business Process – Higher Skill Set requiredBusiness System RemediationOther |
|  |  |
| 8. | Impact Statement (Additional space on back of form). |
|  |  |
| Agency, Director of Administration  |  |  |  |  |
|  |  |  |  |  |
| Signature |  |  |  |  |
|  |  |  |  |  |
| Name |  |  |  |  |
|  |  |  |  |  |
| Date |  |  |  |  |
| 8. | Impact Statement (continued) |
|  |