FlOrida PALM
Planning, Accounting, and Ledger Management

Florida PALM Agency Internal Readiness Indicators Survey

Thank you for taking the time to complete the Florida PALM Agency Internal Readiness Indicators survey. The purpose of this survey is to gauge your agency's readiness at this point in time in your transition to Florida PALM. Each indicator requires a multiple-choice selection and a free-form response. Responses will be shared with the Executive Steering Committee.
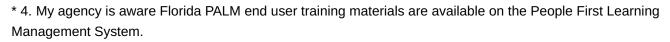
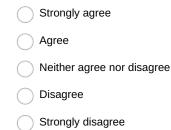Please complete and submit one survey for your agency by **April 23, 2021.**

* 1. Please select your agency.

[▲▼]

People Readiness Indicator

* 2. My agency has implemented an internal training plan for the Florida PALM CMS Wave.

○ Strongly agree

○ Agree

○ Neither agree nor disagree

○ Disagree

○ Strongly disagree

* 3. "I chose this response because…."

[   ]

* 4. My agency is aware Florida PALM end user training materials are available on the People First Learning Management System.

○ Strongly agree

○ Agree

○ Neither agree nor disagree

○ Disagree

○ Strongly disagree

* 5. "I chose this response because…."

[text input box]

* 6. My agency has prepared Super Users to provide Florida PALM support within my agency (Tier 0 support).

○ Strongly agree

○ Agree

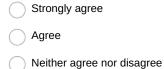○ Neither agree nor disagree

○ Disagree

○ Strongly disagree

* 7. "I chose this response because…."

[text input box]

* 8. My agency is aware User Support Labs will be available post go-live to provide assistance.

○ Strongly agree

○ Agree

○ Neither agree nor disagree

○ Disagree

○ Strongly disagree

* 9. "I chose this response because…."

[text input box]

* 10. My agency understands the overall impact of the CMS Wave and is actively informing stakeholders of our readiness progress.

○ Strongly agree

○ Agree

○ Neither agree nor disagree

○ Disagree

○ Strongly disagree

* 11. "I chose this response because…."

```



```

Process Readiness Indicators

* 12. My agency is on track to update and communicate internal business processes which will be impacted as a result of the implementation of the CMS Wave.

( ) Strongly agree

( ) Agree

( ) Neither agree nor disagree

( ) Disagree

( ) Strongly disagree

* 13. "I chose this response because…."

```



```

* 14. My agency understands the Chart of Accounts structure that will be implemented at CMS Wave.

( ) Strongly agree

( ) Agree

( ) Neither agree nor disagree

( ) Disagree

( ) Strongly disagree

* 15. "I chose this response because…."

```



```

Technology Readiness Indicators

* 16. My agency is confident it will have the appropriate data our business systems will need to perform agency cash management functions and produce reports.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

* 17. "I chose this response because…."

[text box]

* 18. My agency is confident it will remediate internal business systems and interfaces which will be impacted with the implementation of the CMS Wave.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

* 19. "I chose this response because…."

[text box]

* 20. My agency understands and supports the role of the Identify Provider SME and Security Access Manager (SAM) in providing end user access to Florida PALM.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree

* 21. "I chose this response because…."

[text box]

* 22. My agency's Identity Provider is able to support end user access to Florida PALM.

◯ Strongly agree

◯ Agree

◯ Neither agree nor disagree

◯ Disagree

◯ Strongly disagree

* 23. "I chose this response because…."
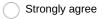
[text box]

Project Management Readiness Indicators

* 24. My agency is aware a cutover checklist will be provided by Florida PALM to assist with agency specific CMS Wave go-live activities.

◯ Strongly agree

◯ Agree

◯ Neither agree nor disagree

◯ Disagree

◯ Strongly disagree

* 25. "I chose this response because…."

[text box]

* 26. My agency has identified who will be supporting the go-live activities for the CMS Wave and those individuals will be ready to perform the activities.

◯ Strongly agree

◯ Agree

◯ Neither agree nor disagree

◯ Disagree

◯ Strongly disagree

* 27. "I chose this response because…."

Thank you for participating in this survey. Your feedback is key to your agency's successful transition to Florida PALM. If you have questions, please contact Florida PALM at FloridaPALM@myfloridacfo.com.

For more information about Florida PALM, please visit www.myfloridacfo.com/floridapalm/.