

<b>Change Request Information</b> <i>(completed by PCR Requestor)</i>			
Requested by		Submitted By	
Name	Melissa Turner	Name	Matthew Cole
Phone	Enter Phone Number	Phone	Enter Phone Number
Email	Melissa.Turner@myfloridacfo.com	Email	Matt.Cole@myfloridacfo.com
Title	Project Director	Title	Deputy Project Manager
Requesting Department Name	PMO	Date Requested	7/15/2021
PCR Need Description <i>(Include description of change, why it is needed, how it was discovered)</i>	The Project requests the removal of Go/No-Go decision D175 - Central - Ready for Interface Testing.		
Business Benefit/Justification <i>(Provide the tangible/intangible value(s) that support the for the Project's goals)</i>	The Department decided to combine the implementation of the Central and Departmental Waves. An ESC action to evaluate interface testing readiness for Financials (formally Departmental) Wave interface testing, documented as part of D258, better aligns to the combined implementation approach.		
Implications of Not Making the Change <i>(If we do nothing, what is our "Impact Prediction" to the project in terms of risk or issue)</i>	The ESC would be expected to take action on a decision that does not align with the combined implementation approach.		
Project Goals <i>(Please choose all that apply)</i>	Goal		
	<input type="checkbox"/>	Reduce the State's risk exposure by harnessing modern financial management technology built on the premises of scalability, flexibility, and maintainability	
	<input type="checkbox"/>	Improve state and agency specific decision making by capturing a consistent and an expandable set of data	
	<input type="checkbox"/>	Improve the State's financial management capabilities to enable more accurate oversight of budget and cash demands today and in the future	
	<input type="checkbox"/>	Improve staff productivity, reduce operational complexity and increase internal controls by enabling standardization and automation of business processes within and between DFS and agencies	
<b>Initial Review</b> <i>(completed by PMO Team)</i>			
PCR Title	PCR-81-D175 Ready for Interface Testing Go/No-Go		
Initial Review Date	7/15/2021	PCR ID	81
<b>PCR Historical Information</b> <i>Please enter the following IDs from the Project SharePoint logs (when applicable)</i>			
Decision ID	Enter Decision ID	Decision Name	Enter Decision Name
Risk ID	Enter Risk ID	Risk Name	Enter Risk Name
Issue ID	Enter Issue ID	Issue Name	Enter Issue Name
<b>Impact Analysis</b> <i>(completed by Florida PALM Project team members)</i>			
PCR Analysis Resources	Name		Role
	Melissa Turner		Project Director
	Matthew Cole		Deputy Project Manager
	Enter Name		Enter Role
	Enter Name		Enter Role
Enter Name		Enter Role	

Tier Specification	<input type="radio"/> Tier 1 (Project Director Approval Required) <input checked="" type="radio"/> Tier 2 (ESC Approval Required)		
Scope	Changes that do not relate to additions or deletion of Business Requirements	Addition or deletion of Business Requirements	
Schedule	Changes not associated with Major Project Deliverables or Go/No-Go Decision due dates	Changes to Major Project Deliverables or Go/No-Go Decision due dates	
Cost	Changes within budgeted Spend Plan categories and no overall Project cost overrun	Results in request for funds from the Legislative Budget Committee (LBC)	
Alternatives to Making the Change <i>(Describe solution options to fulfilling the change request)</i>	Viable <input checked="" type="radio"/> Yes <input type="radio"/> No	Enter Alternative Solution	
	Risk(s) Associated with Making the Change	Risk Category Select Select Select	
Is Contract Affected?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Explain Impact	
Project Schedule Impact	Explain Impact		
Choose an Item			
Project Scope Impact	Explain Impact		
Choose an Item			
Project Cost Impact	Explain Impact		
Choose an Item			
Implementation Plan <i>(document name)</i>	Enter Document Name		
<b>Additional Resource Requirements <i>(insert rows as needed)</i></b>			
Enter Resource Name	Enter Number of Hours	Enter Cost Per Hour	Enter Total Cost
Enter Resource Name	Enter Number of Hours	Enter Cost Per Hour	Enter Total Cost
Enter Resource Name	Enter Number of Hours	Enter Cost Per Hour	Enter Total Cost
Enter Resource Name	Enter Number of Hours	Enter Cost Per Hour	Enter Total Cost
Totals	<b>Enter Total Number of Hours</b>	<b>Enter Total Cost Per Hour</b>	<b>Enter Total Cost</b>

<b>CCB Recommendation</b> <i>(completed by Department PMO)</i>			
CCB Members Approved	Final CCB Recommendation	CCB Approval Date	Choose a Date
<input type="checkbox"/> Deputy Project Director <input type="checkbox"/> BPS Track Manager <input type="checkbox"/> OCM Track Manager <input type="checkbox"/> PMO Track Manager <input type="checkbox"/> SDS Track Manager	Choose an Item	Comments CCB Comments	
<b>Authorization</b>			
This PROJECT CHANGE REQUEST is bound to the signed <u>Project Charter and/or Contract Statement of Work</u> and the PCR approval date. The following signatures authorize work described herein to be performed.			

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**TIER 1**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Melissa Turner, PMP, FCCM  
Florida PALM Project Director

**TIER 2 (when applicable)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Scott Fennell, Chair  
Florida PALM Executive Steering Committee