



| Change Request Information (completed by PCR Requestor) | | | | | |
|---|--|--|--|--|--|
| Requested by | Submitted By | | | | |
| Name Rachael Lieblick Name Matt Duk | e | | | | |
| Phone (850) 410-9033 Phone 850-694- | 5319 | | | | |
| Email Rachael.Lieblick@myfloridacfo.com Email Matt.Duk | e@myfloridacfo.com | | | | |
| | e PMO Track Manager | | | | |
| Poguasting Department I PMO | 7/15/2020 | | | | |
| Name Date F | Requested 7713/2020 | | | | |
| PCR Need Description Based on the Florida PALM Project reimagination and re-p | Based on the Florida PALM Project reimagination and re-planning effort, the Project requests that the following Major Project Deliverables be reclassified to Written Deliverables: DDI Phase 1 | | | | |
| Go Decisions. Business Benefit/ Justification (Provide the Research of Process and Transaction Mapping Analysis (Payroll), D387 | The ESC will be able to focus its review of Major Project Deliverables on those that influence the standardization of business processes (D274 Standardized Business Process Models (Payroll), D275 Process and Transaction Mapping Analysis (Payroll), D387 Standardized Business Process Models (Phase 2), D388 Process and Transaction Mapping Analysis (Phase 2)). | | | | |
| | Ing the Change Deliverable reviews, rather than assessment of readiness and Go/No-Go Decisions. Deliverable reviews, rather than assessment of readiness and Go/No-Go Decisions. Deliverable reviews, rather than assessment of readiness and Go/No-Go Decisions. | | | | |
| Project Goals Goal | | | | | |
| (Please choose all that apply) Reduce the State's risk exposure by harnessing modern find of scalability, flexibility, and maintainability | ancial management technology built on the premises | | | | |
| ☐ Improve state and agency specific decision making by captu | • | | | | |
| Improve the State's financial management capabilities to en demands today and in the future | ţ ţ | | | | |
| Improve staff productivity, reduce operational complexity an standardization and automation of business processes within | | | | | |
| Initial Review (completed by PMO Team) | | | | | |
| PCR Title PCR-59 – Reclassification of Certain Major Project Deliverables | | | | | |
| Initial Review Date 7/16/2020 PCR ID 59 | | | | | |
| PCR Historical Information Please enter the following IDs from the Project SharePoint logs (when applicable) | | | | | |
| PCR Historical Information Please enter the following IDs from the Project SharePoint logs | (when applicable) | | | | |

Page 1 of 3 05/07/2020



Department of Financial Services Project Change Request (PCR) Form

| Risk ID Ent | er Risk ID | Risk Name | Enter Risk Name | | |
|--|---|----------------------------|--|------------------------------|------------------|
| | er Issue ID | Issue Name | Enter Issue Name | | |
| Impact Analysis (c | completed by Florida PALI | M Proiect team members) | | | |
| PCR Analysis | | Name | | Role | |
| Resources | · · · · · · · · · · · · · · · · · · · | | Project Director | | |
| | Sharon Studley | | Accenture Project | Manager | |
| | Rachael Lieblick | | Deputy Project Director | | |
| | Brian Cliburn | | Accenture Deputy Project Manager | | |
| | Matt Duke | | Accenture PMO Track Manager | | |
| | Matt Cole | | Accenture BPS Track Manager | | |
| | Deana Metcalf | | BPS Track Manager | | |
| | Jason Shiver | | SDS Track Manage | | |
| | Shankar Gaur | | Accenture SDS Tra | | |
| | Carolyn Hicks | | OCM Track Manag | | |
| | Amy Gendusa | | Accenture OCM Tr | ack Manager | |
| Tier Specification | C Tier 1 (Project Dire | ector Approval Required) | Tier 2 (ESC Approv | val 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 | | | o/No- | |
| Cost | | | Results in request for funds from the Legislative Budget Committee (LBC) | | |
| Alternatives to | Viable | Enter Alternative Solution | | | |
| Making the Change | C Yes © No | | | | |
| (Describe solution | ies No | | | | |
| options to fulfilling the | | | | | |
| change request) | | | | | |
| Risk(s) Associated with | Risk Category | Explain Impact | | | |
| Making the Change | Select | | | | |
| | Select | | | | |
| | Select | | | | |
| Is Contract Affected? | | Contract changes align to | those documented i | n Amendment 3 | |
| is domact Affected: | • Yes C No | Contract changes angil to | Those documented i | n Amendment 3. | |
| Project Sched | ule Impact | Explain Impact | | | |
| Choose an Item | | | | | |
| | ect Scope Impact Explain Impact | | | | |
| Choose an Item | | | | | |
| Project Cos | t Impact | Explain Impact | | | |
| Choose an Item | (4 | Enter Deciman (A) | | | |
| Implementation Plan | | Enter Document Name | Hours F#art | Hours Osst | Coot |
| Additional Resource Requestrates Resource Name | unements (insert rows as | s rieeaea) | Hours Effort Enter Number of | Hours Cost Enter Cost Per | Cost |
| | | | Hours | 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 |
| L | | | 1.10010 | 1 . 1001 | L |

Page 2 of 3 05/07/2020



Department of Financial Services Project Change Request (PCR) Form

| Totals | Enter Total | Enter Total | Enter Total |
|--------|-----------------|---------------|-------------|
| Totals | Number of Hours | Cost Per Hour | Cost |

| CCB Recommendation (completed by Department PMO) | | | |
|--|--------------------------|-------------------|-----------|
| CCB Members Approved | Final CCB Recommendation | CCB Approval Date | 7/16/2020 |
| □ Deputy Project Director | Approved | | Comments |
| | | CCB Comments | |
| | | | |
| | | | |
| | | | |

Authorization

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.

| TIER 1 | | TIER 2 (when applicable) | | |
|--|------|--|------|--|
| Signature | Date | Signature | Date | |
| Melissa Turner, PMP, FCCM Florida PALM Project Director | | Scott Fennell, Chair Florida PALM Executive Steering Committee | | |

Page 3 of 3 05/07/2020