

nang			mation (completed by PCF	R Requestor)		W 18	
Requested by  Name   Jennifer Reeves			N1	Submitted By			
Name	850-410-9061			Name	Kurt Meisner 352-223-7428		
Phone			n floridada aam	Phone	vida of a com		
Email		Leeves@myfloridacfo.com		Email	Kurt.meisner@myfloridacfo.com		
Title	ng Department		eporting Architect Title Application Development Lead  Department of Financial Services 8/15/2022				
	Name eed Description	Dep	dartifient of Financial Service		Date Requested 8/15/2022		
(Include description of change, why it is needed, how it was discovered)		Background  The Consolidated Revolving Account (CRA) system consists of a single bank account at a financial institution with the capability to track activity of multiple statewide participants using "sub-accounts". The consolidated revolving account concept allows state agencies to establish signatory authority, write checks, and fund disbursement activity on their individualized sub-account.  A sub-account numbering system allows the Treasury to operate an internal system to sort and post transactions and prepare monthly statements.  Only Risk Management (4344) and Highway Safety (0890) use positive pay files, which are shared with Wells Fargo. The remainder of CRA accounts do not use positive pay files, which makes it difficult for the bank to verify that checks are valid for cashing. The bank clears the checks assuming they are valid.  Treasury requests a report to validate that the checks cleared by the bank are valid and there is no fraudulent activity.  Deliverables and Deliverable Acceptance Criteria  No new deliverables are created for this PCR.					
angible/in	siness Benefit/ Justification (Provide the tangible value(s) upport the for the Project's goals)	Implementing this new CMR027 – CRA Fraud Report will systematically assist Treasury in monitoring checks cleared by the bank. It will also help to identify fraudulent activity if there is any.					
Implications of Not Making the Change (If we do nothing, what is our "Impact Prediction" to the project in terms of risk or issue)		Due to the absence of an internal control, fraudulent activity is not able to be tracked.					
Project Goals		Goal					
(Please choose all that apply)		$\boxtimes$	Reduce the State's risk expos of scalability, flexibility, and m			ement technology built on the premis	
				<u> </u>	ing by capturing a consis	stent and an expandable set of data	
			Improve the State's financial r demands today and, in the fut		bilities to enable more ac	ccurate oversight of budget and cash	
		$\boxtimes$	Improve staff productivity, red standardization and automatic	uce operational co			
				•		-	
nitial <u>F</u>	Review (com	oleted l	by PMO Team)				
			by PMO Team) CRA Fraud Report				

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## Department of Financial Services Project Change Request (PCR) Form

Decision ID	Ente	er Decision ID	Decision Name	Enter Decision Nam	10	
Risk ID		er Risk ID	Risk Name	Enter Risk Name		
Issue ID	Ente	er Issue ID	Issue Name	Enter Issue Name		
Impact Analysi	S (c	ompleted by Florida PALN	A Project team members)			
PCR Analy			Name		Role	
Resour		Renee Hermeling		Assistant Director, A	4&A	
		Jennifer Reeves		Reporting Architect		
		Deana Metcalf		Functional Architect	ſ	
		Stanton Beazley		Data Analyst		
		Kurt Meisner		Application Development Lead		
Tier Specification		Tier 1 (Project Dire	ector Approval Required)	Tier 2 (ESC Approva	al Required)	
Scope		Changes that do not relate to additions or deletion of Business Requirements		Addition or deletion of Business Requirements		
Schedule				Changes to Major Project Deliverables or Go/No- Go Decision due dates		
Cost				Results in request for funds from the Legislative Budget Committee (LBC)		
Alternative	s to	Viable				
Making the Chai (Describe solu options to fulfilling change requ	ition the	↑ Yes  No				
Risk(s) Associated v	with	Risk Category	None identified			
Making the Change		Select				
		Select				
1.0	10	Select				_
Is Contract Affected?		C Yes € No				
Project So	chedu	ule Impact				
Low - No impact to Go/No-Go Decisions						
Project Scope Impact			Addition of new report.			
Critical - Adjustment requiring ESC						
acceptance						
Project Cost Impact			The cost for this PCR will utilize the available custom reports as defined in section			
Moderate - Impact within budgeted Spend			4.6 Reporting of Attachment 1-A5 Statement of Work.			
Plan and does not result in overall Project cost						
overruns	<b>D</b>					
Implementation Plan (document name)			, ,, , , , , , , , , , , , , , , , , ,	Hours Effect	Hours Coot	Coot
Additional Resource Requirements (insert rows as			s rieeaea)	Hours Effort	Hours Cost	Cost
Totals						Utilize 1 Custom Report Item

CCB Recommendation (completed by Department PMO)							
CCB Members Approved	Final CCB Recommendation	CCB Approval Date	Choose a Date				
	Choose an Item		Comments				

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## Department of Financial Services Project Change Request (PCR) Form

☐ Deputy Project Director		CCB Comments			
☐ BPS Track Manager					
☐ OCM Track Manager					
☐ PMO Track Manager					
☐ SDS Track Manager					
Authorization					
This PROJECT CHANGE REQUES approval date. The following signature		ned Project Charter and/or Contract states described herein to be performed.	Statement of Work and the PCR		
TIER 1		TIER 2 (when applicable)			
Signature	Date	 Signature	 		
Jimmy Cox, CPA, PMP, FCCM, FC	CN	Steven Fielder, Chair			
Florida PALM Project Director	J	Florida PALM Executive Steering Committee			

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