# *Instructions:* [0300-0360-005-C PROJECT CHANGE REQUEST](https://it.nc.gov/media/1120/open)

1. **Project Information**

| 1.1 Project Information | | | |
| --- | --- | --- | --- |
| **Agency** | **Project Name** | **Project Manager** | **Project Phase** |
|  |  |  |  |
| **Project Id** | **Change Request Number** |  |  |
|  |  |  |  |

| 1.2 Change Request Impact | | |
| --- | --- | --- |
| *Check all that apply to this Change Request.* | | |
| Scope (Change to Charter) | Schedule (≥6 Months to Phase or Finish) | Budget (≥10% Increase) |

# 2.0 Change Request Description

| 2.0 Change Request Description | |
| --- | --- |
| 2.1 Description of Change Request | [Insert description, to include rationale for any schedule or cost adjustments] |
| 2.2 What is driving the CR?  *(Check all that apply)* | New Requirements  Federal Requirements  Items Need to be Purchased  Schedule Slippage  Vendor Performance  Software Defect Resolution  Legislative Mandate  Budget Constraints |
|  | Other (note): |

# 

# 3.0 Project Impact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.1 Scope Impact to the Project | | | | |
| *Describe the change to the project scope. What requirements are being added, modified or removed.* | | | | |
| [Insert description] | | | | |
|  | | | | |
| 3.2 Schedule Impact to the Project | | | | |
| *Indicate the schedule impact to each project phase when exceeding the threshold established in the* [*Project Change Request*](https://it.nc.gov/documents/files/project-change-request/download?attachment) *work instruction.* | | | | |
| **Project Phase** | **Current Dates** | | **New Forecast Dates** | |
| **Start** | **End** | **Start** | **End** |
| Business Concept |  |  |  |  |
| Initiation Phase |  |  |  |  |
| Planning & Design Phase |  |  |  |  |
| Execute & Build Phase |  |  |  |  |
| Implement Phase |  |  |  |  |
| Implementation Date Milestone |  |  |  |  |
| Closeout Phase |  |  |  |  |
| **Total Project Schedule Impact in Days** |  | | | |

| 3.3 Cost Impact to the Project | | | |
| --- | --- | --- | --- |
| *Indicate the cost impact to the project when exceeding the threshold established in the* [*Project Change Request*](https://it.nc.gov/documents/files/project-change-request/download?attachment) *work instruction.* | | | |
| **Project Budget** | **Current Cost** | **CR Amount** | **Revised Cost** |
| Agency Personnel |  |  |  |
| External Personnel |  |  |  |
| Vendor RFP |  |  |  |
| ITS Services |  |  |  |
| Hardware and Infrastructure |  |  |  |
| Software |  |  |  |
| Software as a Service |  |  |  |
| Other |  |  |  |
| Total Project Cost |  |  |  |
| 5 years O & M |  |  |  |
| Total Cost of Ownership |  |  |  |
| **Total Project Cost Impact in Dollars** |  |  |  |

| 3.4 Budgetary Information | | | | | | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *List the unique NCFS accounting distribution for your project. When multiple exist, list all separated by a comma.* | | | | | | | | |
| **Agency** | **Budget Fund** | **Budget Code** | **AMU** | **Agency Program** | **Fund Source** | **Child Project** | | **Inter Fund** |
| xxxx | xxxxxx | xxxxx | xxxxxxx | xxxxxxx | xxxx | xxxxxxxxxx | | xxxxxx |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 3.5 Source of Funds % | | | | | | | |
| **State:** |  | **Federal:** |  | **Receipts:** |  | **Other:** |  |

| 3.6 Impact if Not Approved | |
| --- | --- |
| *Describe the impact if the Project Change Request is not approved.* | |
| **Type of Impact** | **Description of Impact** |
| Impact if change request is not approved. |  |

# 4.0 Change Request Review and Approval *(Modify list per Agency Need)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency** | **Name** | **Signature** | **Recommendation** | **Comments** | **Date**  **(MM/DD/YYYY)** |
| Project Manager |  |  | Initiator - NA |  |  |
| Agency PMO |  |  | Yes  No |  |  |
| Additional (list) |  |  | Yes  No |  |  |
| Business Owner |  |  | Yes  No |  |  |
| Agency CIO |  |  | Yes  No |  |  |
| Agency CFO |  |  | Yes  No |  |  |
| Other |  |  |  |  |  |
| **State** | **Name** | **Signature** | **Statewide Approval** | **Comments** | **Date**  **(MM/DD/YYYY)** |
| **\***OSBM |  |  | Yes  No |  |  |
| EPMO |  |  | Yes  No |  |  |

*The signatures above indicate an understanding of the purpose and content of the Change Request. Regardless of approval method used, e.g., ink, DocuSign, etc., the individuals listed agree to approve the Change Request and use this document as the formal Project Change Request Form.*

***\**** *Not required for a Project Change Request meeting the Agency Threshold Requirements.*