Should the change impact cost, scope, schedule, and quality, or any other part of the contract’s Scope of Work, you will also need to complete and sign the Technology Contract Change Order Template.

**Change Request Information:**

|  |  |
| --- | --- |
| **Date of Request** | xx Enter the project phase. |
| **Owner** | xx Enter person requesting change. |
| **Explanation** | xx Describe the change being requested. Be as specific as possible. |
| **Risk/Reward of Performing Change** | xx Describe the potential risks and expected rewards of performing the change. |
| **Risk of Not Performing Change** | xx Describe the potential risks of not performing the change. |
| **Agency Recommendation** | xx Insert recommendations by the agency that is bringing the change forward. |
| **Technology Provider Information** | xx Insert recommendations by the technology provider that is bringing the change forward. |
| **Cost Impact** | xx Cost of requested change. |
| **Amount from New Funding Source: General Funds** | xx Use this field if new funding will be needed. Identify how much of the funding to cover the cost will be from general funds. |
| **Amount from New Funding Source: Special Funds** | xx Use this field if new funding will be needed. Identify how much of the funding to cover the cost will be from special funds. |
| **Amount from New Funding Source: Federal Funds** | xx Use this field if new funding will be needed. Identify how much of the funding to cover the cost will be from federal funds. |
| **Amount from New Funding Source: Other (Describe)** | xx Use this field if new funding will be needed. Identify how much of the funding to cover the cost will be from other funds. Identify the “other” funding source. |
| **Moving Funds from Budget Line Item** | xx Use this field if funding will be shifted between existing budget line items. Identify which budget line item will be debited. |
| **Moving Funds to Budget Line Item** | xx Use this field if funding will be shifted between existing budget line items. Identify which budget line item will be credited. |
| **Scope Impact** | xx Describe requested change’s impact to scope. |
| **Schedule Impact** | xx Describe requested change’s impact to the schedule, and if the added work affects the critical path and any milestones or deliverables. |
| **Quality Impact** | xx Describe requested change’s impact to the quality of the product or project. |
| **Resource Impact** | xx Describe requested change’s impact to project resources (State and contractor). |
| **Legal Issues** | xx Describe any legal issues raised by the change request. |

**Attachments:** List all attachments here

* xx

(Delete all instructions prior to finalizing document.)

**Change Request Approval:**

Comments: xx

|  |  |  |  |
| --- | --- | --- | --- |
| Project Sponsor Signature: |  | Date: |  |