

ATTACHMENT 23: REQUEST FOR CHANGE FORM

Request for Change (RFC) Form

Cannabis Systems Integration (CSI) Project

REQUEST FOR CHANGE (RFC) FORM

Change Request Title:

Change Request Number:

SECTION 1: GENERAL INFORMATION

[To be completed by the Requestor]

Date Submitted:

Requestor Name:

Organization:

Email Address:

Phone Number:

General Impact Area (Choose Best One)

<input type="checkbox"/>	Licensing	<input type="checkbox"/>	Compliance	<input type="checkbox"/>	Cashiering	<input type="checkbox"/>	Technical
<input type="checkbox"/>	Interface	<input type="checkbox"/>	Other (explain):				

Is this RFC being generated from a JIRA Issue# or ServiceNow Ticket#?

<input type="checkbox"/>	JIRA Issue	<input type="checkbox"/>	ServiceNow	ISSUE/TICKET #:
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Request Information			
<i>Proposed Change: (Explain the change requested and include a succinct requirement statement for the change.)</i>			
<p>Is this feature or functionality currently available in the Acella systems?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<i>Current Problem: (Explain the current situation that has brought about the need for a change)</i>			
<i>Expected Benefits/Justification: (Describe benefits in terms of amount of work saved, or costs or delays avoided.)</i>			
<ul style="list-style-type: none"> • 			
<i>Impact if Request is denied:</i>			
<ul style="list-style-type: none"> • 			
<i>Workarounds: (If the change is not implemented, is there any workarounds available?)</i>			
A workaround using legacy and manual systems is possible but would create workflow and staffing issues.			
<i>Alternative Solutions: (Different ways to implement the proposed change.)</i>			
	Description	Advantages	Disadvantages
1		<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
2		<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> •

Deputy Director Approval:	
Signature	Date
Printed Name:	

If attachments are included as part of Section 1, then indicate filename(s).

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SECTION 2: PO VALIDATION <i>[To be completed by Project Management]</i>	
Product OwnerValidation:	
<i>Comments: (List assumed impacts if approved/denied, and recommendation to approve/deny; document impacted baselines below)</i>	
<i>If denied:</i> •	
<i>Knowledge Transfer (KT) Required?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>Data Conversion Required?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>Divisions Impacted:</i>	
Product Owner Name (Please Print):	
Signature:	Date:

Printed Name:
Technical Validation:
<i>Comments: (List assumed impacts if approved/denied, and recommendation to approve/deny; document impacted baselines below)</i>
Signature:
Date:

State PM Review:
Baselines Impacted: <i>(List approved baseline(s) by Release impacted by change.)</i>
Project Requirements
Recommend for Impact Analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Comments: (List comments in addition to above.)</i> •
Signature:
Date:

SECTION 3: ITGC REVIEW

[To be completed by the Change Control Manager/Project Director/ITGC Chair]

Impact Analysis Approval

Approved for Impact Analysis (IA)? ☐ Yes ☐ No

If “yes” – IA due back to ITGC by:

Approval Assumptions: (List assumptions that, if true, constitute ITGC’s Approval of this RFC.)

SECTION 4: RFC ACTION

[To be completed by the Change Control Manager/Project Director/ITGC Chair]

Approval Assumptions Met? ☐ Yes ☐ No ☐ N/A

Issues or additional information requiring additional ITGC Action?

☐ Yes ☐ No

ITGC Action

Comments: (List additional approval/rejection details as appropriate. Please indicate selection of any alternative)

☐ **Approve** ☐ **Reject**

Funding Source: ☐ Unanticipated Task; ☐ Zero Cost

Action resulted from: ☐ Assumptions; ☐ ITGC Vote; ☐ PD Authority; ☐ Emergency

Approver Signature

Date

Printed Name and Title



SECTION 5: RFC CLOSEOUT

[To be completed by the Change Control Manger/Project Director/Project Manager]

Have the impacted baselines been updated with the change and accepted? ☐ Yes ☐ No

Comments:

CCM/PD/ PM Signature:

Date:

Printed Name and Title:

Scheduler Verification (if needed)

Has Change been incorporated into Schedule? ☐ Yes ☐ No ☐ N/A

If Yes, which schedule?

Have appropriate milestones been shared with additional work plans? ☐ Yes ☐ No ☐ N/A

Comments:

Scheduler Signature:

Date:

Printed Name and Title:

Requestor Verification (if needed)

Comments:

Requestor Signature:

Date:

Printed Name and Title:



ATTACHMENT A: IMPACT ANALYSIS

[To be completed by the Contractor]

Impact Assessment

Complete description of the work to be performed to implement the change:

Technical Impacts: (Architecture and Solution Software impacted by the change)

Schedule for the work to be performed, including any impacts to phase or release milestones:

Chargeable Hours Estimate: (Use Hours and Classifications from Contract Cost Worksheet)

Hours	Classification	Rate per Hour	Total Cost
	Project Manager	\$	\$
	Scrum Master	\$	\$
	Business Analyst	\$	\$
	Configuration Lead	\$	\$
	Technical Lead	\$	\$
	Other	\$	\$
	Other	\$	\$

Total Contractor Hours:

Final cost to implement change: \$

Baselines impacted, needing revision, or new Deliverables to be produced:

Is an impact analysis alternative attached? ☐ Yes ☐ No **If yes, how many?** _

Impact Analysis Owner **Approval:**

Signature:

Date:

Printed Name: