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| **Project Information** |

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| **Partner Agency Name:** |  |
| **Service Name:** |  |
| **Service BPO Number:** |  |
| **Date Requested:** |  |
| **Requested By:** |  |
| **PCR ID Number:**  |  |

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| **Description of Change** |

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| Is there a new fee added or a fee change to the service? [ ]  NO [ ]  YES  |
| If new fee or fee change: Please describe: Select funding type:[ ]  **Convenience Fee Service** - Service is provided as a direct charge to the customer. *Refunds and returns will be invoiced to the agency monthly.*[ ]  **Transaction Cost Service** - Service is provided at no cost to the customer. Agency requesting the service will have *transaction fees, refunds, and returns invoiced monthly*.* 1. **Select payment type(s):** [ ]  Credit / Debit Cards [ ]  ACH / eCheck [ ]  ACH / eCheck
 |
| Are there regulatory or statutory authorities that require the agency to request the change?  [ ]  NO [ ]  YES |
| If so, is there a mandated deadline for completing this change?Provide any regulatory or statutory authorities that require the agency to request the change. |
| Explain the need for the change. Will it replace or supplement the current business process? |

## Desired Functionality / Scope

Describe, in as much detail as possible, the requirements or features for the enhancement request.

**(Please provide screen shots if necessary as attachments)**

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|  | **Change Description** | **Change Type** | **Priority(Low, Medium, High)** |
| 1. |  | Choose an item. | Choose an item. |
| 2. |  | Choose an item. | Choose an item. |
| 3. |  | Choose an item. | Choose an item. |
| 4. |  | Choose an item. | Choose an item. |
| 5. |  | Choose an item. | Choose an item. |
| 6. |  | Choose an item. | Choose an item. |
| 7. |  | Choose an item. | Choose an item. |
| 8. |  | Choose an item. | Choose an item. |

Agency requested changes must be tracked and managed by the agency’s project manager through the following Change Management Process:

1. Agency completes the Project Change Request (PCR) document and submits it to the DoIT Service Desk, and directed to the "Web Systems" group for approval prior to submission to NIC.
2. PCR is reviewed by DOIT contract manager to assess impact and risk to the project and approved or rejected.
3. If PCR is approved by DOIT, the change request is added to the development queue. The NIC project manager will schedule one or more meetings with the agency to gather and document requirements and determine level of effort.
4. Agency is provided level of effort (LOE) and estimated timeline for completion. A release schedule is also provided if the PCR requires more than one release.
5. If agency has multiple projects and/or PCRs in the queue, agency prioritizes PCR against existing approved projects and PCRs.

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| **Acceptance** |

This document and any attachments describe the requirements and features identified as changes requested for the system. The changes to the system will be accepted as complete when these requirements and features are implemented.

**Agency**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOIT Contract Manager**

\_\_\_\_\_ Approve \_\_\_\_\_Disapprove

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NIC Maryland**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NIC Maryland Internal Use Only:**

**Priority (select one):**  Low Medium High

**Notes:**