# Agency Change Request

Please complete this section and submit to onewa@ofm.wa.gov (*Subject: Remediation Change Request*).

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| **Originator**: *the name of requestor, agency abbreviation, and code of the agency requesting the change.*  | Click or tap here to enter text. |
| **Date submitted**: *enter the date the CR was submitted.* | Click or tap to enter a date. |
| **Change description**: *describe the triggering event that initiated the need for a change; this may include additional scope, federal rule change, new state legislation, budget change, etc.* |
| Click or tap here to enter text. |
| **Reason for change**: *describe the reason for the CR including the business justification. Why is the change needed? What is the business impact if the change is not implemented?* |
| Click or tap here to enter text. |
| **Impact to other areas**: *list and describe impacts to other OFM programs or state agencies that may be affected by the change, i.e. Statewide Finance, Department of Enterprise Services, Consolidated Technology Services (WaTech), etc.* |
| Click or tap here to enter text. |
| **Estimated effort**: *the estimated effort, in hours or dollars, to complete the change including the number of hours for each impacted organization listed above.*  |
| Click or tap here to enter text. |
| **Date required** *(optional)*: *enter the date a decision is needed.*  | Click or tap to enter a date. |
| *Select applicable areas and enter short description of the reason of the impact.*  |
| [ ]  *Contract change required?* | Click or tap here to enter text. |
| [ ]  *Payment schedule change?* | Click or tap here to enter text. |
| [ ]  *Scope impact?* | Click or tap here to enter text. |
| [ ]  *Schedule impact?* | Click or tap here to enter text. |
| [ ]  *Budget impact?* | Click or tap here to enter text. |
| [ ]  *Resource impact?* | Click or tap here to enter text. |
| [ ]  *Risk impact?* | Click or tap here to enter text. |
| **Additional documentation**: *list and/or attach any additional information that supports this requested change.* |
| Click or tap here to enter text. |

# ONE WASHINGTON REVIEW

This section will be completed by One Washington program.

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| **Governance approval authority:** *what is the appropriate level of governance for this change request?* |
| [ ]  Advisory committee  | Choose an item. |
| [ ]  Project management office  |
| [ ]  Business owner | Choose an item. |
| [ ]  Business transformation board  |
| [ ]  Executive steering committee  |

## INITIAL REVIEW

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| **Initial review**: *did select members of the appropriate governance body perform an initial review?* | Choose an item. |
| **Valid change request** *(if reviewed)*: *was the change request determined to be valid?*  | Choose an item. |
| **Additional analysis** *(if reviewed)*: did the change request require additional impact analysis? | Choose an item. |
| **Accelerated decision** *(If not review)*: *did the circumstances prevent the initial review due to requiring a quick decision? If yes, explain below.* | Choose an item. |
| Click or tap here to enter text. |  |

## DETERMINATION

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| **Date**: *date presented to approval authority*  | Click or tap to enter a date. |
| **Decision**: *the outcome of the change request* | Choose an item. |
| **Notes** *(optional)*: *list any relevant notes or information related to the decision made by the approval authority, such as:** If deferred, till when?
* If escalated,
	+ Escalated by?
	+ Escalated to?
	+ Reason for escalation?
	+ Recommended actions?
* One Washington PCM RAID #
 |
| Click or tap here to enter text. |

# DEFERMENTS OR ESCALATION

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| **Governance approval authority:** | Click or tap here to enter text. |
| **Date**: *date presented to approval authority*  | Click or tap to enter a date. |
| **Decision**: *the outcome of the change request* | Choose an item. |
| **Notes** *(optional)*: *list any relevant notes or information related to the decision made by the approval authority, such as:** If deferred, till when?
* If escalated, to who?
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| Click or tap here to enter text. |