

Project Change Request

.Project Information					
Agency Name:	ency Name: DBEDT - Business Development and Support Division (BDSD)				
Service Name:	EZ Forms				
ate Requested: 9/12/23					
Requested By (Name and Title):	Mark Ritchie, Branch Chief – Business Support Branch				
SOW Name(s):	DBEDT-CBED-CBEDApplications SOW Addendum4 - 3/23/18 DBEDT-CBED-CBEDApplications SOW Addendum3 - 1/22/16 DBEDT-CBED-CBEDApplications SOW Addendum2 - 6/25/15 DBEDT-CBED-CBEDApplications SOW Addendum1 - 5/28/14 DBEDT-CBED-CBEDApplications SOW - 3/22/12				
SOW ID Number:	N/A				
Change Request Number:	001				

This Project Change Request (PCR) is subordinate to the Statement of Work (SOW) listed above. This PCR is subject to all terms and conditions thereof unless specifically designated as exceptions in this document.

Desired Functionality / Scope

	Change Description	Estimated Hours	Cost	Target Completion Date
1.	 The changes are highlighted in red below: Enrollment Form: Add a text field for the company's website under Business Information. Add a field for yes/no question: Has your company ever participated in the EZ Program prior to this application? Edit the question text from Date Enterprise Zone Establishment Began Operations to Date Company Established in Enterprise Zone at Above Address And move this field directly under the field: Enterprise Zone Establishment Address Add text in red to the question: Current Number of Full Time Employees (defined as 20 hours or more per week and subject to health insurance per Hawaii regulations) at EZ Establishment. 	Developer = 24h PM = 4h QA = 2h	24 (hours) x \$125 (rate) = \$3,000 4 (hours) x \$150 (rate) = \$600 2 (hours) x \$100 (rate) = \$200	November 2023
	 Add text in red below the existing fields: Tax Year Beginning Tax Year Ending 			

0	Please make sure you have submitted all required End of Year reports for previous tax years before submitting this year's report.			
Force Majeure F	Force Majeure Form:			
force n include declara	ct in red to the existing question: What najeure event(s) caused the loss? (Please hyperlinks to any official disaster tions from State and/or Federal ment sources)			
	ort "EZFORMS Business Status (PROD)" to ds in the enrollment form.			
	TOTALS	30	\$3,800	
	TOTAL COST WITH GENERAL EXCISE TAX		\$3,979.06	

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

- 1. Agency prepares requirements and obtains internal approvals for the change(s).
- 2. Agency completes the Project Change Request (PCR) document and submits it to Tyler Hawaii.
- 3. Tyler Hawaii project team reviews PCR and determines level of effort, cost, and timeline to make the changes.
- 4. Agency reviews and accepts or denies the level of effort, cost, and timeline for completion.
- 5. If Agency chooses to resubmit PCR with revisions, the same process is followed.

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.

Tyler Hawaii will invoice the Agency the Total Amount due, not to exceed \$5,000.00 pre-General Excise Tax (GET), upon deployment of the changes requested into the production environment. Agency has 30 days from receipt of the invoice to make payment to Tyler Hawaii.

Date: Oct 19, 2023

Mark Ritchis

Mark Ritchie

Branch Chief, Business Support Branch

Dept. of Business, Economic Development & Tourism

Date: Oct 19, 2023

Bertrand Ramos

Bertrand Ramos (Oct 19, 2023 11:23 HST)

Bertrand Ramos General Manager Hawaii Information Consortium, LLC dba Tyler Hawaii

Date: Oct 19, 2023

Douglas Murdock (Oct 19, 2023 13:24 HST Douglas Murdock

Chief Information Officer
Office of Enterprise Technology Services

State of Hawaii

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