



# Office of Information Technology Services

KATHY HOCHUL

Governor

JENSON JACOB

Acting NYS Chief Information Officer

## RFP # C000979 Salesforce Professional Services EA Attachment 13 – Project Change Request Form

### Project Change Request PCR2\_\_\_\_ - \_\_\_\_\_ to \_\_\_\_\_ SOW

By signing below, Enter Company Name ("SALESFORCE Consulting Partner") and the New York State ("NYS") Office of Information Technology Services ("ITS") agree to change the ITS/Enter Company Name Technical and Operational Support Services Statement of Work No. NYS ITS ###, dated Click or tap to enter a date ("C000979 Services SOW"), and any applicable terms, as follows:

#### 1. Change in Scope:

This Change Authorization No. PCR-\_\_\_\_\_ ("PCR"), is issued pursuant to the C000979 Services SOW and Salesforce Professional Services Enterprise Agreement, Contract No. C000979 ("Agreement"), ITS and Salesforce Consulting Partner affirm and agree that through course of conduct and mutual agreement of the parties, the term of the C000979 Services SOW has been extended until Click or tap to enter a date..

#### **Description of Change:**

This PCR modifies and documents the C000979 Service SOW's extension from Click or tap to enter a date through Click or tap to enter a date. The planned annual spend for Enter Company Name resources and the estimated hours for Fiscal Year Select FY are described below in this PCR. The Enter Company Name resources work on various NYS ITS Data Center Projects. These resources provide services to ITS on a Time and Materials basis.

The changes in this PCR modify the original C000979 Services SOW Section 1.8 Estimated Charges, specifically subsections 1.8.1 and 1.8.2. All other Terms and Conditions of the C000979 Services SOW will remain in effect.

The resources described in this PCR will provide Services according to the Terms and Conditions (assumptions, responsibilities, deliverables, and completion criteria) of the referenced C000979 Services SOW, and the C000979 Agreement.

#### 2. Changes to Estimated Schedule

(Insert description of estimated changes to schedule)

Ex: No schedule changes will occur to the C000979 Services SOW as a result of this PCR.

#### 3. Charges Resulting from PCR2-\_\_\_\_\_ :

\$Enter dollar amount per year



**RFP # C000979 Salesforce Professional Services EA**  
**Attachment 13 – Project Change Request Form**

For ITS FY Select FY , Enter Company Name estimates that the Charges for hourly Services are estimated to be \$Enter dollar amount per year. The total hours for Services is estimated at Enter total # hours of services per year at the hourly rates listed in the table that follows, Hourly Model Pricing.

**4. Hourly Model Pricing: Implementation and Professional Services**

| PCR2_<br>- | Skill Category                         | Model          | Quantity | Estimated<br>Annual Hours | 20____<br>Rate | Annual Funding<br>Total |
|------------|----------------------------------------|----------------|----------|---------------------------|----------------|-------------------------|
| 1          | Principal Engagement<br>Manager        | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 2          | Engagement Manager                     | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 3          | Salesforce CTO                         | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 4          | Senior Business<br>Strategy Consultant | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 5          | Business Strategy<br>Consultant        | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 6          | Senior Project<br>Manager              | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 7          | Project Manager                        | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 8          | Principal Solution<br>Architect        | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 9          | Senior Solution<br>Architect           | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 10         | Solution Architect                     | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 11         | Principal Technical<br>Architect       | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 12         | Senior Technical<br>Architect          | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 13         | Technical Architect                    | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 14         | Senior Developer                       | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |
| 15         | Developer                              | _____-<br>____ | 1        | xx                        | \$xx.xx        | \$ Enter \$ amt         |



# Office of Information Technology Services

**KATHY HOCHUL**

Governor

**JENSON JACOB**

Acting NYS Chief Information Officer

## RFP # C000979 Salesforce Professional Services EA

### Attachment 13 – Project Change Request Form

| PCR2_<br>-      | Skill Category                                   | Model        | Quantity | Estimated<br>Annual Hours | 20__<br>Rate | Annual Funding<br>Total |
|-----------------|--------------------------------------------------|--------------|----------|---------------------------|--------------|-------------------------|
| 16              | Solution Consultant                              | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 17              | Associate Solution<br>Consultant                 | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 18              | Technical Consultant                             | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 19              | Associate Technical<br>Consultant                | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 20              | Quality Assurance<br>Lead                        | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 21              | Quality Assurance<br>Consultant                  | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 22              | Quality Assurance<br>Associate                   | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 23              | Principle Human<br>Centered Change<br>Consultant | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 24              | Senior Human<br>Centered Change<br>Consultant    | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 25              | Human Centered<br>Change Consultant              | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 26              | Experience Architect                             | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| 27              | Experience Designer                              | _____-<br>__ | 1        | xx                        | \$xx.xx      | \$ Enter \$ amt         |
| <b>Subtotal</b> |                                                  |              |          |                           |              | \$ Enter \$ amt         |
|                 |                                                  |              |          |                           |              |                         |
| <b>Total</b>    |                                                  |              |          |                           |              | \$ Enter \$ amt         |



Acting NYS Chief Information Officer

## NOTARY PUBLIC



# Office of Information Technology Services

KATHY HOCHUL

Governor

JENSON JACOB

Acting NYS Chief Information Officer

RFP # C000979 Salesforce Professional Services EA

Attachment 13 – Project Change Request Form

## ITS/SALESFORCE Professional Services Enterprise Agreement Contract No. C000979: EMERGENCY TASK ORDER No.: 20-

An "emergency" per the terms of the ITS/ Salesforce Professional Services Enterprise Agreement Contract No. C000979 is defined as "an urgent and unexpected requirement where health and public safety or the conservation of public resources is at risk."

### 1. ITS has declared the following Emergency:

### 2. Enter Company Name Emergency Services Needed:

On Click or tap to enter a date at ##:## Select AM/PM the following ITS authorized signatory:

ITS Name:

ITS Title:

ITS Phone Number:

ITS Email Address:

authorized Enter Company Name to immediately perform the following emergency services for ITS:  
-- reporting on or about Click or tap to enter a date at ##:## Select AM/PM at the following emergency operations site:



# Office of Information Technology Services

KATHY HOCHUL

Governor

JENSON JACOB

Acting NYS Chief Information Officer

## RFP # C000979 Salesforce Professional Services EA

### Attachment 13 – Project Change Request Form

Enter Text Here

Emergency Location Site:

#### 3. ITS Emergency Contact

The requested Enter Company Name personnel will report to the following ITS emergency operations site contact person(s) who will direct Enter Company Name's staff while on site and determine when Enter Company Name emergency services are no longer needed:

ITS Emergency Contact Name:

ITS Emergency Contact Title:

ITS Emergency Contact Phone Number:

ITS Emergency Contact Email:

#### 4. Estimated Titles/Hours

List the estimated Enter Company Name titles to be used in the implementation of this emergency task order and the estimated total number of hours required.

Emergency Project Titles to be used:

Total Estimated Hours:

#### 5. Actual Arrival Times and Departures of Enter Company Name Staff, if known:

| Enter Company Name Staff Title and Name | Date Arrived | Time Arrived | Date Departed | Time Departed |
|-----------------------------------------|--------------|--------------|---------------|---------------|
|-----------------------------------------|--------------|--------------|---------------|---------------|

Click or tap to enter a date

##:## Select AM/PM

Click or tap to enter a date

##:## Select AM/PM

Click or tap to enter a date

##:## Select AM/PM

Click or tap to enter a date

##:## Select AM/PM



## Office of Information Technology Services

**KATHY HOCHUL**

Governor

**JENSON JACOB**

Acting NYS Chief Information Officer

### **RFP # C000979 Salesforce Professional Services EA**

#### **Attachment 13 – Project Change Request Form**

Written approval: As required in ITS/ Salesforce Professional Services Enterprise Agreement Contract No. C000979, this ETO must be signed in writing either during or after the declared emergency by an the ITS authorized signatory with written internal approval on an ITS Internal Review Form including at minimum approvals by representatives from ITS Data Center, ITS Finance, ITS Procurement and Contract Services, and ITS Division of Legal Affairs.

Agreed to by NYS-ITS

Agreed to by Enter Company Name

By:  
Authorized Signature

By:  
Authorized Signature

\_\_\_\_\_

\_\_\_\_\_