

AELAS Opt-In Tools FY15  
Arizona Department of Education

PIJ ID:	ED14014	Project Start Date:	7/1/2014	Project End Date:	6/30/2015
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**Project Change Request (Amendment)**

Date Submitted:	6/5/2015	Prepared by:	Tom Watkins
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Affected Areas: (Check all that apply)      Project End Date       Development Cost       Project Scope

**NOTE:** The appropriate revised pages from the Project Investment Justification (PIJ) document MUST accompany this form.

Currently Recorded Dates/Costs				Requested Revisions To Dates/Costs			
Start Date	End Date	Development Cost	Total Cost	Start Date	End Date	Development Cost	Total Cost
07/01/15	06/30/15	\$ 850,000	\$ 850,000	07/01/15	08/31/15	\$ 850,000	\$ 850,000

**Change Description (AS IS - TO BE)**

AS-IS: The Event Management System (EMS) development effort will be completed by 6/30/2015.

TO-BE: Once the development effort is completed, we need to perform user acceptance tests (UAT) to ensure the business signs off on the functionality and features we agreed to. Additional tasks that will occur during July and August include:

- o Migrate data from Legacy Calendar of Events System to EMS.
- o Reconfigure payment gateway.
- o Perform end-to-end testing including ADE Connect, Self-Registration Service, Address Verification Service and AZED Service.
- o Resolve issues found in end-to-end testing.
- o Perform penetration tests.
- o Perform scalability and performance tests.
- o Make changes required from penetration, scalability and performance testing.
- o Deploy EMS application to production.

These tasks are part of the original scope of work.

**Business Justification Summary**

The remaining tasks above are critical to ensure the new application is accepted by the business and it passes all testing requirements.

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List Known Dependencies/Risks/Constraints

Dependencies: Successful completion of development tasks by 6/30/2015. ADOA new financial system changes completed.

Risks: The extension of our completion date to 8/31/2015 significantly reduces risks related to the dependencies above.

Constraints: None

Submitted by (Printed Name )

Chief Information Officer (Printed Name & Signature)

Tom Watkins

Mark Masterson

Attach CIO signature for Cost changes. Email from CIO acceptable for other changes. Complete all information above this line.

(For ASET Use Only)

Reviewed by:

Review Date:

Approved by:

Approved Date:

Comments: