**KOTDA SOFTWARE CHANGE REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Name | RESOURCE CENTRE | Date | **01/07/2021** |
| Project Number |  | Requestor | DAPHINE NEKOYE |
| Project Manager | JOSEPHINE NDAMBUKI | Project Owner | KOTDA |
| Change Request ID |  | Report ID |  |

**PART A: TO BE COMPLETED BY USER**

| Describe the Requested Change |
| --- |
| DESIGN AND DEVELOP LANDING PAGE. | |
| FOLDER TO HOLD COMMON FILES | |
| LINK TO MAIN WEBSITE | |

| Describe the Reason for the Request | |
| --- | --- |
| TO CHANNEL TRAFFIC TO WEBSITE. IMPROVE USSER EXPERIENCE | |
| FOR EASY OF ACCES | |
| FOR EASY OF ACCES | |
| PART B: TO BE COMPLETED BY THE TECHNICAL TEAM | |
| Impact Analysis | |
| Features to be Modified | Version Number |
| 1. DESIGN AND DEVELOP LANDING PAGE. |  |
| 2. FOLDER TO HOLD COMMON FILES |  |
| 3. LINK TO MAIN WEBSITE |  |
| *Describe the impact of the suggested change to the feature that is already complete.* | |

|  |  |  |
| --- | --- | --- |
| Risk | Impact | Mitigation |
| Few or none | Improved user experience and traffic | Develop features as requested by user. |
|  |  |  |
|  |  |  |

| Quality Impact | | | |
| --- | --- | --- | --- |
| Additional Quality Assurance or Quality Control Activities | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| *Describe the impact of the change to quality assurance activities and quality control activities.* | | | |
| Schedule Impact | | | |
| New Deliverables Description | Effort Hours | Date Required | Impact to Other Delivery Dates |
| DESIGN AND DEVELOP LANDING PAGE. | 24 | 5thJuly2021 |  |
| FOLDER TO HOLD COMMON FILES | 2wks | 19thJuly2021 |  |
| LINK TO MAIN WEBSITE | 6 | 2July2021 |  |
| *Based on the impact, state the estimated date for implementing the requested change. State the new estimated project completion date.* | | | |

| Decision | | | | |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  | Approved |  | Rejected |
|  |  |  |  |  |
|  |  | Approved with modifications |  | Deferred |
|  |  |  |  |  |
| Justifications | | | | |
|  | | | | |
| *Additional Comments* | | | | |
|  | | | | |

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Approver’s Printed Name Date

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Title Signature