

UNCLASSIFIED INFORMATION ONLY  
EM&C CHANGE CONTROL BOARD (CCB) REQUEST

First Name:

Priority:

Last Name:

Note: If critical, provide funding source details in "other considerations" to meet desired timeline.

Gov/DoW Email:

Submitting Organization:

Organizational Title/Rank:

**Short Title:**

**Business Impact Summary:**

Projected Cost Savings: \_\_\_\_\_ / per year.

Projected Time Savings: \_\_\_\_\_ / per year.

Mission Impact Executive Summary:

**Proposal Details:**

Associated System:

Change Type:

Change Category:

Problem Statement:

UNCLASSIFIED INFORMATION ONLY  
EM&C CHANGE CONTROL BOARD (CCB) REQUEST

**Recommended Solution:**

**Other Considerations:**

**Submitter Signature:**

**Stakeholder Comments:**

**Concur:**

**Stakeholder Signature:**

UNCLASSIFIED INFORMATION ONLY  
EM&C CHANGE CONTROL BOARD (CCB) REQUEST

**CCB Comments:**

**Concur:**

**CCB Signature:**

**Roadmap Projections:**

Projected Start PI Number:

Projected Release OA Number:

**Approved:**

**Approval Signature:**