

Project Change Request										
CR Number	R Number / Version: 001									
Dell Techr ID:	nologies Project	PR-2340492	PR-2340492							
Customer / Sponsoring Organization Name:		WILLIAMSON COUNTY, TX								
	Project Name:	DELL DO - WILLIAMSON COUNTY - SMARTWAVE WIFI SERVICES-PROJECT								
Orig SO#		1015385696								
PART 1: RE	QUEST									
Title of Change										
Requester Name:	Noel Niranjan		E-mail: Noel.Niranjan@Dell.Com Phone: +91			-9945500642				
Date:	Original: 02/24/2	5	Revision: MM/DD/YY Required by			·:				
Priority Category	2 - Required prior to implementation									
Reason for Change	ADDING INVOICING MILESTONES TO THIS PROJECT TO ALLOW FOR INVOICING AFTER EACH MILESTONE COMPLETION AND SIGNOFF BY CUSTOMER.									
Change Details										
	Milestone		Deliverables	Acceptance Criteria		Value				
	Milestone 1 – Materials & Equipment		Materials Delivered	Materials Delivered and accepted by the customer		\$125,690.72				
	Milestone 2 - Professional Svcs Design		Design work completed	Customer approves Design and Implementation Plan		\$35,000.00				
	Milestone 3 - Professional Svcs Installation		Installation work completed	Customer signs project Customer Acceptance Form (CAF)		\$74,978.30				
	Milestone 4 – Cable Installation		Cable installation	Customer signs project Customer Acceptance Form (CAF)		\$94,651.20				
	Milestone 5 – Project Management		Project management	Project Manager billing will not exceed the amount in the value column and will be deemed approved upon receipt of the CAF.		\$8,500.00				
	Milestone 6 – Support		5 years of Support	Upon successful completion of installation services, the commencement of the 5-year support contract will be confirmed and billed at the start of the support contract		\$99,444.78				
	Total					\$438,265.00				
Total Cost Impact of	No changes to o	verall pricing, ju	ust adding miles	stones to allow for signoff aft	er each phase	e completion.				
Change:										



Billing	Fixed	d Fee					
Туре							
Paid By							
Validity Period of Change Request Form	60 days						
PART 2: AP	PROVA	L					
CR	Υ /	Date:	MM/DD/YY	<why rejected?=""></why>			
Approved	Ν						
Authorized Customer					/ Date:		
Signatory / Date							
Name / Title of							
Authorized Customer							
Authorized Dell					/ Date:		
Technologies Signature /							
Date							
Name / Title of							
Authorized Dell							
Technologies							
Other Signatory (as required)							