SOFTWARE MANAGEMENT POLICY ANNUAL STATEMENT OF COMPLIANCE

| DATE: | | | | | |
|----------------------------------|---|---------------|----------------------------|--|---------|
| TO: | Chief Information Officer | | | | |
| FROM: | | | | | |
| | (Name of Agency) | | | | |
| SUBJECT: | ANNUAL STATEMENT OF COMPLIANCE WITH THE CALIFORNIA SOFTWARE MANAGEMENT POLICY | | | | |
| | | | | State policy governing software tware Management Policy, SAM | Section |
| During the pas our Software I | st year, the Management F | Program that | [Agency] includes the f | has fully implements: | ented |
| | idual as the re Software Man | presentative | responsible fe | ection 4846, I have appointed the or ensuring our agency compliand | |
| Title: | | | | | |
| Business Address: | | | | | |
| City ar | nd Zip Code: | | | | |
| IMS Co | ode: | | | | |
| Teleph | one: | | | | |
| Fax | | | | | |
| Email | | | | | |
| Please contact | | [Name] | at | [Telephone Number and/or En | nail] |
| | | | | | |
| (| Date) | - | (Sig | nature of Director or Designee) | |