
State of California
California Department of Technology
Office of Information Security
Designation Letter

SIMM 5330-A

January 2020

REVISION HISTORY

REVISION	DATE OF RELEASE	OWNER	SUMMARY OF CHANGES
Initial Release	August 2012	California Office of Information Security	
Minor Update	September 2013	California Information Security Office	SIMM number change, change “agency” to “state entity”, and change references to other related SIMM documents
Minor Update	January 2018	Office of Information Security (OIS)	Office name change; Designation Letter: item #1, clarification on SIMM signing authority; item #2, addition of the AIO and AISO, correction of the functions supported titles; parent/child entity relationship definition; addition of contact information of the Secretary/Director Attachment A: correction of SIMM forms that designees are authorized to sign Attachment B: correction of page title; removal of pager number Attachment C: clarification on organizational chart submission instructions and attachment of sample org chart; Attachment D: revised instructions; inclusion of parent/child entity relationship; corrections to SIMM reference numbers
Minor Update	March 2019	OIS	Attachment A: updated to include required submission to AIO/AISO; Attachment B: revised to include space for additional email address fields; moved detailed instructions into the Designation Letter Instructions (SIMM 5330-D); added confidential statement
Minor Update	January 2020	OIS	Update format; remove Parent/Child sections, creating new Parent/Child SIMM 5330-E; add AIO/AISO back-up option

TO: Office of Information Security,
California Department of Technology
Attn: Security Compliance Reporting
P.O. Box 1810, Mail Stop Y- 01
Rancho Cordova, CA 95741

DATE: _____

ENTITY NAME: _____

ORG CODE: _____ (As identified in the [Uniform Codes Manual](#))

SUBJECT: Designation Letter

I, the undersigned, hereby certify that I am the Secretary/Director (*or equivalent head of the state entity*) for the above referenced state entity. In compliance with the requirements set forth in State Policy ([State Administrative Manual Chapter 5300](#)), I have made the following designations to ensure the fulfillment of information security and privacy requirements for this state entity:

1. **Secretary/Director's Signature Authority Designee(s)** as authorized by me in **Attachment A**. These are executive level individual(s) authorized to sign specified information security and privacy compliance related documents on my behalf.
2. **Secretary/Director's Designee(s)** as identified by me in **Attachment B** to include the Agency Chief Information Officer (AIO/ACIO), Agency Information Security Officer (AISO), Chief Information Officer (CIO), Information Security Officer (ISO), Technology Recovery Coordinator, Privacy Officer/Coordinator, and their back-ups.

I hereby further certify that the organizational chart for this state entity is included herein as **Attachment C** and reflects our organization's alignment with [Government Code Section 11546.1\(c\)](#) (e.g., ISO reports to the CIO within our organization).

I hereby further certify if this state entity provides and/or receives partial or full support for the CIO Designation, ISO Designation, Technology Recovery Management, Incident Management, Privacy Program Management, and/or Information Security & Risk Management functions; or if this state entity is fully self-sufficient (as defined in **Attachments D**).

IMPORTANT: If this entity reports to a Cabinet-level Agency within the Executive Branch, a copy of this Designation Letter must be provided to the AIO and/or AISO.

For additional information about this submission, please contact:

Name Telephone Number Email

Signature and contact information of the Secretary/Director (or equivalent entity head):

Name Signature Date

Business Mailing Address Telephone Number Email

For detailed instructions on how to complete this form, refer to the [Designation Letter Instructions \(SIMM 5330-D\)](#)

ATTACHMENT A: SECRETARY/DIRECTOR'S SIGNATURE AUTHORITY DESIGNEE(S)

ONE OF THE BELOW OPTIONS MUST BE SELECTED:

- I **have not** authorized any designees to sign on my behalf.
- I **have** authorized the following executive level individual(s) to sign information security related documents on my behalf, as specified below:

Designee Name:		<p>I authorize this designee to sign the following form(s) on my behalf:</p> <p><input type="checkbox"/> Designation Letter (SIMM 5330-A) <i>Note: Designee may only sign 5330-A updates within this reporting period.</i></p> <p><input type="checkbox"/> Technology Recovery Program Compliance Certification (SIMM 5325-B).</p>
Working Title:		
Classification:		
Telephone Number:		
Email Address:		
Designee Signature:		

Designee Name:		<p>I authorize this designee to sign the following form(s) on my behalf:</p> <p><input type="checkbox"/> Designation Letter (SIMM 5330-A) <i>Note: Designee may only sign 5330-A updates within this reporting period.</i></p> <p><input type="checkbox"/> Technology Recovery Program Compliance Certification (SIMM 5325-B).</p>
Working Title:		
Classification:		
Telephone Number:		
Email Address:		
Designee Signature:		

Designee Name:		<p>I authorize this designee to sign the following form(s) on my behalf:</p> <p><input type="checkbox"/> Designation Letter (SIMM 5330-A) <i>Note: Designee may only sign 5330-A updates within this reporting period.</i></p> <p><input type="checkbox"/> Technology Recovery Program Compliance Certification (SIMM 5325-B).</p>
Working Title:		
Classification:		
Telephone Number:		
Email Address:		
Designee Signature:		

Make additional copies of this worksheet as needed to complete the submission.

ATTACHMENT B (Part 1): STATE ENTITY LEVEL DESIGNEES and BACK-UP DESIGNEES

Primary Designations	Chief Information Officer	Information Security Officer	Technology Recovery Coordinator	Privacy Program Coordinator
Name *				
Classification *				
Business Mailing Address *				
IMS Code *				
Office Phone *				
Mobile Phone				
Fax Number				
Direct Email Address *				
Group Email Address				
**SOC Email Address *				

Back-up Designations	Chief Information Officer (back-up)	Information Security Officer (back-up)	Technology Recovery Coordinator (back-up)	Privacy Program Coordinator (back-up)
Name *				
Classification *				
Business Mailing Address *				
IMS Code *				
Office Phone *				
Mobile Phone				
Fax Number				
Direct Email Address *				

* Required Field

** SOC Email address is required and must follow the standardized naming convention as outlined in the [Email Threat Protection Standard \(SIMM 5315-A\)](#)

ATTACHMENT B (Part 2): AGENCY LEVEL DESIGNEES and BACK-UP DESIGNEES

IMPORTANT: If this entity is or reports to a Cabinet-level Agency within the Executive Branch the following section must be completed:

Primary Designations	AGENCY Chief Information Officer	AGENCY Information Security Officer
Name *		
Classification *		
Business Mailing Address *		
IMS Code *		
Office Phone *		
Mobile Phone		
Fax Number		
Direct Email Address *		
Group Email Address		
**SOC Email Address *		

Back-up Designations (optional)	AGENCY Chief Information Officer (back-up)	AGENCY Information Security Officer (back-up)
Name		
Classification		
Business Mailing Address		
IMS Code		
Office Phone		
Mobile Phone		
Fax Number		
Direct Email Address		

* Required Field

** SOC Email address is required and must follow the standardized naming convention as outlined in the [Email Threat Protection Standard \(SIMM 5315-A\)](#)

ATTACHMENT C: ORGANIZATIONAL CHART

Attach the entity's official organizational chart, which displays the **CIO/ISO** reporting structure, as signed by the Director and approved by CalHR. OIS uses this information to, among other things, validate compliance with [Government Code Section 11546.1\(c\)](#).

ATTACHMENT D (Part 1): SUPPORTED ROLES AND FUNCTIONS

This state entity **DOES NOT RECEIVE** or **PROVIDE SUPPORT** to any other state entities.

IF YOU SELECT THE ABOVE OPTION, YOU ARE DONE COMPLETING THIS FORM.

- OR -

IF YOU DO NOT SELECT THE ABOVE OPTION, YOU MUST CHOOSE ALL OPTIONS BELOW THAT APPLY AND COMPLETE ATTACHMENT D.

SELECT ALL THAT APPLY:

- This state entity **PROVIDES SUPPORT** and agrees to fully *or* partially support roles and functions for another state entity. In conjunction with the roles and functions that are supported, the state entity providing support agrees to be responsible for specified compliance and certification for another state entity.

If this option is selected, follow instructions and complete Attachment D (Part 2).

- This state entity **RECEIVES SUPPORT**, full or partial, within the area of supported roles and functions, from another state entity. In conjunction with the roles and functions that are supported, this state entity also receives support in the area of compliance and certification from another state entity.

If this option is selected, follow instructions and complete Attachment D (Part 3).

IMPORTANT:

If your entity provides support to and/or receives support from multiple entities, please submit a separate Attachment D (Part 2 and/or 3) for each entity that provides the support to your entity or receiving support from your entity.

ATTACHMENT D (Part 2)

PARTIALLY or FULLY SUPPORTED ROLES AND FUNCTIONS PROVIDED TO ANOTHER ENTITY

Use this section is used to indicate if your state entity provides support to another state entity and to what extent the support is given.

Name of State Entity **RECEIVING SUPPORT** from your Entity: _____

Org Code of State Entity **RECEIVING SUPPORT** from your Entity: _____

As identified in the [Uniform Codes Manual](#)

Roles & Functions Supported (check all that apply)	Partial Support	Full Support	Compliance and Certification Supported (check all that apply)	Full Support
CIO Designation	<input type="checkbox"/>	<input type="checkbox"/>	Technology Recovery Program Compliance Certification (SIMM 5325-B)	<input type="checkbox"/>
ISO Designation	<input type="checkbox"/>	<input type="checkbox"/>	Designation Letter (SIMM 5330-A)	<input type="checkbox"/>
Technology Recovery Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	Information Security & Privacy Program Compliance Certification (SIMM 5330-B)	<input type="checkbox"/>
Privacy Program Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	Cal-CSIRS Information Security Incident Report (SIMM 5340-B)	<input type="checkbox"/>
Technology Recovery Management	<input type="checkbox"/>	<input type="checkbox"/>		
Incident Management	<input type="checkbox"/>	<input type="checkbox"/>		
Privacy Program Management	<input type="checkbox"/>	<input type="checkbox"/>		
Information Security & Risk Management	<input type="checkbox"/>	<input type="checkbox"/>		
If partial support provided, please clearly define functions supported:				

Make additional copies of this page as needed to complete the submission.

ATTACHMENT D (Part 3)

PARTIALLY or FULLY SUPPORTED ROLES AND FUNCTIONS RECEIVED FROM ANOTHER ENTITY

Use this section is used to indicate if your state entity receives support from another state entity and to what extent the support is given.

Name of State Entity PROVIDING SUPPORT to your Entity: _____

Org Code of State Entity PROVIDING SUPPORT to your Entity: _____

As identified in the [Uniform Codes Manual](#)

Roles & Functions Supported (check all that apply)	Partial Support	Full Support	Compliance and Certification Supported (check all that apply)	Full Support
CIO Designation	<input type="checkbox"/>	<input type="checkbox"/>	Technology Recovery Program Compliance Certification (SIMM 5325-B)	<input type="checkbox"/>
ISO Designation	<input type="checkbox"/>	<input type="checkbox"/>	Designation Letter (SIMM 5330-A)	<input type="checkbox"/>
Technology Recovery Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	Information Security & Privacy Program Compliance Certification (SIMM 5330-B)	<input type="checkbox"/>
Privacy Program Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	Cal-CSIRS Information Security Incident Report (SIMM 5340-B)	<input type="checkbox"/>
Technology Recovery Management	<input type="checkbox"/>	<input type="checkbox"/>		
Incident Management	<input type="checkbox"/>	<input type="checkbox"/>		
Privacy Program Management	<input type="checkbox"/>	<input type="checkbox"/>		
Information Security & Risk Management	<input type="checkbox"/>	<input type="checkbox"/>		
If partial support provided, please clearly define functions supported:				

Make additional copies of this page as needed to complete the submission.

I, the undersigned, hereby certify that I am the Secretary/Director (or equivalent head of the state entity) of the submitting state entity and am receiving support from the above listed state entity.

I acknowledge that I have agreed to the above listed functions, compliance, and certification to be supported by the above listed state entity. Additionally, I understand that I must communicate with the entity providing support to ensure that we continue to have a full understanding of the current status of the information security and risk management strategy in place to protect our information and information systems, and to allow us to make informed judgments and decisions about the risk for our state entity.

 Printed Name of Entity Head Signature of Entity Head Date