



Section 1 - General Information			
Agency/State Entity Name:		Submission Date:	
Contact First Name:		Contact Last Name:	
Contact Email:		Contact Phone:	
Estimated Cost:		Proposed Acquisition Method:	
Description of Acquisition:			

Section 2 – Procurement Authority (select one option below)	
<input type="checkbox"/>	1. This acquisition is subject to the Department of Technology's Procurement Authority because it is related to a new, or previously approved, non-delegated IT project (meets one or more of the criteria listed in SAM Section 4819.37) and exceeds the Agency/state entity's assigned DGS/PD Delegated Purchasing Authority dollar threshold. Provide the Department of Technology Project Number:
<input type="checkbox"/>	2. This acquisition is subject to the Department of General Services' Procurement Authority because it is NOT related to a new, or previously approved, non-delegated IT project (does NOT meet one or more of the criteria listed in SAM Section 4819.37) and exceeds the Agency/state entity's assigned DGS/PD Delegated Purchasing Authority dollar threshold.
<input type="checkbox"/>	3. This acquisition is subject to the Agency/state entity's Procurement Authority because it is within the Agency/state entity's assigned DGS/PD Delegated Purchasing Authority dollar threshold.

Section 3 – Certification		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	The signatory confirms that the acquisition described herein is in compliance with the criteria and procedures for IT prescribed in SAM Section 4819.41.
<input type="checkbox"/>	<input type="checkbox"/>	The signatory confirms that the acquisition described herein meets the requirements of Government Code 11135 applying Section 508 of the Rehabilitation Act of 1973 as amended or qualifies for one or more exceptions.
<input type="checkbox"/>	<input type="checkbox"/>	The signatory confirms that the procurement authority for this acquisition is accurately noted in Section 2 of this form.
<input type="checkbox"/>	<input type="checkbox"/>	The signatory confirms that the acquisition described herein is excluded from the Department of Technology's IT Project Submittal and Approval Authority because it is excluded under SAM 4819.32.

_____ Chief Information Officer (CIO) (Print Name)	_____ CIO Signature/Designee	_____ Date
_____ ¹ Agency Information Officer (AIO) (Print Name)	_____ AIO Signature/Designee	_____ Date

DGS/PD or CDT Use Only				
Agreement #		Inter-Agency Agreement #	LTB/NCB/SCR Justification #	Purchase Estimate #

¹ AIO approval is only required for Agency-affiliated state entities with an IT acquisition that cost exceeds the Agency/state entity's Department of Technology Delegated Cost Threshold or \$1 million, whichever is lower.