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| **SIMM Section 19G****Project Approval Executive Transmittal**  |
| **State Entity Name** |
|  |
| **Agency Name** (if Applicable) |
|  |
| **Proposal Name** | **Department of Technology Project Number** |
|  |  |
| **Submission Deliverable** (Check all that apply) |
| ☐ | Stage 1 Business Analysis | ☐ | Stage 4 Project Readiness and Approval |
| ☐ | Stage 2 Alternatives Analysis | ☐ | Project Approval Lifecycle Reporting Exemption Request |
| ☐ | Stage 3 Solution Development* Part A ☐ Part B w/Solicitation Package
 | ☐ | Withdraw Submission\* |
| \*If an Agency/state entity desires to withdraw a proposal, select the applicable Stage and the "Withdraw Submission" box. |

I am submitting the attached project approval deliverable as required by State Administrative Manual (SAM) Section 4920-4928.

I certify:

* The Project Approval deliverable was prepared in accordance with Statewide Information Management Manual (SIMM) Section 19.
* The proposed information technology (IT) initiative is approved and represents our IT priorities.
* The proposed IT initiative is consistent with our IT strategy as expressed in our current Agency Information Management Strategy.

I have reviewed and agree with the information in the attached project approval deliverable.

I certify the acquisition of the applicable IT product(s) or service(s) required by our Agency/State entity that are subject to Government Code 11135 applying Section 508 of the Rehabilitation Act of 1973 as amended meets the requirements or qualifies for one or more exceptions.

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| **APPROVAL SIGNATURES** |
| **Information Security Officer** | **Date Signed** |
|  |  |
| **Printed name:** |  |
| **Enterprise Architect** | **Date Signed** |
|  |  |
| **Printed name:** |  |
| **Chief Information Officer** | **Date Signed** |
|  |  |
| **Printed name:** |  |
| **Budget Officer** | **Date Signed** |
|  |  |
| **Printed name:** |  |
| **Procurement and Contracting Officer** | **Date Signed** |
|  |  |
| **Printed name:** |  |
| **State Entity Director** | **Date Signed** |
|  |  |
| **Printed name:** |  |
| **Agency Information Officer** | **Date Signed** |
|  |  |
| **Printed name:** |  |
| **Agency Secretary** | **Date Signed** |
|  |  |
| **Printed name:** |  |

By signing and submitting this form, you are requesting the California Department of Technology to evaluate and consider your submission for approval. In addition, you are authorizing the California Department of Technology to recover costs incurred by the Department of Technology to evaluate the proposed project. [Government Code (GC) §11255, GC §11544, GC §11545, and GC 11546]