

SIMM Section 19G.1



Project Approval Executive Transmittal

State Entity Name

Agency Name (if Applicable)

Proposal Name

Department of Technology Project Number

Submission Deliverable (Check all that apply)

| | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Stage 1 Business Analysis | <input type="checkbox"/> | Stage 4 Project Readiness and Approval |
| <input type="checkbox"/> | Stage 2 Alternatives Analysis | <input type="checkbox"/> | Project Approval Lifecycle Reporting Exemption Request |
| <input type="checkbox"/> | Stage 3 Solution Development <input type="checkbox"/> Part A <input type="checkbox"/> Part B w/Solicitation Package | <input type="checkbox"/> | 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.
- The document(s) being submitted are accessible to persons with disabilities based on the requirements specified in Section 508 of the federal Rehabilitation Act of 1973, as amended, the Government Code section 11135, and the Web Content Accessibility Guidelines (WCAG 2.0).

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

| 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 related to the evaluation of the proposed project. [Government Code (GC) §11255, GC §11544, GC §11545, and GC 11546]