

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.