

ATTACHMENT D (Part 3)**PARTIALLY or FULLY SUPPORTED ROLES AND FUNCTIONS RECEIVED FROM ANOTHER ENTITY**

Use this section 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