

SIMM Section 15D



**Project Cost Delegation
Executive Transmittal**

State Entity Name

Agency Name (if Applicable)

Submission Deliverable

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Project Cost Delegation Accreditation |
| <input type="checkbox"/> | Supporting Documentation |

I am submitting the attached Project Cost Delegation Accreditation as required by the [State Administrative Manual \(SAM\) Section 4819.39](#).

I certify:

- The Project Cost Delegation Accreditation was prepared in accordance with [Statewide Information Management Manual \(SIMM\) 15A](#).

I have reviewed and agree with the information in the Project Cost Delegation Accreditation and supporting documentation.

APPROVAL SIGNATURES			
Chief Information Officer			
Printed name:		Date Signed	
Budget Officer			
Printed name:		Date Signed	
Procurement and Contracting Officer			
Printed name:		Date Signed	
State Entity Director			
Printed name:		Date Signed	
Agency Information Officer			
Printed name:		Date Signed	

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