

Request for Project Certification Exception or Waiver

*Upon completion of this form, please SAVE and then scan
and email a copy as an attachment to Exception.Requests@state.nm.us.*

Date		Agency Code		Agency Name	
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Project Type		
<input type="checkbox"/> New Solution	<input type="checkbox"/> Upgrade/Enhance Existing Solution	<input type="checkbox"/> Replace Existing Solution

Technology Type <i>(Check all that apply.)</i>	
<input type="checkbox"/> Network/Hardware	<input type="checkbox"/> Web/Mobile Application
<input type="checkbox"/> Commercial Off-the-Shelf Solution	<input type="checkbox"/> Geospatial
<input type="checkbox"/> Software as a Service	<input type="checkbox"/> Custom-Developed Solution
<input type="checkbox"/> Content Management/Document Management	
<input type="checkbox"/> Other (Specify)	

Brief Project Description
<i>Include project name, purpose, technology, timeline, and implementation approach.</i>

Project Fiscal Profile		
<i>Include all funding sources, i.e., federal, state, county municipal law or grants.</i>		
Estimated Project Cost:	Appropriation Amount:	Funding Source:

Combined Project Certification Exception Type	
<i>Include the dollar amount that will be requested for the selected project certification exception type.</i>	
<input type="checkbox"/> Combined certification: (Select type below.) <input type="checkbox"/> Initiation/Planning <input type="checkbox"/> Planning/Implementation <input type="checkbox"/> Initiation/Planning/Implementation	Certification Request Dollar Amount:

Waiver Type		
<input type="checkbox"/> Project certification	<input type="checkbox"/> Technical architecture review	<input type="checkbox"/> IV&V

Rationale and Justification for Requested Exception or Waiver

Agency Contact(s) *At minimum, include CIO and project manager.*

Name	Title	Telephone	Email

Agency Approvals

	Agency Cabinet Secretary/ Agency Director	Agency Chief Information Officer/ IT Lead
Signature:		
Agency:		
Date:		

For Department of Information Technology (DoIT) Use Only	
Recommendation:	
Decision by DoIT EPMO Managing Director or Designated Signatory	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:

DoIT EPMO Managing Director or Designee