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| --- | --- |
| Business Solutions Exemption Review Request | |
| **Agency:** |  |
| **Requestor:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Project Business Owner:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Date Submitted:** |  |
| **Email To:** | **gtapsg@gta.ga.gov** |
|  | |
| **Section 1**  **Complete Section 1 for all requests** | |
| **Indicate the policy or standard that applies to review request:** | |
| **Section 2**  **Complete this section for all cloud-based solutions and applications requests** | |
| **Is this a new activity? Yes No**  **Application/Solution:**  **Vendor/Hosting Entity Name:**  **Data Storage Location:**  **Support and Service Location:**  **Describe the solution and its intended use:**  **Is data is transferred to or from another state business application? Yes No**  **If yes, describe how this is now done and how it is intended to be done in the proposed system.**  **How are the agency’s and the state’s needs for data back-up and recovery to be accomplished with the proposed system? Define the needs and proposed process.** | |
| **Provide the contact information for your Agency Information Security Officer (or the person providing the information shown for Section 2**  **Name:**  **Phone:**  **Email:** | |
|  | |
| **Section 3**  **Complete Section 3 for all requests** | |
| **Has the agency submitted an PIN to GTA for this project?**  **If YES - Check here [ ] Then go to Question 3c**  **If NO - Submit an PIN with this Request (See SM-08-103). Go to Question 3c** | |
| **Has the agency submitted a Business Case to GTA for this project?**  **If YES - Check here [ ] Then go to Question 3d**  **If NO - Continue here. Provide the following information:**  **Describe any legal, funding, operational and/or other constraints on this project:**  **Alternatives Considered:**  **If No alternatives were investigated, please explain why:**  **Describe below the alternative solutions that have been investigated. Provide the approximate cost and an architectural description of each alternative. Describe the suitability of each alternative for agency business as well as suitability the alternative to run in the enterprise operational environment.**  **Alternative 1: Describe the enterprise vendor’s proposal:**  **Proposal:**  **Cost:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Cost Factors** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Totals** | | **(add lines as needed)** |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | **Totals** |  |  |  |  |  |  |   **Alternative 2: Describe a self-developed solution:**  **Proposal:**  **Cost:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Cost Factors** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Totals** | | **(add lines as needed)** |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | **Totals** |  |  |  |  |  |  |   **Alternative 3: Describe other solutions:**  **Proposal:**  **Cost:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Cost Factors** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Totals** | | **(add lines as needed)** |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | **Totals** |  |  |  |  |  |  | | |
| **Section 4**  **The following must be provided by the Senior Agency Information Security Officer (SAISO). If your agency has no SAISO, it must be provided by the person with this responsibility.** | |
| **What is the Security Impact assigned to the current data:**  **[ ] HIGH**  **[ ] MODERATE**  **[ ] LOW**  **What security attestment has your agency obtained from the proposed provider?**  **[ ] SOC 2 Type 2**  **[ ] FedRamp Moderate**  **FedRamp High**  **[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **specify**  **Has your Senior Agency Information Security Officer (SAISO) or the person with responsibility for agency IT security compared the security provisions of the proposed provider to the agency’s security needs and attests that the security, privacy and confidentiality risks remaining are acceptable? Yes [ ] No [ ]**  **Provide contact information for your SAISO**  **Name:**  **Phone:**  **Email:** | |
|  | |
| **Section 5**  **Complete this section for all Generative AI request** | |
| **Application/Solution Vendor:** | |
| **Application Location:** | |
| **Describe the proposed scope of the project and how the application will be used by the agency (Please include desired outputs that will be provided by the AI tool and how they will be used, e.g. decision-making, eligibility, etc.)** | |
| **Will any state data be stored, managed or transferred to or from the application? Yes No** | |
| **Describe all security parameters including how threats and vulnerabilities will be addressed.** | |
| **If applicable, discuss all access controls** | |
| **Section 6**  **Complete this section for all International Travel Remote Access requests** | |
| **Name of Traveler:** | |
| **Traveler’s Role within the agency (e.g. director, faculty, CFO)** | |
| **Dates of Travel:** | |
| **Travel Destination:** | |
| **Purpose of Travel:** | |
| **Devices Used:** | |
| **Systems/Applications to be assessed by the traveler:**  **Will the traveler access state data via any systems/applications? Yes No** | |
| **Security parameters for remote access during travel:** | |