

Request for Project Certification Exception or Waiver

FORM 22-361-EPMO-5

Upon completion of this form, please email to Exception.Requests@doit.nm.gov

DATE:					
AGENCY CODE:	AGENCY NAME:				
Project Type					
□ New Solution □	Upgrade / Enhance Existing Sol	ution			
	Technology Type (Check all	that apply.)			
 □ Network / Hardware □ Commercial off-the-shelf s □ Software as a Service □ Content Management / Do □ Other (Specify) 		□ Web / Mobile Application□ Geospatial□ Custom-Developed solution			
Include project name	Brief Project Description				
Include project name, purpose, technology, timeline, and implementation approach.					
Project Fiscal Profile Include all funding sources, i.e., federal, state, county municipal law or grants.					
Estimated Project Costs	Appropriation Amount	Funding Source			



Co	mbined Project Certif	ication Exception T	ype
☐ Combined Certification: (Select type below.)			
☐ Initiation / Planning	☐ Planning / Impleme	entation 🔲 Initiat	ion / Planning / Implementation
Certification Request Amount	: :		
	Waiver	Type	
☐ Project Certification	_	ical Architecture Revi	ew 🔲 IV& V
Rationale and Justification for Requested Exception or Waiver			
A	Agency C t minimum, include CIC	ontact(s) Dand Project Manage	er.
	·		
Name:		Title:	
Phone (Office or Cell):	Email:		
,			
Name:		Title:	
Phone (Office or Cell):	Email:		
Agency Approvals			
	Agency A	pprovais	
Agency Cabinet Secretary/Ag	gency Director	Agency Chief Info	rmation Officer/IT Lead
Agency:	Date:	Agency:	Date:



For De	partment of	Information	Technology	(DoIT)	Use Only	,
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Exception Review Recommendation:				
Decision by DolT				
□ APPROVED	□ DISAPPROVED	Date:		
DoIT Cabinet Secretary or Designee				