



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 Solution
 Replace Existing Solution

Technology Type *(Check all that apply.)*

- | | |
|---|--|
| <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

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

Combined Project Certification Exception Type

- Combined Certification: *(Select type below.)*
- Initiation / Planning Planning / Implementation Initiation / Planning / Implementation

Certification Request Amount:

Waiver Type

- Project Certification Technical Architecture Review IV& V

Rationale and Justification for Requested Exception or Waiver

Agency Contact(s)
At minimum, include CIO and Project Manager.

Name: _____ Title: _____

Phone (Office or Cell): _____ Email: _____

Name: _____ Title: _____

Phone (Office or Cell): _____ Email: _____

Agency Approvals

Agency Cabinet Secretary/Agency Director

Agency Chief Information Officer/IT Lead

Agency: _____ Date: _____

Agency: _____ Date: _____

For Department of Information Technology (DoIT) Use Only

Exception Review Recommendation:

Decision by DoIT

APPROVED DISAPPROVED

Date:

DoIT Cabinet Secretary or Designee