

Upon completion of this form, please email to [Exception.Requests@doit.nm.gov](mailto:Exception.Requests@doit.nm.gov)

DATE:

AGENCY CODE:

AGENCY NAME:

### Type Of Exception *(Check all that apply.)*

**TELECOM:** Any deviation from State's central communication system

**NETWORK:** Any deviation from State's central communication system ISP

**ISP:** Any deviation from State's central communication system

**RADIO:** Any deviation from State's central communication system

**EQUIPMENT:** Server or storage purchase, regardless of cost. Individual hardware purchase greater than \$100K

**SOFTWARE:** Individual software purchase greater than \$100K. Subscription greater than \$100K

**RULE:** Any rule deviation

### Funding Type

General Fund

Federal Funds

Other State Funds

Description	Initial	Recurring			Total
	FY23	FY24	FY25	FY26	
<b>Total</b>					

**Brief Description & Justification** *(Include a Word document if more space is required.)*

**Types & Alternatives Considered**

Replacement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expansion/Enhanced Capability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Equipment for Certified Project	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Alternative Considered	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Agency Contact(s) for Additional Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ 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

DoIT Cabinet Secretary or Designee