Information Security Program Plan Attestation

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Information Security Officer (ISO) **OR**

 (Full Name)

an equivalent Authorized Designee of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Name of Entity)

hereinafter referred to as Entity, hereby attest that Entity’s Information Security Program Plan includes the necessary roles, policies, controls, and procedures to protect its information assets and data and meet the requirements of the State Administrative Manual (SAM) 5300.

If the services provided by Entity under the Agreement identified in this Attestation include Cloud Computing, I hereby further attest that Entity complies with the California Department of General Services’ (DGS) [Cloud Services General Provisions](https://www.dgs.ca.gov/-/media/Divisions/PD/PTCS/Broadcast-Bulletins/2019/F-01-19-NEW-Cloud-Computing-SaaS-General-Provisions.ashx?la=en&hash=C53C2D6874D8120F47B535D36067D286F014022F) , [Cloud Services Special Provisions](https://www.dgs.ca.gov/-/media/Divisions/PD/PTCS/OPPL/CLOUDCOMPUTINGSERVICESSPECIALPROVISIONS_18_0301.docx?la=en&hash=D15B144C86A54D492E4E19AE810F7F35EA8D171F), and applicable SAM sections. (See SAM 4981.1, 4983.1, 5305.5, 5305.8, 5340, 5350.1).

The Entity’s Information Security Program Plan includes the primary information security areas and the associated controls listed below:

* Access Control
* Awareness and Training
* Audit and Accountability
* Configuration Management
* Contingency Planning
* Identification and Authentication
* Incident Response
* Maintenance
* Media Protection
* Personnel Security
* Personally Identifiable Information Processing and Transparency
* Physical and Environmental Protection
* Planning
* Program Management
* Risk Assessment
* System and Communications Protection
* System and Information Integrity
* System and Services Acquisition
* Supply Chain Risk Management

I certify that the responses in this attestation are accurate and complete and that I am fully authorized to sign on behalf of Entity. I also acknowledge that all applicable laws, regulations, and other requirements must be continually adhered to.

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Entity Information Security Officer or Equivalent (Add Title) Date

***California Energy Commission Section***

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| Agreement No. |  |
| Program/Division |  |
| Commission Agreement Manager |  |

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California Energy Commission Contract Agreement Manager Date

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California Energy Commission Information Security Officer Date