PLEASE REMOVE THE INSTRUCTIONS BEFORE SUBMITTING FORM.

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| **WHO SHOULD USE THIS FORM?** |
| Service Providers (SPs) with systems that have an existing StateRAMP authorization, who intend to implement a significant change within the systems’ authorization boundary. |
| **ABOUT THIS FORM** |
| SPs are required to submit this completed form to StateRAMP and receive StateRAMP approval prior to implementing a significant change to a system with an existing StateRAMP authorization.  For more information about significant changes, see the *StateRAMP Continuous Monitoring Escalation Process* document. |
| **FORM AND ATTACHMENT INSTRUCTIONS** |
| 1. Complete the form and attach additional pages if necessary.  a. The 3PAO must sign page 2 as an indication that they have reviewed this form, including the controls, and agree it is accurate to the best of their knowledge.  2. Upload either a digitally signed copy or a physically signed and scanned copy to the StateRAMP Box Continuous Monitoring portal.  3. Send a notification message to [**pmo@stateramp.org.**](mailto:pmo@stateramp.org)  NOTE: StateRAMP must also review your 3PAO’s security assessment plan (SAP) prior to implementing the change. Please include this plan with the form if it is available at the time of submission. |
| **StateRAMP ACRONYMS** |
| The *StateRAMP Master Acronyms & Glossary* contains definitions for all StateRAMP publications and is available on the StateRAMP website [**Templates and Resources**](https://stateramp.org/templates-resources/) page.  **(https://stateramp.org/templates-resources**/)  Please send suggestions about corrections, additions, or deletions to[**pmo@stateramp.org.**](mailto:pmo@stateramp.org.) |
| **HOW TO CONTACT US** |
| Questions about StateRAMP or this form should be directed [to **pmo@stateramp.org.**](mailto:to%20pmo@stateramp.org.)  For more information about StateRAMP, visit the website at [**www.stateramp.org.**](http://www.stateramp.org.) |

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| A picture containing night sky  Description automatically generated | **StateRAMP Significant Change Request Form** | | | | | | | |
| **Instructions:** | 1. Complete the form and attach additional pages if necessary. 2. Upload either a digitally signed copy or a physically signed and scanned copy to the StateRAMP Box Continuous Monitoring portal. 3. Send a notification message to [**pmo@stateramp.org**](mailto:pmo@stateramp.org)**.** | | | | | | | |
| .  **SP Contact Information** | | | | | | | | |
| **Company Name** | | |  | | | | | |
| **System Name** | | |  | | | | | |
| **System Owner** | **Name** | |  | | | | **Title** |  |
| **Primary POC** | **Name** | |  | | | | **Title** |  |
| **Phone** | |  | | | | **Email** |  |
| **System Information** | | | | | | | | |
| **Type of System** (*Please choose from the drop-down menu.)* | | | | | Choose an item. | | | |
| **System Description** | |  | | | | | | |
| **List of current and pending SLED customers** | |  | | | | | | |
| **3PAO Information** *(Required*) | | | | | | | | |
| **3PAO Company Name** | | |  | | | | | |
| **3PAO Primary POC** | **Name** | |  | | | | **Title** |  |
| **Phone** | |  | | | | **Email** |  |
| **Currently on contract for significant change proposed?** | | | | | | * **Yes** ☐ **No** | | |
| **Security Assessment Plan attached?** | | | | | | * **Yes** ☐ **No** | | |
| **Nature of Change** | | | | | | | | |
| **Change Details**  *(Please provide background and brief description*. *Attach additional pages if necessary*.*)* | | | |  | | | | |

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Form Page **1** of 3

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| A picture containing night sky  Description automatically generated | **StateRAMP Significant Change Request Form** | | | | | | | |
| **Type of Change**  *(Check all that apply.)* | | | * Authentication or access control ☐ Backup mechanism or process * Storage ☐ SaaS or PaaS changing underlying * New code release provider * Replacement of COTS product ☐ Changing alternate or compensating * Change in services offered control   ☐ Removal of security control(s)  ☐ Change in system scope   * Other (Please Specify): | | | | | |
| **System Component(s)**  **Impacted**  *(List all.)* | | |  | | | | | |
| **Security Control(s)Impacted**  *(List all.)* | | |  | | | | | |
| **Has the 3PAO validated above control list?** | | | | | * **Yes** | * **No** | | **Signature** |
| **Status of Change** | |  | | | | | | |
| **Is there a date by which this change must be operational?** | | | * **Yes** | * **No** | |  | **If yes, what is the date?** | |
| **If yes, why?** | | | | | |
| **Validation** | | | | | | | | |
| **Please describe how the impacted controls will be validated.**  *(Attach additional pages if necessary.)* | | |  | | | | | |

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| A picture containing night sky  Description automatically generated | **StateRAMP Significant Change Request Form** | | | | |
| **Demand/Justification** | | | | | |
| **Which customers are driving this change?** *(Required for changes to service or scope)* | |  | | | |
| **Justification for Change** *(Attach additional pages if necessary.)* | |  | | | |
| **Is the change required because a previous version is reaching end of life or end of support?** | | * **Yes** ☐ **No** | | | |
| **If yes, what is the end-of-life date?** | | | |
| **Is this change intended to enhance ConMon performance?** | | | | * **Yes** ☐ **No** | |
| **SP Signature** *(Must be signed by an individual with the authority to represent the SP to StateRAMP)* | | | | | |
| **Name** *(Printed)*  **Signature** | | | | | **Title**  **Date** |
| **StateRAMP Standing** *(To be completed by StateRAMP*) | | | | | | |
| **Annual Assessment** | | | | | |
| **Was the last assessment completed?** | | | | | | **Yes** ☐ **No** | | |
| **When is the next annual assessment due?** | | |  | | |
| **Is SP currently overdue on its annual assessment?** | | | * **Yes** ☐ **No**   If yes, why? | | |
| **ConMon Performance** | | | * **Yes** ☐ **No**   If yes, why? | | |
| **Was SP on a corrective action plan in the past six months?** ☐ **Yes** ☐ **No** | | | | | | **Yes** ☐ **No** | |

StateRAMP)