|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Agency Name** | | | | |  |
|  |  |
| **2.** | **Contact Name** |  | **3.** | **Contact E-mail** | |  |
|  |  |  |  |  |  | |
| **4.** | **Contact Title** | | **5.** | **Contact Phone Number** | | |
|  |  | |  |  | | |
| **6.** | **Justification/Impact Statement (Why do you need this SSO? In your explanation please provide the internal and external stakeholders impacted, what the impacts are to those stakeholders, and impacts to internal projects.)** | | | | | |
| 1. **What is the level of difficulty/effort if this SSO is not approved (e.g. hard coding, other interfacing systems, etc.)? What system(s) are impacted? What reporting requirements are impacted?** | | | | | | |
| **8.** | **Alternatives Explored (What other options did you consider before submitting this request?)** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subobject Code** | **Title (Limit: 40 Characters)** | **Definition** | **For OFM Use Only** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Note: Ensure that all proposed Subobject Codes are described in Impact Statement above. Use multiple forms if necessary.**

|  |  |
| --- | --- |
| **THE FOLLOWING CERTIFICATION MUST BE COMPLETED BY THE AGENCY’S CFO OR DELEGATE.**  ***I hereby certify, to the best of my knowledge, that the information provided above is true and correct.*** | |
| *Type Name:* | |
| *Title:* | |
| *Phone Number:* | *Date Approved:* |

|  |
| --- |
| **For OFM Use Only** |
| **Statewide Consultant Name:** |
| **Statewide Consultant Comments:** |
|  |