# Section A: Risk FACTORS Determination

*Always required except for renewals of Service Contracts & cloud workbooks previously approved by OSCIO.*

Agency/division: Enter agency name and division

IT Service/Product name: Enter service or product name

Agency contact name, email address, and phone number:

First name Last name

Email address Phone number

ESO contact name, email address, and phone number:

First name Last name

Email address Phone number

A1: What is the main function of the proposed Cloud or Hosted Service and how will it be used to support one or more business functions? Briefly describe and include the number of records anticipated and how that number is anticipated to grow over time; the number of users; and the anticipated cost. A completed IT Investment form with the same information may be attached instead, if available.

Click here to enter text.

A2:What data classification level information will the Service store, process, or transmit? Check all that apply. Consult DAS Policy 107-004-050 "Information Asset Classification" for definitions.

[ ]  Level 1

[ ]  Level 2

[ ]  Level 3 **-> significant risk; also complete Section B if checked**

[ ]  Level 4 **-> significant risk; also complete Section B if checked**

A3:Will the proposed Service store, process, or transmit data that must be protected according to the following specialized rules or standards? Check all that apply.

**If any items below are checked, the investment has significant risk; also complete Section B.**

[ ]  HIPAA (Protected Health Information)

[ ]  CJIS (Criminal Justice Information)

[ ]  IRS Publication 1075 (Federal Tax Information)

[ ]  FERPA (certain education records)

[ ]  PCI (payment card data)

[ ]  SSA (Social Security Administration)[ ]  FISMA (Federal Information Security
Modernization Act)

[ ]  MARS-E (Minimum Acceptable Risk
Standards for Exchanges)

[ ]  OCITPA (Oregon Consumer
Identity Theft Protection Act)

[ ]  No checkboxes apply

[ ]  Other, please identify the rule or standard:

Click here to enter text.

A4: Will the Service be the authoritative source for any business-critical information that would be difficult, expensive, or infeasible to recreate? Check one.

[ ]  No (check this box if data in the Service is a copy of another authoritative source; if it could be easily recreated; or if loss or corruption of the data would have no significant consequences)

[ ]  Yes (check this box if loss or corruption of the data would create significant expense, risk, or impact; or it is the system of record) **-> significant risk; also complete Section B workbook if checked**

A5: Would a sustained interruption of the Service have a significant impact to Oregonians and also to the agency, the State, and partner organizations? Check one.

[ ]  Minor impact. Check this box if agency operations would be able to continue without significant impact to Oregonians, the agency, the state, or partner organizations.

[ ]  Significant impact. Check this box if an interruption would have anything more than a minor impact**. -> significant risk; also complete Section B workbook if checked**

A6: Will the Cloud or Hosted Service and all associated data reside entirely in the United States?

[ ]  Yes

[ ]  No **-> significant risk; consult with OSCIO before proceeding to complete Section B workbook if checked**

[ ]  Not known **-> significant risk; consult with OSCIO before proceeding and complete Section B workbook if checked**

## Agency conclusion:

[ ]  Low Risk: check only if no “significant risk” box above is checked.

[ ]  Significant Risk: check if any one or more “significant risk” boxes above are checked.

### Approving Business Owner signature

First name Last name Title Click here to enter a date

 *Signature*

### Approving Technology Manager signature

First name Last name Title Click here to enter a date

 *Signature*

### ESO signature

First name Last name Title Click here to enter a date

 *Signature*

# Section B Sub-Section 1: Requirements

*Required when Section A identifies significant risk.*

Agency/division: Enter agency name and division

IT Service/Product name: Enter service or product name

Agency contact name, email address, and phone number:

First name Last name

Email address Phone number

ESO contact name, email address, and phone number:

First name Last name

Email address Phone number

B1-1: What controls does the agency expect the cloud and hosted services vendor to have in place to protect state data against unauthorized access ("confidentiality"), loss ("availability"), and corruption ("integrity")? In addition, the vendor must agree to comply with State standards, rules, laws, and policies, as they are updated from time to time. The current state standards are available at: <https://www.oregon.gov/das/OSCIO/Pages/Security.aspx>

Click here to enter text.

B1-2: What are your business requirements for availability? This answer should represent the tolerance of supported business processes to planned and unplanned outages. Note acceptable downtime, planned and unplanned, during regular business hours and off hours.

Click here to enter text.

B1-3: Document minimum requirements that the vendor must meet in order to comply with agency incident management needs, including the statewide security incident response policy and plan. State security incident response standards are available at: <https://www.oregon.gov/das/OSCIO/Pages/SecurityResponse.aspx>

Click here to enter text.

B1-4: Document agency requirements to maintain ownership of data to include retention, destruction requirements as needed and restrict usage by the vendor. Be sure to address metadata and derived data.

Click here to enter text.

B1-5: How will the agency document and verify (audit) that the vendor has appropriate controls in place to deliver on the confidentiality, availability, and integrity commitments documented in this worksheet and the Service Contract? Vendors must typically agree to carry out regular third-party audits with specified scope and standards, and must agree to promptly provide such audit results to the agency.

Click here to enter text.

### Approving Business Owner signature

First name Last name Title Click here to enter a date

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### Approving Technology Manager signature

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 *Signature*

### ESO signature

First name Last name Title Click here to enter a date

 *Signature*

# Section B Sub-Section 2: Contract and related planning

*Required when Section A identifies significant risk.*

Agency/division: Enter agency name and division

IT Service/Product name: Enter service or product name

Agency contact name, email address, and phone number:

First name Last name

Email address Phone number

ESO contact name, email address, and phone number:

First name Last name

Email address Phone number

 B2-1: Document how the Service Contract ensures appropriate protection of the data against unauthorized access ("confidentiality"), loss ("availability"), and corruption ("integrity").

Click here to enter text.

B2-2: Document how the Service Contract requires the vendor to maintain disaster recovery systems and processes sufficient to protect agency interests.

Click here to enter text.

B2-3: Does the agency have strategies for both planned and unplanned exit from the Cloud or Hosted Service? Briefly describe them. Consider plans for data transfer at exit. Document how the Service Contract supports the agency's exit strategy, including how it codifies vendor and agency responsibilities during exit planning and during planned or unplanned exit.

Click here to enter text.

B2-4: Document how the Service Contract binds the vendor to deliver required service levels.

Click here to enter text.

B2-5: Document how the IT incident, security incident and change management processes and the responsibilities of each party are spelled out in the Service Contract.

Click here to enter text.

B2-6: Document how the Service Contract defines data ownership and rights for the vendor and the agency. Be sure to address metadata.

Click here to enter text.

B2-7: Document how the Service Contract captures appropriate retention and destruction commitments from the vendor, including (as necessary) a commitment to certify destruction meeting specified standards.

Click here to enter text.

B2-8: Document how the Service Contract requires the vendor to perform, cause to be performed by a third party, and/or cooperate with audits. Document what audit results must be provided to the agency. Note what standards of audits apply (for example, SOC 2 Type 2), how frequently audits must be performed, whether the state will obtain complete findings, and how promptly results must be shared with the state.

Click here to enter text.

### Approving Business Owner signature

First name Last name Title Click here to enter a date

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### Approving Technology Manager signature

First name Last name Title Click here to enter a date

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### ESO signature

First name Last name Title Click here to enter a date

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# Section C: (Renewal/Reuse)

*Required only for renewals of previously-approved Cloud or Hosted Services*

Agency/division: Enter agency name and division

IT Service/Product name: Enter service or product name

Agency contact name, email address, and phone number:

First name Last name

Email address Phone number

ESO contact name, email address, and phone number:

First name Last name

Email address Phone number

 C1: Have any elements addressed in the Risk Factor Determination section of this Workbook (also known as Section A of the Workbook) changed in such a way that the risk has changed from Low to Significant?

[ ]  No, risk has not changed.

[ ]  Yes, risk has changed from Low to Significant. **-> If checked, update impacted answers in Section A and Section B of the workbook and submit to OSCIO for approval.**

C2: Have Agency security, incident response, or other nonfunctional requirements addressed in Section 2 changed substantively since the last approval?

[ ]  No, agency requirements have not changed substantively.

[ ]  Yes, agency requirements have changed substantively. **-> If checked, update impacted answers in Section B of the workbook and submit to OSCIO for approval.**

C3: Have State or other applicable security, incident response, or other policies or requirements addressed in Section 2 changed substantively since the last approval?

[ ]  No, neither state nor other applicable requirements have changed substantively.

[ ]  Yes, state and/or other applicable requirements have changed substantively. **-> If checked, update impacted answers in Section B of the workbook and submit to OSCIO for approval.**

C4: Are there any OSCIO-supplied conditions related to this Service for which OSCIO has not acknowledged agency compliance? Such conditions are typically included in an approval memo.

[ ]  No, there are no outstanding conditions; OSCIO has acknowledged compliance with any related conditions.

[ ]  Yes, there are outstanding conditions. **-> If checked, seek approval from OSCIO before continuing.**

### Approving Business Owner signature

First name Last name Title Click here to enter a date

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### Approving Technology Manager signature

First name Last name Title Click here to enter a date

 *Signature*

### ESO signature

First name Last name Title Click here to enter a date

 *Signature*