



Stage 3 Solution Development, Part B

California Department of Technology, SIMM 19C.4 (Rev. 2.5, July/2021)

3.13 General Information

Agency or State Entity Name: **State Controller**

If agency/entity not in list, enter here. [Click or tap here to enter text.](#)

Organization Code: 0840

Proposal Name: [California State Payroll System \(CSPS\)](#)

Department of Technology Project Number (0000-000): 0840-086

3.14 Part B Submittal Information

Part B Contact Information

Contact First Name: [Chris](#)

Contact Last Name: [Maio](#)

Contact Email: CMaio@sco.ca.gov

Contact Phone Number: [916-201-5159](#)

Part B Submission Date: [2/25/2022](#)

Part B Submission Type: New Submission

If "Withdraw" is specified, select reason: [Choose an item.](#)

If "Other," specify reason: [Click or tap here to enter text.](#)

Part B Sections Updated (For updated submissions only; list all that apply):

[Click or tap here to enter text.](#)

Part B Summary of Changes (Provide a concise summary of changes made):

[Click or tap here to enter text.](#)

Part B Project Approval Executive Transmittal

(Attach Transmittal to the email submission.)

Condition(s) from Previous Stage(s)

Condition #: [Click or tap here to enter text.](#)

Condition Category: [Choose an item.](#)

If "Other," specify: [Click or tap here to enter text.](#)

Condition Sub-Category: [Choose an item.](#)

If "Other," specify: [Click or tap here to enter text.](#)

Condition Description: [Click or tap here to enter text.](#)

Assessment: [Choose an item.](#)

If "Other," specify: [Click or tap here to enter text.](#)

Agency/State Entity Response: [Click or tap here to enter text.](#)

Status: [Choose an item.](#)

If "Other" is specified: [Click or tap here to enter text.](#)

Department of General Services (DGS) Delegated Purchasing Authority

Is the solicitation over or under the agency/state entity's DGS Delegated Purchasing Authority? (Select "Over" or "Under". If no procurement is planned, select "No Procurement.") Over

3.15 Solicitation Package and Evaluation Readiness (Primary solicitation only)

1. Select "Complete" for all sections of the SIMM Section 195 Statewide Technology Procurement (STP) Solicitation Template that are completed and reviewed for quality assurance in Part 1 and Part 2 below; otherwise, select "Not Complete."

Part 1:

1. Introduction: Complete
2. Bidding Instructions: Complete
3. Administrative Requirements: Complete
4. Bid Requirements: Complete
5. Cost: Complete
6. Proposal/Bid Format and Submission Requirements: Complete
7. Evaluation: Complete
8. Informational Attachments: Complete

Part 2:

9. Appendix A, Statement of Work: Complete
 10. STD 213, Standard Agreement: Complete
 11. Bidder Qualifications Forms: Complete
 12. Bidder Reference Forms: Complete
 13. Staff Qualifications Forms: Complete
 14. Staff Reference Forms: Complete
 15. Cost Worksheets: Complete
 16. Bidder's Library: Complete
 17. Functional/Non-functional Requirements: Complete
2. Describe the breakdown of the total evaluation score to be awarded (point/score) and describe how the score will be allotted, below.

Scoring and Point Distribution

Evaluation Area: [Click or tap here to enter text.](#)

Maximum Possible Score: [Click or tap here to enter text.](#)

Total Points Possible: [Click or tap here to enter text.](#)

Phase 1 Evaluation Area	Maximum Points
Administrative Requirements	Pass/Fail
Bidder Qualification Form(s)	440
Customer Reference Form(s)	150
POC Narrative Response	600
Total Points	1,190

Phase 2 Evaluation Areas	Maximum Points
Phase 1 Points	1,190
Administrative Requirements	Pass/Fail
Requirement Fit/Gap Analysis	5,088
Phase 2 Narrative Response	5,800
Implementation Schedule	2,250
Key Staff Qualifications	4,595
Key Staff References	2,160
POC Evaluation	8,750
Cost	12,786
Total Points	42,619
+ Socioeconomic Program Preference Points	6,393
Maximum Total Score with Preference Points Applied	49,011

Evaluation Readiness Checklist

3. Is the Bidder's Library complete and ready for vendor access? [Yes](#)
4. Does the agency/state entity anticipate that any confidential information will be posted in the Bidder's Library? [No](#)
5. Has the agency/state entity tested and validated the evaluation methodology, points, and/or approach? [Yes](#)
6. Has the agency/state entity completed development of the bidder and key staff qualifications and the bidder and key staff references? [Yes](#)
 If "Yes," select the approach that will be used to validate the references submitted:
 Written (e.g., email)
7. Are all key stakeholders (executive sponsors, business and IT project team, and procurement team) knowledgeable and committed to the evaluation methodology for the solicitation? [Yes](#)

8. Will the agency/state entity require the bidder to demonstrate any solution requirements? [Yes](#)

If “Yes,” attach the demonstration script to your email submission.

See Solicitation Package: Attachment 27 POC SOW Exhibit 1 POC Scenarios

9. Have changes been made to the solicitation package (e.g., solution requirements, cost worksheets, evaluation methodology, terms, SOW) as a result of the Statewide Technology Procurement (STP) Pre-Solicitation process? [No](#)

If “Yes,” explain changes: [Click or tap here to enter text.](#)

3.16 Public Contract Code (PCC) 6611 Readiness

1. Has the agency/state entity received approval from Department of General Services (DGS) or the Department of Technology to utilize PCC 6611? [Yes](#)

If “Yes,” attach a preliminary draft of the negotiation plan and the approved GSPD 13-003 form to your email submission.

See attached STP E-mail regarding the PCC 6611 approval and DRAFT CSPS Negotiation Plan

3.17 Protest Processes

1. Select the protest process being utilized for the primary solicitation: Traditional Protest

If “Alternative Protest Process” is selected, attach file to the email submission.

If the protest process is “Not applicable” for the solicitation, explain:
[Click or tap here to enter text.](#)

3.18 Project Management Planning

Are the following project management plans or project artifacts complete, approved by the designated agency/state entity authority, and available for Department of Technology review? Select “Yes,” “No,” or “Not applicable.”

Project Management Plan: [Yes](#)

If “No”, provide the status: [Choose an item.](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Change Control Management Plan:[Yes](#)

If “No”, provide the status: [Choose an item.](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Configuration Management Plan:[No](#)

If “No”, provide the status: [Not Started Yet](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Data Management Plan:[No](#)

If “No”, provide the status: [Not Started Yet](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Maintenance and Operations Plan:[No](#)

If “No”, provide the status:[Not Started Yet](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Procurement Management Plan:[Yes](#)

If “No”, provide the status: [Choose an item.](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Contract Management Plan:[Yes](#)

If “No”, provide the status: [Choose an item.](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Quality Management Plan:[Yes](#)

If “No”, provide the status: [Choose an item.](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Testing Management Plan:[No](#)

If “No”, provide the status:[Not Started Yet](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Security Management Plan:[No](#)

If “No”, provide the status: [Not Started Yet](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Business Continuity Management Plan (Including Technology Recovery Plan): [No](#)

If “No”, provide the status: [Not Started Yet](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

Risk Management Plan: [Yes](#)

If “No”, provide the status: [Choose an item.](#)

If “Not applicable,” explain: [Click or tap here to enter text.](#)

(Resource Management) Project Management Plan: [Yes](#)

If “No”, provide the status: [Choose an item.](#)

If “Yes,” describe: [Click or tap here to enter text.](#)

3.19 Staffing Allocation

Project Team Role: [Other](#)

If “Other,” specify: [SCO Project Director](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only): [Career Executive Assignment \(CEA\)](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source: [New](#)

Tenure/Time Base: [Permanent](#)

Project Team Role: [Other](#)

If “Other,” specify: [CalHR Project Director](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only): [Career Executive Assignment \(CEA\)](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source: [New](#)

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: CalHR Assistant Project Manager

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):IT Manager I

If "Other," specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: CalHR Program Analyst

Quantity: 4

Level of Participation (%): 100%

Classification (State Resources Only):Associate Governmental Program Analysis (AGPA)

If "Other," specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: CalHR Enterprise Architect

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):IT Specialist III

If "Other," specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: CalHR Business Analysts

Quantity: 2

Level of Participation (%): 100%

Classification (State Resources Only):IT Specialist I

If “Other,” specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If “Other,” specify: [CalHR Personnel Program Advisors](#)

Quantity: 3

Level of Participation (%): 100%

Classification (State Resources Only):IT Manager I

If “Other,” specify: [Personnel Program Advisors](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If “Other,” specify: [CalHR Staff Personnel Program Advisor](#)

Quantity: 2

Level of Participation (%): 100%

Classification (State Resources Only):Other

If “Other,” specify: [Staff Personnel Program Advisors](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If “Other,” specify: [CalHR OCM Manager](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):Staff Services Manager (SSM) II
(Supervisor)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [CalHR Functional Manager](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):[Staff Services Manager \(SSM\) II \(Supervisor\)](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Project Sponsor](#)

Quantity: 1

Level of Participation (%): 10%

Classification (State Resources Only):[Career Executive Assignment \(CEA\)](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[Redirected](#)

Tenure/Time Base:[Exempt](#)

Project Team Role:[Other](#)

If “Other,” specify: [IT Sponsor](#)

Quantity: 1

Level of Participation (%): 10%

Classification (State Resources Only):[Career Executive Assignment \(CEA\)](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[Redirected](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Functional Manager](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):IT Manager I

If "Other," specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: [Business Lead](#)

Quantity: 7

Level of Participation (%): 100%

Classification (State Resources Only):IT Specialist II

If "Other," specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: [Accounting Analyst](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):Other

If "Other," specify: [Accounting Administrator I](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: [Accounting Consultant](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):Other

If "Other," specify: [Financial Accountant I](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Accounting Consultant](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[Other](#)

If “Other,” specify: [Financial Accountant I](#)

Source:[New](#)

Tenure/Time Base:[Limited Term](#)

Project Team Role:[Business Analyst](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Quantity: [2](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[IT Specialist I](#)

If “Other,” specify:

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[SME](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Quantity: [3](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[Staff Services Manager \(SSM\) I](#)

If “Other,” specify:

Source:[Redirected](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[SME](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Quantity: 1

Level of Participation (%): 50%

Classification (State Resources Only):Associate Governmental Program Analysis (AGPA)

If “Other,” specify:

Source:Redirected

Tenure/Time Base:Permanent

Project Team Role:SME

If “Other,” specify: [Click or tap here to enter text.](#)

Quantity: 2

Level of Participation (%): 40%

Classification (State Resources Only):Career Executive Assignment (CEA)

If “Other,” specify:

Source:Redirected

Tenure/Time Base:Permanent

Project Team Role:Other

If “Other,” specify: [ADD Consultant](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):Staff Services Manager (SSM) I

If “Other,” specify:

Source:New

Tenure/Time Base:Permanent

Project Team Role:Contract Manager

If “Other,” specify: [Click or tap here to enter text.](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):IT Specialist III

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Contract Specialist](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):[IT Specialist II](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Limited Term](#)

Project Team Role:[Other](#)

If “Other,” specify: [Contract/Procurement Specialist](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):[IT Specialist II](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Contract Specialist](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):[Staff Services Manager \(SSM\) I](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Technical Lead](#)

Quantity: 5

Level of Participation (%): 100%

Classification (State Resources Only):IT Manager I

If "Other," specify:

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: Technical Specialist

Quantity: 14

Level of Participation (%): 100%

Classification (State Resources Only):IT Specialist II

If "Other," specify:

Source:New

Tenure/Time Base:Permanent

Project Team Role:Information Security Officer

If "Other," specify: Click or tap here to enter text.

Quantity: 1

Level of Participation (%): 10%

Classification (State Resources Only):Choose an item.

If "Other," specify: Click or tap here to enter text.

Source:New

Tenure/Time Base:Permanent

Project Team Role:Enterprise Architect

If "Other," specify: Click or tap here to enter text.

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):IT Specialist I

If "Other," specify:

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [ISD Consultant](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[IT Specialist I](#)

If “Other,” specify:

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Project Management Office Manager](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[IT Manager II](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Technical Data Analyst](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[IT Specialist II](#)

If “Other,” specify:

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Change Control Manager](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):IT Supervisor I

If "Other," specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: [Resource Manager](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):Associate Governmental Program Analysis (AGPA)

If "Other," specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: [Project Admin](#)

Quantity: 2

Level of Participation (%): 50%

Classification (State Resources Only):Staff Services Manager (SSM) I

If "Other," specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Limited Term

Project Team Role:Other

If "Other," specify: [Risk and Issue Manager](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):IT Supervisor II

If "Other," specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Quality Assurance Manager](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[IT Supervisor I](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Quality Assurance Analyst](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[IT Specialist I](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Project Scheduler](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[IT Supervisor II](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Project Communications Manager](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):Other

If "Other," specify: Information Officer II

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: IT Software Developer-Technical Admin

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):IT Specialist I

If "Other," specify: Click or tap here to enter text.

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: IT Software Developer-Technical Admin

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):IT Specialist II

If "Other," specify: Click or tap here to enter text.

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If "Other," specify: Project Fiscal Manager

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):Staff Services Manager (SSM) I

If "Other," specify: Click or tap here to enter text.

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Budget Manager](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[Staff Services Manager \(SSM\) I](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [OCM Manager](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[Staff Services Manager \(SSM\) III](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Communications Manager](#)

Quantity: [1](#)

Level of Participation (%): [100%](#)

Classification (State Resources Only):[Staff Services Manager \(SSM\) I](#)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:[New](#)

Tenure/Time Base:[Permanent](#)

Project Team Role:[Other](#)

If “Other,” specify: [Agency Change Experts](#)

Quantity: 8

Level of Participation (%): 100%

Classification (State Resources Only): Associate Governmental Program Analysis (AGPA)

If “Other,” specify: [Click or tap here to enter text.](#)

Source: New

Tenure/Time Base: Permanent

Project Team Role: Other

If “Other,” specify: [Training Manager](#)

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only): Staff Services Manager (SSM) I

If “Other,” specify: [Click or tap here to enter text.](#)

Source: New

Tenure/Time Base: Permanent

Project Team Role: Other

If “Other,” specify: [Trainers](#)

Quantity: 2

Level of Participation (%): 100%

Classification (State Resources Only): Associate Governmental Program Analysis (AGPA)

If “Other,” specify: [Click or tap here to enter text.](#)

Source: New

Tenure/Time Base: Permanent

Project Team Role: Other

If “Other,” specify: [CCMU Analysts](#)

Quantity: 4

Level of Participation (%): 100%

Classification (State Resources Only):Associate Governmental Program Analysis (AGPA)

If “Other,” specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If “Other,” specify: CCMU Manager

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):Staff Services Manager (SSM) I

If “Other,” specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

Project Team Role:Other

If “Other,” specify: CCMU Technical Specialist

Quantity: 1

Level of Participation (%): 100%

Classification (State Resources Only):IT Specialist II

If “Other,” specify: [Click or tap here to enter text.](#)

Source:New

Tenure/Time Base:Permanent

NOTE: Reference SIMM19 Stage 3 Solution Development Preparation Instructions, Section 3.19 for details.

TIP: Copy and paste staffing allocation items to add Team Role or Classification (for different Time Base) as needed.

TIP: Review Stage 3 Part B with your Project Approval and Oversight Manager prior to formal submittal.

TIP: Review the Gate 3 Solution Development Evaluation Scorecard, Part B, to ensure a complete submission. [SIMM 19C.8 GATE 3 Evaluation Scorecard Part-B](#)

End of agency/state entity document.

When ready, submit Stage 3 Part B and all attachments in an email to ProjectOversight@state.ca.gov.

Department of Technology Use Only

Original "New Submission" Date: [2/25/2022](#)

Form Received Date: [2/25/2022](#)

Form Accepted Date: [2/25/2022](#)

Form Status: [Completed](#)

Form Status Date: [3/29/2022](#)

Form Disposition: [Approved with conditions](#)

If "Other," specify: [Click or tap here to enter text.](#)

Form Disposition Date: [3/29/2022](#)