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| State of Wisconsin  Department of Administration  Division of ENTERPRISE TECHNOLOGY  DOA-10817 (R0722) |  |  |

**AGENCY CLOUD SOLUTION INFORMATION**

**PURPOSE:** DOA has established the cloud brokerage process to conduct a comprehensive evaluation of security risks and compatibility for usage of the cloud solution. This form should be completed by the agency requesting the cloud solution. If more than one agency is seeking a cloud solution, this should be completed by a single agency on behalf of all agencies seeking the solution. This form provides valuable information about the steps taken by the agency to vet the solution prior to submission in the cloud brokerage process and allows DET to understand how the solution will integrate into the existing network.

**SCOPE:** This form should be completed and submitted prior to executing any written agreement to purchase, lease, or implement a cloud solution or purchasing or obligating funds to purchase a cloud solution. The cloud brokerage process is part of DOA’s statutory oversight responsibilities for State of Wisconsin executive branch agencies. This includes all State of Wisconsin executive branch agencies subject to DET oversight, which excludes the University of Wisconsin system (including campuses) and statutory authorities. This process does not include usage of publicly-available websites, subscription-based websites, or public APIs that return public data as defined in the DET Data Classification Standard that fall outside the NIST definition below.

**DEFINITIONS:** Technical terms in this form are from the FEDRamp [Master Acronym and Glossary Document](https://www.fedramp.gov/assets/resources/documents/FedRAMP_Master_Acronym_and_Glossary.pdf) unless otherwise noted. Definitions for the terms “cloud computing,” “IaaS,” “PaaS,” and “SaaS” are from [NIST Special Publication 800-145](https://nvlpubs.nist.gov/nistpubs/Legacy/SP/nistspecialpublication800-145.pdf). Approval of IaaS and PaaS cloud solutions will be conducted on a case-by-case basis where the agency can justify not using DET services.

**DOCUMENTS:** The agency must attach all relevant contracts, addenda, service level agreements, support agreements, and other documentation related to purchasing, implementation, operation, and maintenance of the cloud solution. This includes executed documents or the most recent draft available at the time of submission.

**GENERAL SECTION**

1. List the name of the agency seeking the cloud solution and an agency point of contact, including name, work phone number, and work e-mail address. If more than one agency is seeking the cloud solution and all participating agencies have an identical use case, an agency point of contact, contact work phone number, and contact e-mail address should be provided for each agency.

Click or tap here to enter text.

1. Provide the following information for the cloud solution:
   1. Vendor name: Click or tap here to enter text.
   2. Product name: Click or tap here to enter text.

Items c. and d. should only be completed if a party other than the vendor in item a. is providing infrastructure services.

* 1. Infrastructure vendor name: Click or tap here to enter text.
  2. Infrastructure product name: Click or tap here to enter text.

1. Select the deployment model for the cloud solution:

Choose an item.

If other is selected, please explain:

Click or tap here to enter text.

1. Provide a detailed business use case for the cloud solution. This must include the purpose, functions, budget, regulatory requirements, and the future road map.
   1. “Business purpose” is defined as the rationale for purchasing the cloud solution, including the problem that the cloud solution will solve.
   2. “Function” is defined as the specific features within the cloud solution that will enable the cloud solution to fulfill the business purpose.

Click or tap here to enter text.

1. Does this Cloud Service or Solution compete with an existing DET service offering?

Yes

No

If yes is selected, please explain:

Click or tap here to enter text.

1. To the best of our agency’s knowledge, the vendor can meet all functional and business requirements, including federal and state laws, DET policies, standards, and procedures, and other applicable regulations.

Yes

No

If no is selected, please explain:

Click or tap here to enter text.

1. The vendor and agency have developed a cloud exit strategy to export all agency data that will be processed, transmitted, or stored by this cloud solution. This strategy must comply with DET security policies, contractual requirements, and statutory requirements, including the State Public Records law and State [record disposition authorizations](https://publicrecordsboard.wi.gov/Pages/home.aspx).

Yes

No

If no is selected, please explain:

Click or tap here to enter text.

1. The vendor and agency have agreed on data retention procedures for agency data that ensures retention in accordance with federal and state laws or regulations, including the State public records law and State [record disposition authorizations.](https://publicrecordsboard.wi.gov/Pages/home.aspx)

Yes

No

If no is selected, please explain:

Click or tap here to enter text.

1. The vendor and agency have agreed upon agency disaster recovery procedures if the cloud solution is not available, including processes to bring up the cloud solution and restore connectivity.

Yes

No

If no is selected, please explain:

Click or tap here to enter text.

1. Do you need assistance from DET to implement, use, or maintain this cloud solution?

Yes

No

Unknown

If yes or unknown is selected, please explain:

Click or tap here to enter text.

**TECHNICAL ARCHITECTURE SECTION**

Please note: The Cloud Brokerage Review is a review of the vendor’s security posture and overall product architecture. The CBR is not an approval for implementation of integration to the Enterprise. If integration is needed for your cloud solution, please open an SR with DET Security Operations for review and approval of your proposed integration. Your responses to Questions 11-14 below should be included in the integration SR.

1. Will this cloud solution need to integrate with any on-premises (private cloud) State of Wisconsin technology assets (e.g., servers, storage, databases, applications)?

Yes

No

If yes is selected, please provide a private cloud integration plan to define and document all integration points with each on-premises technology asset. This plan may be submitted as a separate document or included here:

Click or tap here to enter text.

1. Will this cloud solution need to integrate with any other public cloud solution? (e.g., Office 365, Salesforce, Dropbox, DocuSign, Azure DevOps, AWS, Google Cloud)

Yes

No

If yes is selected, please provide a public cloud integration plan to define and document all integration points with each public cloud solution that will integrate with this cloud solution. This plan may be submitted as a separate document or included here:

Click or tap here to enter text.

1. Which authentication mechanisms, identity stores, and user types will be used for this cloud solution? Please include any State-provided identity stores (e.g. Internal AD Domain, External AD Domain, WAMS, Okta) or provider-specific accounts:

Click or tap here to enter text.

If an internal AD domain other than the ACCOUNTS domain will be used, please provide justification here:

Click or tap here to enter text.

**SECURITY SECTION**

1. Using the DET [Data Classification Standard,](https://det.wi.gov/Documents/191_Data_Classification_Standard.pdf) determine the highest classification level of information that can be processed, transmitted, or stored in the cloud solution in compliance with federal and state data protection requirements. To make this determination, the agency should work with the vendor that will be providing the cloud solution.

Choose an item.

1. Mark all protected data types that will be processed, transmitted, or stored in the cloud solution:

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| --- | --- |
| Attorney-Client Privileged Information  Child Critical Incident Information  Children’s Online Privacy Protection Act Information  Controlled Unclassified Information  Covered Financial Information  Crime Victim Information  Criminal Justice Information  Cybersecurity Information  Driver’s Privacy Protection Act Information  EU Residents’ Personal Data  Export Controlled Information  Federal Educational Rights and Privacy Act Information | Federal Information Security Management Act Information  Federal Tax Information  Interpreter Privileged Information  Juvenile Records  Law Enforcement Records  Payment Card Industry Information  Personally Identifiable Information  Plans or Specifications for State Buildings  Protected Health Information  Social Security Administration Information  State Employee Personnel Records  Trade Secrets |

Other Protected Data – please provide additional data types:

Click or tap here to enter text.

Explain how the agency and vendor will comply with all relevant statutory data protection requirements:

Click or tap here to enter text.

**SIGNATURE STATEMENT**

I attest that the information in this questionnaire and any attached documents is complete and accurate to the best of my knowledge and that I am authorized to sign this document on behalf of the agency seeking cloud services. If I subsequently identify any inaccurate or incomplete information, I will immediately contact the Division of Enterprise Technology at [DOADETCloudBrokerage@wisconsin.gov](mailto:DOADETCloudBrokerage@wisconsin.gov).

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Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Agency: Click or tap here to enter text.

Direct Phone Number: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

**FOR DET USE ONLY**

**COMPLETED BY DET TECHNICAL ARCHITECTURE**

**RECOMMENDATION:  APPROVED  APPROVED WITH CONDITIONS  NOT RECOMMENDED  NOT APPROVED**

**COMPLETED BY:**

**NAME:** Click or tap here to enter text.

**POSITION:** Click or tap here to enter text.

**COMMENTS:** Click or tap here to enter text.

**COMPLETED BY DET SECURITY OPERATIONS**

**RECOMMENDATION:  APPROVED  APPROVED WITH CONDITIONS  NOT RECOMMENDED  NOT APPROVED**

**COMPLETED BY:**

**NAME:** Click or tap here to enter text.

**POSITION:** Click or tap here to enter text.

**COMMENTS:** Click or tap here to enter text.