# TX-RAMP Evaluation Request

Contractors who maintain a current TX-RAMP Provisional Certification and would like to apply that certification toward current TxDOT contracts or active procurements must complete a TX-RAMP Evaluation Package. The following items are needed to be included with the package:

* TX-RAMP Evaluation Request
  + TxDOT-accepted attestations (if held)
  + Section II, Provisional Evaluation Details
  + Section III, Contractor Signature
* TxDOT Security Control Questionnaire (TSQ)
* TX-RAMP Evaluation Control Attestation

When complete, please submit the package to the appropriate TxDOT contact administrator [TxDOT Vendor Management or Procurement point of contact (POC)] to be reviewed and coordinated with the TxDOT Information Security Office.

***Instructions***: This section is for TxDOT use only.

**Section I: Contract Details**

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| **TxDOT Vendor Management or Procurement POC.** *Provide the name of the TxDOT POCs involved with the solicitation or contract applicable to this request.* |
| Click or tap here to enter text. |
| **Solicitation/Contract Name/Title.** *Provide the name or title of the solicitation or contract applicable to this request.* |
| Click or tap here to enter text. |
| **TxDOT ITDCR Number.** *Provide the TxDOT ITD Contract Review Number.* |
| Click or tap here to enter text. |
| **Contractual Services Status with TxDOT.** *Select one:* |
| Currently provides contractual services to TxDOT  Plans to provide contractual services to TxDOT |
| **Information Owner.** *List the name of the TxDOT Information owner, if known* |
| Click or tap here to enter text. |
| **Impacted Systems.** *If known, provide the name of the impacted systems.* |
| Click or tap here to enter text. |
| **Comments and References.** *As needed, provide additional notes.* |
| Click or tap here to enter text. |

***Instructions:*** The following sections are for Contractor use only.

**Section II:** **Provisional Evaluation Details**

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| **Contractor Name.** *Provide the name of the contractor requesting TX-RAMP Evaluation.* |
| Click or tap here to enter text. |
| **Cloud Solution/Provider Name.** *Provide the name of the cloud solution or provider requesting TX-RAMP evaluation.* |
| Click or tap here to enter text. |
| **Solution Description.** *Describe the solution being requested for TX-RAMP Evaluation. Include overview of the system, cloud deployment model, functions regarding TxDOT data, and benefits to TxDOT that this solution provides.* |
| Click or tap here to enter text. |
| **Solicitation/Contract Name/Title.** *Provide the name or title of the solicitation or contract applicable to this request.* |
| Click or tap here to enter text. |
| **TX-RAMP Level Required.** *Select the required TX-RAMP level necessary for the classification of data and risk profile of involved systems handling TxDOT data.* |
| TX-RAMP Level 1  TX-RAMP Level 2 |
| **Current TX-RAMP Provisional Certification Number.** *Provide the TX-RAMP Certification ID Number as provided by DIR.* |
| Click or tap here to enter text. |
| **Acceptable Attestations/Certifications.** *List and provide any acceptable attestations or certifications. Include the document(s) in a package as attachments or provide URL(s) and procedures for gaining access to the documentation.* |
| Federal Risk and Authorization Management Program (FedRAMP)  State Risk and Authorization Management Program (StateRAMP)  Statement on Standards for Attestation Engagements no.18 (SSAE18) Service Organization Control 2 (SOC 2 type II)  Cloud Security Alliance (CSA) Security, Trust, Assurance and Risk (STAR) Level 2 |
| **Comments and References.** *As needed, provide additional notes* |
| Click or tap here to enter text. |

**Section III: Contractor Signature.** *Provide the contact information and signature of the Contractor Authorizing Requestor.*

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| **Name** | Click or tap here to enter text. |
| **Title** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Phone Number** | Click or tap here to enter text. |

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| **Signature (digital signature preferred)** | **Date** |
|  | Click or tap here to enter text. |