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| **Cloud Implementation Review (C-IR) System Architecture Review (SAR) Submission** |
| * Agency: Please complete and return this form to SAR@tech.nj.gov, at a minimum, 14 days prior to production deployment.
* If a Cloud-LSAR was held, please update both documents below and include them as attachments with your C-IR submission:
	+ RECAP notes spreadsheet, ensuring all action items are closed (C-IR cannot close if there are open action items)
	+ C-LSAR document, revised, as necessary, to show any changes to the design since the C-LSAR review
* We will respond to your request regarding next steps as soon as your request has been reviewed.
* If you have any questions, we are here to help, please contact: SAR@tech.nj.gov
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| **Contact Information** |
| **Agency** | *<Agency Name>* | **Date of Request** | *<MM/DD/YYYY>* |
| **Agency CIO** | *<Agency CIO Name>* |  |  |
| **Agency CISO** | <*Agency Chief Information Security Officer Name*> |  |  |
| **Agency Point of Contact** | *<Name/E-Mail/Phone>* |  |  |
| **Vendor Point of Contact** | *<Name/E-Mail/Phone or N/A>>* |  |  |
| **Project Information** |
| **Project Name** | *<Name as indicated on Tactical Plan>* | **Tactical Plan #** | *<999x999999>* |
| **Project Description** | Describe the general purpose and scope of the project:       |
| 1. Describe what has happened since the C-LSAR review meeting:       |
| 2. Status of Action Items from the C-LSAR review (Please update the action items in the project’s RECAP Excel spreadsheet and attach or note updates here):       |
| 3. What is the estimated production date? *<MM/DD/YYYY>* |
| 4. Have there been any significant changes to the scope of the project? **[ ]**  NO **[ ]**  YES If YES**,** explain:       |
| 5. Have any new significant risks been identified that may hinder the successful completion of this project? **[ ]**  NO **[ ]**  YES If YES**,** explain:       |
| **Change Management for Deployments to the New Jersey Shared Infrastructure (NJSITI)** |
| 6. Indicate the change records entered for this deployment (e.g. production integration to myNJ portal, ePayment services, etc.):

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| Change Record Number: | Date Change Record Submitted: | Date Requested to Go “Live” | Reason/Description (e.g. myNJ Portal integration) |
| *Enter CR #* | *MM/DD/YYYY* | *MM/DD/YYYY* | *Enter reason/description here…* |
| *Enter CR #* | *MM/DD/YYYY* | *MM/DD/YYYY* | *Enter reason/description here…* |
| *Enter CR #* | *MM/DD/YYYY* | *MM/DD/YYYY* | *Enter reason/description here…* |
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| **System Information** |
| 7. List all of the cloud providers and services that will be used for this solution:     *NOTE: Include Cloud hosting service, hosting instance, as well as inter-cloud or any identified middleware components or APIs incorporated into the solution/system (e.g. “AWS GovCloud hosted cloud provider that employs Oracle cloud services for authentication, access and data transfer”).* |
| 8. Select the shared NJ Enterprise Services that will be used by this solution:[ ]  Active Directory [ ]  e-Payment [ ]  Enterprise File Transfer [ ]  Data Warehousing [ ]  myNJ Portal [ ]  Web Services [ ]  Web Service Security [ ]  Geographic Info Systems (GIS) |
| 9. Has the client’s final infrastructure design been reviewed by NJOIT Network Infrastructure staff?**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:       |
| 10. If data transfer capability was required for the application, has it been completed (i.e. ready for production)?**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:       |
| 11. Has data backup been addressed, including file storage location provisioning, per the Agency’s business needs?**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:      *NOTE: all cloud providers are contractually obligated to provide all externally hosted state data to be transmitted back to the sponsoring agency in a usable format based on the pre-determined frequency that satisfies the business operational objectives.* |
| 12. Has the application been fully instrumented using service level monitoring tools?**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:      By:**[ ]**  VENDOR **[ ]**  OIT **[ ]**  OTHER If OTHER, explain:       |
| 13. Has application testing been completed, as required (e.g. application, stress, UAT, etc.)?**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:       |
| 14. Has the criteria that determines the successfulness of the project implementation been established?**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:       |
| **Authentication & User Access and System Access** |
| 15. If this application uses:* myNewJersey portal, have you verified/tested the setup of identity and access management?

**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:      * Active Directory, have you verified/tested the setup of identity and access management?

**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:       |
| 16. If this application uses State of NJ web services via the State of NJ web service security infrastructure platform, have you verified/tested those services?**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:       |
| 17. Who will be using this application?[ ]  Public [ ]  NJ State Employees [ ]  Other, describe:       |
| 18. Denote the physical location(s) from where the application will be accessed: [ ]  HUB [ ]  HAMILTON [ ]  GSN[ ]  Internet to Internet (e.g. accessed from client’s home) [ ]  Other, describe:       |
| 19. If new firewall rules were needed, have they been tested and implemented in production?**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:        |
| 20. If a new extranet was needed, has it been tested and implemented in production?**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:        |
| 21. The NJ SISM states that all publicly-facing websites shall be protected by web application firewalls (WAFs) that inspect all traffic flowing to the website for common web application attacks.  Has the application been protected by:**[ ]**  Imperva **[ ]**  Other If Other**,** explain:       *NOTE: OIT currently uses Imperva for the GSN’s standard WAF services. Agencies may use Imperva at no cost. Other WAF services may be used in place of Imperva if they meet OHSP’s standards. Please contact* *njccic-secops@cyber.nj.gov* *for more information.* |
| **Bandwidth Usage / Business Transaction Volume** |
| 22. Have bandwidth (traffic) requirements changed since the C-LSAR? **[ ]**  NO **[ ]**  YES If YES**,** explain:      *NOTE: Please attach details concerning bandwidth (traffic) needs if they have not already been provided to OIT Network. Agencies are responsible for transportation costs to/from the cloud (OIT chargeback algorithm).* |
| 23. Has a Pilot Test been performed to verify that the Network Bandwidth usage for your solution falls within acceptable ranges for the capacity of your existing internet connection PRIOR to production deployment?**[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:       |
| **Security** |
| 24. Does the project have any outstanding security risks and require an exception request?**[ ]**  NO **[ ]**  YES If YES**,** explain:       *NOTE: For exception form:* [*https://www.cyber.nj.gov/learn/business-government-resources/*](https://www.cyber.nj.gov/learn/business-government-resources/%20)  |
| 25. Please confirm that your Information Security Officer reviewed this project to ensure compliance with the [Statewide Information Security Manual (SISM)](https://www.nj.gov/it/docs/ps/NJ_Statewide_Information_Security_Manual.pdf). *NOTE: For required signoff form:* [*https://www.tech.nj.gov/it/whatwedo/sar/*](https://www.tech.nj.gov/it/whatwedo/sar/%20)  |
| 26. Security monitoring in the cloud must be integrated with existing Agency and/or NJCCIC security monitoring tools (e.g. API feeds to Agency or enterprise Security Information and Event Management (SIEM)). Has security monitoring for this solution been addressed?**[ ]**  YES **[ ]**  NO If NO**,** explain:       |
| **Help Desk/Operational Support** |
| 27. All applications requiring OIT monitoring require an OIT Playbook. If no OIT monitoring is required, an Application Profile is needed. Has the OIT Application Playbook or Application Profile, as applicable, been submitted? [ ]  YES [ ]  NO If NO**,** explain:       Contact the OIT Service Level Management Group at: OIT-SAR-Review-ServiceLevelMgmt@tech.nj.govfor assistance with the development of the Application Playbook. If no OIT monitoring is required, an Application Profile providing system description, vendor contact information and application URL must be submitted to the Enterprise Service Desk (ESD) at oit-esd@tech.nj.gov. |
| 28. If Enterprise Service Desk (ESD) Help Desk support will be provided for this application, has all operational support documentation and the documentation location been provided? **[ ]**  YES **[ ]**  NO **[ ]**  N/A If NO or N/A, explain:      Enterprise Service Desk (ESD) can be contacted at oit-esd@tech.nj.gov. |
| **Disaster Recovery** **NOTE:** For Cloud hosted solutions that do **not** interface with components currently within the NJ Shared IT Infrastructure (NJSITI), it is recommended that you obtain a copy of your vendor’s Disaster Recovery Solution and contact OIT-DR@tech.nj.gov to review and ensure that the solution meets your needs and is in accordance with FEMA/NIST standards. |
| 29. Does this Cloud hosted solution interface with the NJ Shared IT Infrastructure (NJSITI)? [ ]  YES [ ]  NOIf YES, is the Availability Essential or Critical? [ ]  YES [ ]  NOIf YES, a Business Impact Assessment (BIA) is required. BIA template can be found at: [*https://www.tech.nj.gov/it/whatwedo/sar/*](https://www.tech.nj.gov/it/whatwedo/sar/%20) - Submit completed BIA to: OIT-DR@tech.nj.gov *NOTE: It is* ***recommended*** *you**contact* *OIT-DR@tech.nj.gov* *to discuss your Disaster Recovery requirements and build a recovery plan for your system/application. Submission of the BIA does* ***NOT*** *ensure system recovery.* |
| 30. Include the final Disaster Recovery Solution (document and/or diagram) for this project here. |

# Insert your Disaster Recovery Solution diagram below by going to the Insert tab then Picture to get the diagram from your document folder.

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| **Validated Design/Infrastructure Diagram (Mandatory)** |
| 31. Include the final Validated Design diagram (physical infrastructure) for this project here. The diagram should document all system components, indicating physical elements that currently exist and those proposed for implementation, including URLs, server names, database hostnames, schema/instance names, etc. The diagram should also depict any data that is shared between the cloud provider and the State, showing the direction(s) that the data travels (to and from the cloud provider and the State) and method of transport. It’s important to include diagrams for each environment, as applicable (such as: integration test, system test, production). |
| Insert your final Validated Design diagram below by going to the Insert tab then Picture to get the diagram from your document folder. (Microsoft Visio Diagram is preferred)      |

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| **Acknowledgement of Risk Acceptance** |
| Understanding the relationships and interdependencies between the different cloud computing deployment models and service models is critical to understanding the operational and security risks involved in cloud computing. The differences in methods and responsibilities for securing different combinations of service and deployment models present a significant challenge for cloud Consumers.For non NJOIT Enterprise Public Cloud services:Please be aware that not all services currently provided by OIT will necessarily be duplicated by the cloud service provider once the solution is implemented.As a consumer of a cloud-based service, it is important for you to ensure that your cloud Provider is compliant with State security and operational guidelines before requesting SAR review.The Agency should obtain and review the vendor’s System Security and Privacy Plan that outlines the effective controls that either meet or exceed the baseline requirements listed in the **Statewide Information Security Manual (SISM)**. https://www.cyber.nj.gov/NJ-Statewide-Information-Security-Manual.pdf**Has your Agency's CISO/CIO approved the vendor’s (or NJOIT’s Enterprise Public Cloud) solution?     [ ]  Yes [ ]  No** |
| **Additional considerations as you prepare for this new solution** |
| Follow the **Records Retention** policy as determined by the Division of Revenue and Enterprise Services (DORES).Have you incorporated the RMS Records Management Service Levels for Cloud Facilities, into this Cloud-based solution? The Service Levels can be found at <https://www.state.nj.us/treasury/revenue/rms/rms-cloud.shtml> **[ ]  YES [ ]  NO**If **NO** or for additional information, or for assistance with developing a records management plan, contact the DORES’ Records Management Services Unit at DorInfo@treas.nj.gov.  |
| **Document Submission and Next Steps** |
| The Agency should submit this completed C-IR document and all applicable supporting documents, including the RECAP notes spreadsheet showing **all** action items closed, to SAR@tech.nj.gov to begin the C-IR review process. The C-IR submission should be sent for review, at a minimum, 14 days prior to the date the project is scheduled to be deployed to production.1. Once received, the System Architecture Review (SAR) team will review the C-IR submission for completeness and distribute the artifacts electronically for review.
2. The Agency will need to respond to questions/concerns raised during the eReview. All outstanding issues/concerns must be addressed in order to close the review.
3. Once all concerns are addressed the SAR process is complete and documents will be posted to OP-12 for future reference.
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| **Please do not write below this line. For OIT Use Only.** |
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| **Document Initial Receipt and Review:** |
| **Received by**  | *Receiver Name* | **Date Received** | *MM/DD/YYYY* |
|  |  | **Date Reviewed** | *MM/DD/YYYY* |
| [ ]  | Proceed to eReview  |
| [ ]  | More information needed (return to submitter for resubmission with additional information or required documents) *Specific additional information being requested will be listed here…* |
|  |  |  |  |
| **C-IR Electronic Review notes:** |
| **eReview Facilitator**  | *Name* | **Review Start Date** | *MM/DD/YYYY* |
|  |  | **Review Close Date** | *MM/DD/YYYY* |
|  |  |  |  |
| [ ]  | eReview complete – no unresolved issues or concerns remain |
| [ ]  | Have any concerns or issues been raised that require postponing/canceling or otherwise not moving forward with this implementation? If so, please describe:  |