FedRAMP Package Access Request Form

For Review of FedRAMP Security Package

INSTRUCTIONS:

1. Please complete this form, then print and sign.
2. Distribute to your Government Supervisor for review and signature.
3. Please email your signed Request Form to info@fedramp.gov.

User Information

Date of Request:		Agency or Department:	
First Name:		Bureau:	
Last Name:		Office:	
E-Mail Address:			
Phone:			

Select one:	☐	Federal Employee
	☐	Federal Contractor – If yes, what organization?:

If you are a Federal contractor, please also review Attachment A: Federal Contractor Non Disclosure Agreement for FedRAMP, sign and attach to this request.

Requested Package

Name of Package Requested:

What is the Package ID (located on the CSP listing on FedRAMP.gov)?

Do you have a current contract with this CSP?

    Contract Number
    Name of CSP Contact:
    Phone:
    Email:

If you   #oh, access is granted for 30 days in order to properly ensure a high level of access contro   maintain proper security over the security authorization packages.

Access Authorization

All reviewers are required to use multi-factor authentication via PIV (Personal Identity Verification) card to obtain access to the FedRAMP secure repository on the OMB MAX system.

In order to gain access to the FedRAMP secure repository, the FedRAMP PMO requires approval from an Authorized FedRAMP Approver. This is your agency CISO or someone they have designated. If you are unsure of who your FedRAMP approver is, please email the FedRAMP PMO at info@FedRAMP.gov.

Authorized FedRAMP Approver #@\ )˚˚ :

First Name:		Title:	
Last Name:		Agency / Department:	
Phone:		Bureau:	
Email:		Office:	

Please check the reason as to why you want to review this security package.

Verification and Acceptance Statement for Package Reviewers

By completing and submitting this form you have confirmed and agree to the following:

- I agree to abide by all security policies, standards, and procedures of my respective agency. I also agree to abide by the General Rules of Behavior provided to me by the FedRAMP PMO. I understand that GSA may monitor and audit the usage of my account and that using the system constitutes consent to such monitoring and auditing. I agree to use FedRAMP packages only for authorized purposes related to official business.

- The undersigned Authorized FedRAMP Approver and user are both certifying that the information listed above is current and accurate.

User's Signature: _____   Date:

If the user which I am certifying leaves my agency for any reason, or transfers to a different department, I agree to notify info@fedramp.gov of their departure from my supervision immediately.

Authorized FedRAMP Approver (please print):_____

Authorized FedRAMP Approver's Signature: _____   Date:

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PMO Approval (Yes/No):	Comment:
Date received:	Approval Date:
FedRAMP PMO Official Signature:	Signature Date:
Date access granted:	Planned date of termination:

Account terminated on this date:

Please indicate the group name and package name that the user has been added to in the space below.

☐ Group Name:

☐ Package Name:

Attachment A: Federal Contractor Non Disclosure Agreement for FedRAMP

Federal Contractor Non Disclosure Agreement for FedRAMP

THIS NONDISCLOSURE AGREEMENT is entered into as of the date signed below by GSA, which is the party disclosing confidential information, and _____, who is the party receiving confidential information ("Recipient"), in order to protect the confidential information which is disclosed to Recipient by GSA.

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties hereto agree as follows:

1. Recipient shall not disclose the confidential information to any individual who is not legally obligated to honor the terms of this nondisclosure agreement.

2. The confidential information disclosed by GSA under this Agreement is described as: confidential and proprietary security authorization materials for the Federal Risk and Authorization Management Program (FedRAMP).

3. The Recipient shall keep the information confidential and shall use the confidential information only for evaluation of a cloud service provider's security risk level in granting Federal agency specific security authorizations.

4. The Recipient shall not make any copies of the confidential information except as authorized in writing by FedRAMP PMO. Any copies which are made shall be identified as belonging to FedRAMP PMO and marked "confidential" or "proprietary" or "For Official Use Only" or a similar legend.

5. *The Recipient shall have a duty to protect all confidential information which is disclosed to it, whether disclosed in writing, orally or in any other manner and which is identified as confidential at the time of disclosure. If the disclosure is in writing, it shall be marked "**confidential**". If a disclosure is not in writing, FedRAMP shall provide Recipient with a written memorandum summarizing and designating such information as confidential within thirty (30) days of the disclosure.*

6. This agreement controls only information which is disclosed to Recipient between the effective date (the date of last signature) and the end of the cloud service provider's authority to operate as defined in the ATO letter.

7. Recipient's duties under Paragraphs 3, 4 and 5 of this Agreement shall expire three (3) years after the information is received, or the date stated in paragraph 6, whichever is later.

8. This Agreement imposes no obligation upon the Recipient with respect to confidential information which (a) was in the Recipient's possession before receipt from FedRAMP; (b) is or becomes a matter of public knowledge through no fault of the Recipient; (c) is received by the Recipient from a third party without a duty of confidentiality; (d) is disclosed by GSA to a third party without a duty of confidentiality on the third party; (e) is independently disclosed by the Recipient with GSA's prior written approval, or (f) is developed by the Recipient without reference to information disclosed hereunder.

9. FedRAMP warrants that it has the right to make the disclosures under this Agreement.

10. Neither party acquires any intellectual property rights under this Agreement.

11. I am aware that an unauthorized disclosure of any proprietary or confidential information may subject me to criminal, civil, and/or administrative penalties.

12. Appropriations Act restriction: These restrictions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by Executive Order No. 12958; section 7211 of title 5, United States Code (governing disclosures to Congress); section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); section 2302(b)(8) of title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that could expose confidential Government agents); and the statutes which protect against disclosure that may compromise the national security, including sections 641, 793, 794, 798, and 952 of title 18, United States Code, and section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. 783(b)). The definitions, requirements, obligations, rights, sanctions, and liabilities created by said Executive order and listed statutes are incorporated into this agreement and are controlling.

13. The parties do not intend that any agency or partnership relationship be created between them by this Agreement.

14. All additions or modifications to this Agreement must be in writing and signed by both parties.

15. This Agreement is made under and shall be governed by the laws of the United States.

16. This Agreement may be terminated immediately by either party upon delivery of written notice of termination to the other party. Such termination shall not affect Recipient's duties with respect to confidential information disclosed prior to termination.

SIGNED

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of the last signature below.

Federal Contractor Name (please print):_____

Federal Contractor Signature: _____   Date:

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PMO Receipt Date: | PMO Reviewer: