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| **Agency Information** | **Contact Information** |
| **Agency Name** |  | **Name** |  |
| **Agency Acronym** |  | **Title** |  |
| **Agency Number** |  | **E-mail** |  |
| **Date of submission** |  | **Phone** |  |

| **IT System Acronym \***  | **IT System****Name** | **Planned Assessor** | **Date Last Assessed****(MM/YY)** | **Scheduled Assessment Completion Date(Minimum once every 3 years)** | **Areas for Special Emphasis and Additional RA Requirements** |
| --- | --- | --- | --- | --- | --- |
| **20xx (MM/YY)** | **20xx (MM/YY)** | **20xx (MM/YY)** |
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\* If new system please indicate implementation date in the **Areas for Special Emphasis and Additional RA Requirements column.**

NOTE: Agency RA Plans should be submitted to Commonwealth Security by June 1 of each year.