**Critical System Governance Attestation**

**Agency Name**:

**Name of Agency Contact**:

**Agency Contact Phone Number**:

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| --- | --- | --- | --- |
| **Name of Critical System** | **Name and Title of Business Sponsor** | **Have known problems been reviewed to ensure appropriate priority and accountability?** | **Have pending enhancement requests been reviewed to ensure appropriate priority and accountability?** |
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**Name of Agency Director**:

**Signature of Agency Director/Date**: