**FedRAMP Agency Authorization - In Process Request Template**

**Background**: Once an Agency has confirmed partnership with a Cloud Service Provider (CSP) for the initial FedRAMP Authorization, **and 3PAO testing has been confirmed to occur within 6 months**, an In Process Request may be submitted to the FedRAMP PMO. The In Process Request serves as the formal confirmation from a federal agency that they are committed to partnering with a CSP for initial FedRAMP Authorization. For a CSP to be listed as In Process on the FedRAMP Marketplace, the PMO must be in receipt of a completed [Work Breakdown Structure](https://fedramp.gov/assets/resources/templates/FedRAMP-Agency-Authorization-WBS-Template.xlsx), and the CSP must fulfill one of the [additional requirements](#jkx8hoquijkv) listed below.

**Instructions**: This document is meant to serve as a template for a federal agency’s FedRAMP In Process Request for a cloud service offering. Please complete the highlighted sections of this document and return a copy to the FedRAMP PMO at [intake@fedramp.gov](mailto:intake@fedramp.gov). The In Process Request may be submitted via email or as an attachment.

**Work Breakdown Structure:** In addition to submitting an In Process Request, all CSPs and agencies must submit a Work Breakdown Structure (WBS) to the FedRAMP PMO to validate the 6-month testing requirement defined in FedRAMP’s [About Marketplace](https://www.fedramp.gov/about-marketplace/) page. CSPs may not be listed on the FedRAMP Marketplace as In Process until the full 3PAO assessment is scheduled to occur within 6 months and the authorizing agency is confident an ATO will be issued within 12 months.

The email containing this In Process Request **must come from or include** the Agency Authorizing Official (AO) in the CC line.

DATE: XX/XX/XXXX

TO: FedRAMP PMO

<[intake@fedramp.gov](mailto:intake@fedramp.gov)>

FROM: Name of Authorizing Official

Title

AUTHORIZING OFFICIAL (AO)

SUBJECT: FedRAMP ID - Name of Cloud Service Provider - Name of Cloud Service Offering CSO Type - (IaaS, PaaS, SaaS) FedRAMP In Process Request

As the Authorizing Official for the Agency, this letter is to notify you that Agency or Subagency is actively working with Cloud Service Provider and plans to issue an Authority to Operate (ATO) at the Li-SaaS/Low/Moderate/High impact level within 12 months for the Cloud Service Provider/Cloud Service Offering system. **A full 3PAO assessment is planned for no more than 6 months from the date of this letter.** The 3PAO assessment start date is \_\_\_\_\_.

As the initial authorizing agency, we acknowledge our responsibility in ensuring that the cloud service provider provides a quality authorization package. We will review the following documents to confirm they accurately convey the security implementations and residual risk posture of the Cloud Service Offering system:

* System Security Plan (SSP)
* Security Assessment Plan (SAP)
* Security Assessment Report (SAR)
* Plan of Action and Milestones (POA&M)

**Additional Requirements Satisfied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Please include at least one of the following)

* Interest in completing a formal kick-off meeting that includes the agency, CSP, and, if applicable, 3PAO (**Note that this is highly recommended, even if one of the below requirements is satisfied**)
* Acknowledgement of ***FedRAMP Ready*** status of Cloud Service Offering on the Marketplace
* Proof of a contract award for the use of the CSO (attach if applicable)
* Statement indicating that the service is already in use

**Agency** **Partnership** **POC** (Typically the individual responsible for leading the agency’s review of the authorization package. This may be the Agency AO, or the AO’s designee): First Last | Title | email | phone

**Agency Technical Review POCs** (Typically the individual(s) responsible for reviewing the authorization package and making the authorization recommendation to the AO)**:** First Last | Title | email | phone

**CSP** **POC**: First Last | Title | email | phone

**CSP Technical POCs:** First Last | Title | email | phone

**SIGNATURES:**

(Name of CSP Project Manager) **X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name of Authorizing Official) **X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**