5

MEMORANDUM OF UNDERSTANDING

BETWEEN

**<CAPABILITY>**

AND

**< CAPABILITY>**

1. **Purpose**: This MOU specifies an agreement between <**Capability**> and <**Capability**>. This document defines the roles and responsibilities and outlines the activity <**define effort**> for <**Capability**>.
2. **Background**: The **<Capability>** has received an official determination that their <**Capability**> is supporting the **<Capability>** mission area within the Department of Defense. As directed in Department of Defense Instruction (DoDI) 8510.01, an Authorizing Official (AO) is required to accept the risk of operating the capability based on a risk assessment provided by a Cyber Risk Assessor (CRA). The **<Capability>** CRA has been appointed to conduct an independent risk assessment of the **<Capability>** to assist the Authorizing Official (AO) in making an authorization determination.
3. **Roles and Responsibilities**:
   1. The <**Capability**> CRA will:
      1. Perform capability/software determination/categorization support.
      2. Support the capability office in the initial security control selection and categorization guidance contained in National Institute of Standards and Technology (NIST) special publication 800-53 and the Committee on National Security Systems Instruction (CNSSI) 1253 for security controls selection.
      3. Support security controls implementation planning.
   2. The <**Capability**> will:
      1. Provide an initial capability introductory brief to the <**Capability**> CRA.
      2. Provide scheduled updates to the <**Capability**> CRA at least monthly.
      3. Provide implementation (the provisions contained within the MOU are effective when signed by the respective approving authorities).
4. **Administrative Information**:
5. 1. Points of Contact:
      1. Capability Contact(s): <**last name, first**>, **<Capability>** Program Manager, < **(123) 456-7890**>, <**first.last.xxx@mail.mil**>.
      2. CRA Contact(s) <**last name, first**>, **<Capability>** Cyber Security Engineering Lead, < **(123) 456-7890**>, < **first.last.xxx@mail.mil** >.
   2. Method of Changing Baseline: Significant changes in requirements, implementation plans, and verification methods may necessitate changes to documentation. Requests to update must be sent to the POCs listed in 4.a.
   3. Approval Process for Documentation: Artifacts requiring CRA, or AO signature take approximately <**#**> business days to allow for assessor review, peer review, CRA briefing and signature, and AO briefing and signature (if applicable).
   4. Capability Period of Performance Covered by this MOU: Dates from MIPR execution date through <**Day Month Year**> to either termination by mutual consent of signatories or insufficient capability.
      1. Certification Priority: **<Capability>** : <**Day Month Year**>, **<Capability>** <**Authorization Determination**> Continuous Monitoring
6. **Agreement and Administration**:
   1. Termination date: This MOU will remain in effect through <**Day Month Year**> or until terminated by mutual consent of the signatories.
   2. Contracts: This MOU does not specify the contract or contractors used for the assessment tasks outlined in <**Document and Section**>. <**Capability**> will provide additional guidance to the <**Capability**> on any additional details regarding the contract if necessary.
7. **Approvals**: We, the undersigned, agree to the responsibilities, period of performance, and support requirements as outlined in this MOU. Change in scope will require new signatures. Such changes become a part of this document and are valid from the date said change was signed.

Signed and acknowledged:

**<Capability:> <Capability:>**

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| ­­­By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_ | | | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **<First Name, Last>** **<Role>** | Date | | **<First Name, Last>** <**Role**> | Date | |