CYBER RISK/VULNERABILITY SELF-CERTIFICATION

FOR STATE AND LOCAL CYBERSECURITY GRANT PROGRAM (SLCGP)

Applicant Name

Organization *(please do not use acronyms)*

City, County, or the 'State of' *(please do not use acronyms)*

Assessor Organization *(please do not use acronyms)*

○ AFFIRM   I affirm that my organization, located in Hawaii has completed a cyber vulnerability assessment and/or cyber risk assessment performed by within 365 calendar days of signing of this document. The respective assessment(s) included the following *(choose all that apply)*:

☐ Internal vulnerability scan

☐ External vulnerability scan

☐ Cybersecurity risk assessment (verbal or on paper)

☐ Cyber vulnerability assessment (verbal or on paper)

☐ Business Impacts Analysis

☐ Review of Cyber Incident Plan(s)

☐ MS-ISAC Nationwide Cybersecurity Review (NCSR)

Of the assessment(s) performed, were any based on the National Institute of Standards and Technology (NIST) Cybersecurity Framework (CSF), 800-171 or the International Organization for Standardization (ISO)/International Electrotechnical Commission ISO/IEC 27001?

☐ NIST Cyber Security Framework

☐ NIST800-171

☐ ISO/IEC 27001

☐ Don't know/not sure

☐ Other: _____

Signature

Printed Name

Date

Organization

Department

Title

E-mail

Phone