**United States Department of Agriculture**

Food and Nutrition Service



**FNS Office of Information Technology**

**Portfolio Management Division (PMD)**

**FNS UAT Sign-Off Template**

**for**

**[Project or System Name]**

**Version 1.1**

September 09, 2013

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Change Description** |
| 1.0 | 03-13-2013 | IT Governance Branch (ITGB) | Created the document. |
| 1.1 | 09-09-2013 | IT Governance Branch (ITGB) | Re-formatted the document. |
| 1.2 |  |  |  |
| 1.3 |  |  |  |

**Contact Information**

|  |  |
| --- | --- |
| **Area of Concern** | **Contact Person** |
| IT Governance Lead | Kevin Russ |
| SDLC Coordinator | Syed Jaffery |
| ITIRB Coordinator | Sunny Dilawari |
| Portfolio Management Division Director, Chief Portfolio Officer | Jacqueline Butler |
| Program Management Branch Chief | Allison Willcox |

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# User Acceptance Test (UAT) Sign-off Form

**UAT Presented By:**

**Software Release Version:**

**UAT Date:**

Please review the objective and then check-off ‘Yes’ or ‘No’ to indicate whether or not the System met the objective. Please indicate any comments you may have under the ‘User’s Comments’ column. Please print a hardcopy of this UAT Sign-off Form, complete the signatory section, scan the signed form, save it to your computer, and then upload it to the designated Repository.

**User Acceptance Approval Checklist: (Note – Update this section accordingly for all objectives for the system/project)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ID#** | **Description of Objective(s)** | **Approval Checklist** | | **User’s Comments** |
| **Yes** | **No** |
|  | The completed product will be a data collection tool that is easy to use (e.g., intuitive and easy to navigate). |  |  |  |

**User Acceptance Authority:**

In accordance with the **User Acceptance Approval Checklist** above, I have reviewed and evaluated the system.

|  |  |  |
| --- | --- | --- |
| **Name of User**  ***(Please Print First and Last Name Below)*** | **Signature of User** | **Acceptance Date** |
|  |  |  |

# Approvals/Signatures

The undersigned acknowledge that they have reviewed the [name of document] document and agree with the information presented within this document. Changes to this document will be coordinated with, and approved by, the undersigned, or their designated representatives.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: | [Project or System Name] Project Manager |  |  |
|  |  |  |  |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: | [Project or System Name] Business Owner |  |  |
|  |  |  |  |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: | Organization’s Approving Authority |  |  |