

Center for Medicare & Medicaid Services  
**Enterprise Databases Group**  
**Request for Data Administration Services**

**Section I - General Information**

Request Number		Date	
Requestor:		Phone#/ Email:	
Component/Group/Division:			
Email Address:			

**Section II – Data Administration Specific Information**

General Project Information:

Project Name:			
Project Manager/GTL:		Phone#/ Email:	
Name and organization of Local DA (if assigned):		Phone#/ Email:	

**Section III - Data Design Information**

Business SME:		Phone#/ Email:	
Brief Application Description:			
Business Driver - Regulation Compliance:			
Estimated Project Initiation Date:			
Estimated Start Date for Development:			
Estimated Date for Production Deployment:			

Additional Information:

(For example, other application interfaces or dependencies)

**Section IV - Tracking Information ( For EDG Use Only)**

Assigned To:		Date Assigned:		Date Due:	
Date Completed:		Comments:			

Note: After completing this form, email the request to [CMSEDG\\_DataRequests\\_Intake@cms.hhs.gov](mailto:CMSEDG_DataRequests_Intake@cms.hhs.gov)