

**Non-Disclosure Agreement Form for Access to
Controlled Unclassified Information**

**PPPO Operations and Site Mission Support (OSMS)
Solicitation Number 89303320REM000070**

Full Name: _____

Title/Position: _____

Name of Company: _____

Business Address:
(Corporate Headquarters or
Principal Place of Business) _____

Telephone Number: _____

Email: _____

As used in this agreement and as defined in 32 CFR Part 2002, Controlled Unclassified Information (CUI) is information the Government creates or possesses, or that an entity creates or possesses for or on behalf of the Government, that a law, regulation, or Government-wide policy (LRGWP) requires or permits an agency to handle using safeguarding or dissemination controls.

I hereby certify that:

1. I am a United States citizen by birth.
2. I sign this form in my capacity as the Title/Position for the Company, both recorded above.
3. I understand and agree that the term "Company" and the certifications contained herein refer only to the entity recorded above.
4. The Company (Corporation, LLC, Partnership, College/University, Not-For-Profit, etc.) is not foreign owned; it is U.S. owned, whose corporate headquarters or principal place of business is recorded above.
5. I understand and agree that if the Company is part of a consortium, joint venture, or other teaming arrangement, or if the Company has a parent or subsidiary corporation, each parent or subsidiary corporation, or each entity comprising the consortium, joint venture or other teaming arrangement must submit a "*Non-Disclosure Agreement Form for Access to Controlled Unclassified Information PPPO Operations and Site Mission Support (OSMS) Solicitation Number 89303320REM000070*" in order to gain access to Controlled Unclassified Information. Under no circumstances shall the Company share this Controlled Unclassified Information with another entity, including a parent or Subsidiary Corporation, or an employee thereof.
6. I am an officer of the Company. There exists a relationship between me and the Company, which, for purposes of this form, means that the certifications contained herein are legally binding on both the Company and me.
7. For purposes of this form, I understand and agree that the term "foreign national" means an individual who is not a United States citizen.

**Non-Disclosure Agreement Form for Access to
Controlled Unclassified Information**

**PPPO Operations and Site Mission Support (OSMS)
Solicitation Number 89303320REM000070**

8. The Company **[has]** / **[has no]** (check one) foreign national employees that require access to the requested Controlled Unclassified Information. (If answered in the affirmative, additional documentation will be required for the Department of Energy (DOE) review and approval, which can be provided by the Contracting Officer upon request).
9. I understand and acknowledge that the DOE is providing access to the requested Controlled Unclassified Information for the specific purpose of responding to a Request for Proposals. Furthermore, I understand and acknowledge that Company employees approved to have access to the requested information will comply with the duties and responsibilities identified herein.
10. The Company will limit and control the reproduction and dissemination of the requested Controlled Unclassified Information to the minimum required for responding to the Request for Proposal.
11. I understand and acknowledge the Company has a continuing obligation with respect to the requested Controlled Unclassified Information.
12. Reporting breaches: I agree that I shall promptly report to the Contracting Officer any unauthorized disclosure that I have knowledge of whether or not I am personally involved. I also understand that my anonymity will be preserved to the extent possible when reporting such violations.
13. Breach: If I violate the terms and conditions of this agreement, such violation may result in cancellation of my access to CUI, and, depending upon the laws that govern the CUI, may result in civil and criminal sanctions. This may also serve as a basis for denying me access to other types of information under DOE's control.
14. I understand and acknowledge the Company may be contacted to verify the statements made herein and that DOE may visit the Company to ensure that proper information security practices are in place and are being followed. The Company agrees to cooperate fully in DOE's effort in this regard.
15. My statements in this agreement form are true, complete and correct to the best of my knowledge, information and belief. They are made in good faith for the purpose of obtaining access to the Controlled Unclassified Information for the PPPO Operations and Site Mission Support (OSMS) Solicitation Number 89303320REM000070. I understand and acknowledge that a knowing and willful false statement in this form is punishable by fine or imprisonment or both, pursuant to 18 United States Code, Section 1001.

Signature

Date