COMMITMENT TO PROTECT NON-PUBLIC, SENSITIVE INFORMATION

CONTRACTOR AGREEMENT

	re information may be required in the performance of my offici- er between
daties, ander contract number	and my employer between
(NIH I/C Name or Component)	(Employer's Name)
publish, or disclose such info information and will employ a	oublic sensitive information, I agree that I shall not release, rmation to unauthorized personnel. I shall protect such all reasonable efforts to maintain the confidentiality of such hall be no less than the degree of care employed by
	to preserve and safeguard its own sensitive information
(Employer's Name)	
-	ely notify the NIH IT Service Desk of any suspected or confirmed for misuse of sensitive information.
•	357 (toll free), 301-496-8294 (TTY) or http://ithelpdesk.nih.gov].
	aws and regulations which provide for criminal and/or civil sure, including but not limited to:
a) 18 U.S.C. 641 (Publ	lic Money, Property or Records)
b) 18 U.S.C. 1832 (Tra	ade Secrets)
b) 18 U.S.C. 1905 (Dis	sclosure of Confidential Information)
c) 5 U.S.C. 552a (Priva	acy Act)
	written and/or verbal briefing by my company concerning my reement. I understand that violation of this agreement may vil penalties.
Select <u>one</u> of the two options	for signing this form:
1) Digital Signature	2) Manual Signature (requires Witness)
Insert Digital Signature	Type or Print Your Name: Signature: Date:
	Type or Print Witness Name: Signature:

Retain this original signed form for your records. Submit copies to: 1) Your NIH IC Project Officer, and 2) Your Employer's Contract Management Office