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| |  |  | | --- | --- | | **CONTRACTOR INFORMATION WORKSHEET** | V1 |       *(For Official Use Only)* | **OMB Control Number: 3090-0283**  **Expiration Date: 07/31/2019** |

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0283. We estimate that it will take 15 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

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| **1. Contract Employee Information – To be completed by Contractor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Last Name(s) (Family)  Click here to enter text. | | | | | Full First Name (Given) | | | | | | | | Full Middle Name (or NMN if none)  NMN | | | | | | | | | Suffix  N/A | | | | | | | Gender  Female |
| Social Security Number  185345871 | | Date of Birth  10/31/1980 | | | | | POB: City  US City | | | | | | POB: Country  United States | | | | | | POB: U.S. State  Alabama | | | | | | POB: Mexico (State) /Canada (Province)  Choose an item. | | | | |
| Home Address Street  063 Main St | | | | | | | | | | | | | Address Street (line 2)  Apt. 063 | | | | | | | | | | | | | | | | |
| City  BaltimoreAD | | | Country  United States | | | | | | U.S. State  Maryland | | | | | | Mexico (State) /Canada (Province)  Choose an item. | | | | | | | | | Zip  00063 | | | | | |
| Phone Number (Work Cell)  987-654-1234 | | | Phone Number (Work Number)  123-456-7063 | | | | | | | | Personal Email  secondvendorpoc@gmail.com | | | | | | | | | | Position (Job) Title  Analyst063 | | | | | | | | |
| Prior Investigation  No | | | Approx. Investigation Date  Click here to enter a date. | | | | | | | | Agency Adjudicated Prior Investigation  Click here to enter text. | | | | | | | | | | U.S. Citizen  Yes | | | | | | | | |
| Non-US Citizens Only: Port of Entry, US City and State  Click here to enter text. | | | Date of Entry  Click here to enter a date. | | | | | | | | Less than 3 Yrs. U.S. Resident  Choose an item. | | | | | | Alien Registration #  Click here to enter text. | | | | | | | Citizenship Country  United States | | | | | |
| **2.** **Contract Information – To be completed by GSA Requesting Official** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name (Primary)  Primary Name | | | | Company Name (Sub) (If Applicable)  Sub Name | | | | | | Data Universal Numbering System (DUNS) Number:  Click here to enter text. | | | | | | | | Task Order (TO)/Delivery Order (DO) Number  (Enter Contract Base Number if TO / DO is Not Applicable)  TO-DO-030 | | | | | | | | | | | |
| Contract Number Type  Task Order/Delivery Order Number | | | | Contract Start Date  1/31/2017 | | | | | | Contract End Date  12/31/2030 | | | | | | Has Option Yrs.  Yes | | | | | | | | | | # of Option Years  30 | | | |
| Company Point of Contact (POC) First Name  ACPOCFirstAD | | | | Company Point of Contact (POC) Last Name  ACPOCLastAD | | | | | | | | | | | | POC Work Phone Number  987-654-1030 | | | | | | | POC Email Address  jason.goodell@gsa.gov | | | | | | |
| Alternate Company Point of Contact (POC) First Name  Click here to enter text. | | | | Alternate Company Point of Contact (POC) Last Name  Click here to enter text. | | | | | | | | | | | | Alternate POC Work Phone  Click here to enter text. | | | | | | | Alternate POC Email Address  Click here to enter text. | | | | | | |
| Alternate Company Point of Contact (POC) First Name  Click here to enter text. | | | | Alternate Company Point of Contact (POC) Last Name  Click here to enter text. | | | | | | | | | | | | Alternate POC Work Phone  Click here to enter text. | | | | | | | Alternate POC Email Address  Click here to enter text. | | | | | | |
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| Alternate Company Point of Contact (POC) First Name  Click here to enter text. | | | | Alternate Company Point of Contact (POC) Last Name  Click here to enter text. | | | | | | | | | | | | Alternate POC Work Phone  Click here to enter text. | | | | | | | Alternate POC Email Address  Click here to enter text. | | | | | | |
| **3.** **Reimbursable Work Authorizations (RWA) / Interagency Agreement (IAA) (If Applicable) – To be completed by GSA Requesting Official** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RWA/IAA Number  RWA030 | | | | | | | | | | | | Agency  GSAAD | | | | | | | | | | | | | | | | | |
| **4.** **Project/Work Location Information (Government site where contractor is working) – To be completed by GSA Requesting Official** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GSA Building Number ([Building Number](http://www.iolp.gsa.gov/iolp/) Search)  DC0021 | | | | | | | | | | | | Other  Choose an item. | | | | | | | | | | | | | | | | | |
| Type Contractor (Definitions on Pg. 2)  Embedded | | | | | | ARRA Long Term Contractor  Not Applicable | | | | | | Sponsoring Major Org  P | | | | | | | Sponsoring Office Symbol  SYM030 | | | | | | | | | GSA Region  NCR | |
| **5.** **Type of Investigation Requested – To be completed by GSA Requesting Official** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Investigation Type Request  SAC  Note: National Security positions are processed by GSA Personnel Security (CIS) | | | | | | | | | | | | | | HSPD-12 Card Required?  Yes | | | | | | | | | | | | | | | |
| **6.** **GSA Requesting Official Information – To be completed by GSA Requesting Official** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name  AGPOCFirst030 | First Name  AGPOCLast030 | | | | | | | Middle (or NMN if none)  AGPOCMiddle030 | | | | | Email Address  terry.saunders@gsa.gov | | | | | | | Work Phone  123-987-1030 | | | | | | | Is PM/COR/CO/CS  CS | | |
| Alternate Last Name  Click here to enter text. | Alternate First Name  Click here to enter text. | | | | | | | Middle (or NMN if none)  Click here to enter text. | | | | | Alternate Email  Click here to enter text. | | | | | | | Work Alternate Phone  Click here to enter text. | | | | | | | Is PM/COR/CO  Choose an item. | | |
| Alternate Last Name  Click here to enter text. | Alternate First Name  Click here to enter text. | | | | | | | Middle (or NMN if none)  Click here to enter text. | | | | | Alternate Email  Click here to enter text. | | | | | | | Work Alternate Phone  Click here to enter text. | | | | | | | Is PM/COR/CO  Choose an item. | | |
| Alternate Last Name  Click here to enter text. | Alternate First Name  Click here to enter text. | | | | | | | Middle (or NMN if none)  Click here to enter text. | | | | | Alternate Email  Click here to enter text. | | | | | | | Work Alternate Phone  Click here to enter text. | | | | | | | Is PM/COR/CO  Choose an item. | | |
| Alternate Last Name  Click here to enter text. | Alternate First Name  Click here to enter text. | | | | | | | Middle (or NMN if none)  Click here to enter text. | | | | | Alternate Email  Click here to enter text. | | | | | | | Work Alternate Phone  Click here to enter text. | | | | | | | Is PM/COR/CO  Choose an item. | | |

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|  |  | **Instructions** | gsa_starmark |

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| **Applicability of Contractor Information Worksheet**  **Use this Contractor Information Worksheet for all GSA contractors.** |
| **Type Contractor Definitions (Any GSA Service or Office May be Associated with Building Support, Embedded Contractors):**   * **Building Support: Building maintenance or construction support contractor** * **Embedded: “Side-by-side” or white collar contractor providing business services, and may have staff-like access to GSA space and IT systems** * **External: Does not access GSA building or IT systems but requires a check or investigation** * **Child Care: Child care worker** |
| **GSA Region Options: Region 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, NCR, or CO** |
| **Transmitting the Contractor Information Worksheet**  **Do not save completed forms on your workstation. Per GSA requirements:**   * **If Personally Identifiable Information (PII) needs to be transmitted over the Internet, it must be sent using encryption methods defined in Chapter 5, Paragraph 7 of GSA Order CIO P 2100.1E GSA Information Technology (IT).**   + **All passwords must be encrypted in storage.**   + **All sensitive information, such as PII, as deemed by the data owner, which is transmitted outside the GSA firewall, must be encrypted. Certified encryption modules must be used in accordance with FIPS PUB 140-2, “Security requirements for Cryptographic Modules.”**   + **When using password generated encryption keys, a password of at least 8 characters with a combination of letters, numbers, and special characters is required. A password of at least 12 characters is recommended.**   + **Systems implementing encryption must follow the key management procedures and processes documented in CIO IT Security Procedural guide 09-43, “Key Management.”** * **If PII needs to be emailed within the GSA network, please use Google E-Mail. For additional protection the information also can be encrypted as described in Chapter 5, Paragraph 7 of this IT security policy.** * **If PII needs to be sent by courier, printed, or faxed several steps should be taken. When sending PII by courier mark "signature required" when sending documents. This creates a paper trail in the event items are misplaced or lost. Don't let PII documents sit on a printer where unauthorized employees or contractors can have access to the information. When faxing information use a secure fax line. If one is not available, contact the office prior to faxing so they know information is coming and contact them after transmission to ensure they received it. For each event the best course of action is limit access of PII only to those individuals authorized to handle it, create a paper trail, and verify information reached its destination.** |
| **Submission Information**  Check with your GSA regional point of contact for instructions on how to submit the completed form. |
| **Privacy Act Notice**  In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information is authorized by the Federal Property and Administrative Services Act of 1949, as amended, and Part III of Title 5, U.S.C; E.O. 9397. Disclosure of the information is voluntary. This form will be used as a means to prepare and issue a credential or pass. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions, or pursuant to a request by GSA or such other agency in connection with the firing or retention of an employee, the issuance of a security clearance, the investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit. If the individual does not provide some or any part of the requested information, the employee will not be issued a credential and will not be allowed to enter a GSA-controlled building after normal hours or when the building is under security. |