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| **CONTRACTOR INFORMATION WORKSHEET**  *(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)  lname | | | | | Full First Name (Given)  fname | | | | | | | | Full Middle Name (or NMN if none)  mname | | | | | | | | | Suffix  Jr. | | | | | | | Gender  Male |
| Social Security Number  **123-45-6789** | | Date of Birth  11/2/1979 | | | | | POB: City  pobcity | | | | | | POB: Country  United States | | | | | | POB: U.S. State  Kansas | | | | | | POB: Mexico (State) /Canada (Province)  Choose an item. | | | | |
| Home Address Street  Home street 1 | | | | | | | | | | | | | Address Street (line 2)  Home street line 2 | | | | | | | | | | | | | | | | |
| City  city | | | Country  United States | | | | | | U.S. State  West Virginia | | | | | | Mexico (State) /Canada (Province)  Choose an item. | | | | | | | | | Zip  12345 | | | | | |
| Phone Number (Work Cell)  0987651234 | | | Phone Number (Work Number)  1234567890 | | | | | | | | Personal Email  person@e.mail | | | | | | | | | | Position (Job) Title  Job title | | | | | | | | |
| Prior Investigation  Yes | | | Approx. Investigation Date  4/1/2017 | | | | | | | | Agency Adjudicated Prior Investigation  Agency adjudicated | | | | | | | | | | U.S. Citizen  No | | | | | | | | |
| Non-US Citizens Only: Port of Entry, US City and State  port | | | Date of Entry  4/2/2017 | | | | | | | | Less than 3 Yrs. U.S. Resident  No | | | | | | Alien Registration #  1234 | | | | | | | Citizenship Country  Mexico | | | | | |
| **2.** **Contract Information – To be completed by GSA Requesting Official** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name (Primary)  Company name | | | | Company Name (Sub) (If Applicable)  Company name sub | | | | | | Data Universal Numbering System (DUNS) Number:  duns | | | | | | | | Task Order (TO)/Delivery Order (DO) Number  (Enter Contract Base Number if TO / DO is Not Applicable)  todo | | | | | | | | | | | |
| Contract Number Type  Task Order/Delivery Order Number | | | | Contract Start Date  4/20/2017 | | | | | | Contract End Date  7/20/2017 | | | | | | Has Option Yrs.  Yes | | | | | | | | | | # of Option Years  10 | | | |
| Company Point of Contact (POC) First Name  POCfn | | | | Company Point of Contact (POC) Last Name  POCln | | | | | | | | | | | | POC Work Phone Number  1234567890 | | | | | | | POC Email Address  poc@e.mail | | | | | | |
| Alternate Company Point of Contact (POC) First Name  APOC1FName | | | | Alternate Company Point of Contact (POC) Last Name  APOC1LName | | | | | | | | | | | | Alternate POC Work Phone  1234567891 | | | | | | | Alternate POC Email Address  APOC1@e.mail | | | | | | |
| Alternate Company Point of Contact (POC) First Name  APOC2FName | | | | Alternate Company Point of Contact (POC) Last Name  APOC2LName | | | | | | | | | | | | Alternate POC Work Phone  1234567892 | | | | | | | Alternate POC Email Address  APOC2@e.mail | | | | | | |
| Alternate Company Point of Contact (POC) First Name  APOC3FName | | | | Alternate Company Point of Contact (POC) Last Name  APOC3LName | | | | | | | | | | | | Alternate POC Work Phone  1234567893 | | | | | | | Alternate POC Email Address  APOC3@e.mail | | | | | | |
| Alternate Company Point of Contact (POC) First Name  APOC4FName | | | | Alternate Company Point of Contact (POC) Last Name  APOC4LName | | | | | | | | | | | | Alternate POC Work Phone  1234567894 | | | | | | | Alternate POC Email Address  APOC4@e.mail | | | | | | |
| **3.** **Reimbursable Work Authorizations (RWA) / Interagency Agreement (IAA) (If Applicable) – To be completed by GSA Requesting Official** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RWA/IAA Number  123456 | | | | | | | | | | | | Agency  agency | | | | | | | | | | | | | | | | | |
| **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)  123456 | | | | | | | | | | | | Other  VENDOR | | | | | | | | | | | | | | | | | |
| Type Contractor (Definitions on Pg. 2)  Embedded | | | | | | ARRA Long Term Contractor  Yes | | | | | | Sponsoring Major Org  A | | | | | | | Sponsoring Office Symbol  symbol | | | | | | | | | GSA Region  4 | |
| **5.** **Type of Investigation Requested – To be completed by GSA Requesting Official** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Investigation Type Request  Tier 1  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  gsaln | First Name  gsafn | | | | | | | Middle (or NMN if none)  gsamn | | | | | Email Address  gsa@e.mail | | | | | | | Work Phone  9876543210 | | | | | | | Is PM/COR/CO/CS  PM | | |
| Alternate Last Name  agsaln1 | Alternate First Name  Agsafn1 | | | | | | | Middle (or NMN if none)  Agsamn1 | | | | | Alternate Email  Agsa1@e.mail | | | | | | | Work Alternate Phone  9876543211 | | | | | | | Is PM/COR/CO  COR | | |
| Alternate Last Name  agsaln2 | Alternate First Name  Agsafn2 | | | | | | | Middle (or NMN if none)  Agsamn2 | | | | | Alternate Email  Agsa2@e.mail | | | | | | | Work Alternate Phone  9876543212 | | | | | | | Is PM/COR/CO  CO | | |
| Alternate Last Name  agsaln3 | Alternate First Name  Agsafn3 | | | | | | | Middle (or NMN if none)  Agsamn3 | | | | | Alternate Email  Agsa3@e.mail | | | | | | | Work Alternate Phone  9876543213 | | | | | | | Is PM/COR/CO  PM | | |
| Alternate Last Name  agsaln4 | Alternate First Name  Agsafn4 | | | | | | | Middle (or NMN if none)  Agsamn4 | | | | | Alternate Email  Agsa4@e.mail | | | | | | | Work Alternate Phone  9876543214 | | | | | | | Is PM/COR/CO  COR | | |

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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. |