HHS OIG CONTRACTOR SELF-DISCLOSURE FORM

A. OFFICIAL SUBMITTING	G DISCLOSURE			
A.1. Name:				
	Last	First		MI
A.2. Address:				
	City		State	ZIP
A.3. Telephone Number:		ext.		
A.4. Title/Position:				
A.5. Email:				
A.J. Elliali.				
B. CONTRACTOR DATA				
B.1. Contractor:				
B.2. Affected Corporate Branch/Division/Sector:				
B.3. Doing Business As (dba):				
B.4. Contractor's Address:				
	G.		G	ZID.
B.5. Telephone Number:	City	ext.	State	ZIP
•		CAL.		
B.6. Commercial and Government Entity Code				
(CAGE):				
B.7. Data Universal				
Numbering System (DUNS):				
B.8. Senior Corporate Point of				
Contact (POC):	Last	First		MI
B.8.1 Senior Corporate		ext.		
Telephone Number:				
C. AFFECTED CONTRACT				
C.1. Number: C.2. Short Title:				
C.3. Contract Type:				
C.4. Contract Value:	\$			
C.5. Description of Product/	Ψ			
Services/Supplies/System:				
201 1200s, 2 upp 110s, 2 y 200111.				
		Check box if	additional inform	nation on page 5, Section H.

C.6. End Users:					
		Check bo	x if additional ir	nformation on page 5, Se	ction H.
C.7. Contracting Officer's					
Name:	Last	First		MI	
C. Contracting Office					
C.8. Contracting Office Address:					
Address.	G'.		Q	ZID	
	City		State	ZIP	
C.8.1. Contracting Officer's		ext.			
Telephone Number: C.9. Contract Performance					
Location:					
Location.	City		State	ZIP	
C.10. Name of Contracting	City		State	ZII	
C.10. Name of Contracting Officer's Technical					
Representative (COTR)	Last	First		MI	
C.11. COTR's Telephone		ext.			
Number:					
C.12. All Federal Agencies					
Currently Doing Business With:					
	l				
D. OTHER AFFECTED CON	NTRACT (if anv)				
D.1. Number:	(4 411)				
D.2. Short Title:					
D.3. Contract Type:					
D.4. Contract Value:	Φ				
D.4. Contract value:	\$				

D.5. Description of Product/ Services/Supplies/System:					
		Check ho	x if additional in	formation on page 5, Section	on H
D.6. End Users:			x ii additional iii	iorniation on page 3, Secti	<u> </u>
		Check bo	ox if additional in	nformation on page 5, Sect	ion H.
D.7. Contracting Officer's Name:	Last	First		MI	
D.8. Contracting Office Address:					
	City		State	ZIP	
D.8.1. Contracting Officer's Telephone Number:		ext.			
D.9. Contract Performance Location:					
	City		State	ZIP	
D.10. Contracting Officer's Technical Representative (COTR):	Last	First		MI	
D.11. COTR's Telephone Number:		ext.			
D.12. All Federal Agencies Currently Doing Business With:					

E. DISCLOSURE	
E.1. Date Contractor Learned	
of Potential Violation:	
E.2. Description of Violation:	
	Check box if additional information on page 5, Section H.
E.3. Safety or Operational	
Hazards:	
E.3.1. Measures Taken to	
Mitigate Safety or	
Operational Hazards:	
E.4. Estimated Financial	\$
Impact to the Government:	
OVERPAYMENTS	
F.1. Did an Overpayment Occur?	
F.2. Estimated Amount of	\$
Overpayment (if applicable):	
COMPANY INTERNAL INVI	ESTIC ATION
G.1. Has an Investigation Been	ESTIGATION
Conducted?	
G.2. Description of the Scope	
of the Investigation	
	Check box if additional information on page 5, Section H.
G.3. Is the Company Willing to	
Provide a Copy of the	
Investigative Report?	
G.4. Measures Taken to	
Prevent Recurrence:	
	Check box if additional information on page 5, Section H.

H. Additional Information:		
ACKNOWLEDGMENTS	<u>. </u>	
	ONTRACTOR SELF-DISCLOSURE SUBMISS	SION IS TRUE AND ACCURATE TO
THE BEST OF MY KNO	WLEDGE AS OF THE DATE OF ITS SUBMI	SSION.
N.	La	In .
Name:	Signature:	Date: