

**UNCLASSIFIED**

(U) Attachment J-7, Open Framework KPML



**ADVANCED SYSTEMS & TECHNOLOGY**

**(U) ATTACHMENT J-7, OPEN FRAMEWORK KEY PERSONNEL AND MANAGEMENT LIST**

**(U) Version 2.0, 17 November 2021**

***(U) Part of AS&T’s FY21-22 Open BAA Framework – Architecture After Next***

**UNCLASSIFIED**

**(U) CHANGE MANAGEMENT LOG**

**FOR**

**ATTACHMENT J-7, OPEN FRAMEWORK KPML**

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| **VERSION** | **DATE** | **REVISED BY** | **AREA AFFECTED** | **REMARKS** |
| 1.0 | 15 October 2020 | Karen McGrath | All | Initial Release |
| 2.0 | 17 November 2021 | Jennifer Hughes | All | Updated to run through FY2025. |
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| **NOTE**: Process for all Framework document version control: Initial version will be 1.0. Identify subsequent versions in the same FY by numerically increasing the number following the decimal, e.g., 1.**1**, 1.**2**, 1.**3**, etc. When an update in the following FY is required, the numerical version will change from **1**.X, to **2**.X, etc. If no changes are required in a given FY, a numerical change is not required. The review of all Framework documents occurs at FY-end and documented in requisite CMLs per guidance herein. | | | | |
| **Table is Unclassified** | | | | |

**(U) INSTRUCTIONS FOR COMPLETING THE**

**KEY PERSONNEL AND MANAGEMENT LIST (KPML)**

(U) Report Date

* + Enter the date the KPML is completed and signed.
  + Indicate whether this is an initial submittal or a change to a previous submission

(U) Facility

* + Enter the name of the facility that will be the primary place of performance
  + Enter the full physical address (Street, City, State, Zip) of the facility
  + Enter the Commercial and Government Entity (CAGE) code for the facility/address indicated. If the facility does not have a CAGE code, then enter N/A.

(U) Personnel

* + Enter the full name (Last, First Middle, if no middle name, then enter NMN for the middle name). Indicate the person’s position and title under their name.
  + Enter the individual’s Social Security Administration Number (SSAN) or N/A if the individual does not have a SSAN
  + Enter the individual’s date of birth (Day Month Year)
  + Enter the individual’s place of birth (city/town, state/province, country)
  + Enter the individual’s current country of citizenship. If then individual has dual/multiple citizenship, then list both/all countries.
  + Enter the individual’s current level of US Government security clearance (C – Confidential, S – Secret, TS – Top Secret) and the date (Day Month Year) the clearance was issued. Enter N/A if the individual does not have a current US security clearance
  + Names of personnel to be included on this list are (as applicable):
* Members of your organizations board of directors (or similar governing body)
* Corporate Officers
* Executive personnel
* General Partners
* Regents
* Trustees
* Senior Management Officials
* Principal Investigator/Leader of this effort

(U) Signature

* The form must be signed by one of the individuals indicated in the list of personnel. Indicate the signee’s full name (Last, First Middle), Position and Title under their signature.

(U) Page number

* Indicate the number of pages in the format of Page x of y

(U) Continuation Sheets

* Use as many continuation sheets as needed to list all of the key management personnel as indicated in (3) above.

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| **KEY PERSONNEL & MANAGEMENT LIST** | | | | | | | REPORT DATE: | | |
|  | Initial Submission | |
|  | Changed Submission | |
| **FACILITY** | Name: | | | |  | | | | |
| Address: | (Street Address | | |  | | | | |
| City, State and Zip Code) | | |
| Commercial and Government Entity (CAGE) Code: | | | |  | | | | |
| **PERSONNEL** | | | | | | | | | |
| **FULL NAME (Last, First Middle)**  **POSITION, TITLE** | | | **SSN**  **(###-##-####)** | **BIRTH** | | **COUNTRY OF CITIZENSHIP** | **SECURITY CLEARANCE** | | |
| **DATE**  **(Day, Month, Year)** | **PLACE**  **(City, State/Province, Country)** | **LEVEL** | | **DATE GRANTED**  **(Day, Month, Year)** |
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| *I CERTIFY THAT THE INFORMATION INCLUDED HEREIN IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.* | | |  | | | | | | **Page 1 of \_\_\_** |
| (Enter Full Name, Position and Title of Signee Here) | | | | | |

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| **KEY PERSONNEL & MANAGEMENT LIST** | | | | | | |
| **PERSONNEL** | | | | | | |
| **FULL NAME (Last, First Middle)**  **POSITION, TITLE** | **SSN**  **(###-##-####)** | **BIRTH** | | **COUNTRY OF CITIZENSHIP** | **SECURITY CLEARANCE** | |
| **DATE**  **(Day, Month, Year)** | **PLACE**  **(City, State/Province, Country)** | **LEVEL** | **DATE GRANTED**  **(Day, Month, Year)** |
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| **CONTINUATION SHEET** | | | | | | **Page 2 of \_\_\_** |