

## OASIS Open Projects: Entity Contributor License Agreement

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### Entity Information

#### OASIS Open Projects: Entity Contributor License Agreement

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\* (required) Organization's Full Legal Name:

INTEGRAL FEDERAL INC

\* (required) Mailing Street

2101 Gaither Road, Suite 410

\* (required) Mailing City

ROCKVILLE

\* (required) Mailing State

MD

**\* (required) Mailing Zip/Postal Code**

20850

**\* (required) Mailing Country**

USA

## Representative Information

Name of organization's representative (person to be used for communications between OASIS and the organization regarding this Entity CLA).

**\* (required) First Name**

VAMSIKRISHNA

**\* (required) Last Name**

KONDANNAGARI

**\* (required) Email Address**

VKONDANNAGARI@integralfed.com

## Project Information

Name of the Open Project to be covered by this Entity CLA. If no project is listed, this ECLA will be assumed to apply to any project in which your designated employees or representatives participate.

**\* (required) OASIS Open Project Title:**

National Information Exchange Model (NIEM) Open Project



## Terms of Agreement

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### **Information and Disclosure**

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OASIS also calls your attention to the requests in the Call for Patent Disclosure contained in the Open Project Rules.

You agree to promptly notify OASIS by email to [open-projects-cla@oasis-open.org](mailto:open-projects-cla@oasis-open.org) (<mailto:open-projects-cla@oasis-open.org>) if you become aware of any facts, changes or circumstances that would make your commitments and statements in this Entity CLA inaccurate in any way, or if you wish to withdraw from this CLA.

### **Processing this CLA**

You may submit this CLA request by clicking the "Submit" button below. You should then receive an email message from [open-projects-cla@oasis-open.org](mailto:open-projects-cla@oasis-open.org) (<mailto:open-projects-cla@oasis-open.org>) with the subject line "OASIS Open Projects: CLA Confirmation" confirming that the information you submitted has been received. Questions may be submitted directly to OASIS Open Project Administration Staff at any time: send general questions to [open-projects-admin@oasis-open.org](mailto:open-projects-admin@oasis-open.org) (<mailto:open-projects-admin@oasis-open.org>) and CLA-related questions to [open-projects-cla@oasis-open.org](mailto:open-projects-cla@oasis-open.org) (<mailto:open-projects-cla@oasis-open.org>).

Alternate Submission via this PDF form:

This form must be sign by an authorized representative of the entity named and emailed to [open-projects-cla@oasis-open.org](mailto:open-projects-cla@oasis-open.org). Your submitted form data will be entered into the electronic records and processing as indicated above.

Approving Signature for submitting organization

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Kim Amster

Date:

\_\_\_\_\_  
10-26-2022