

Industry Outreach Information Form



NOTE: Please DO NOT supply any business proprietary information. Answer all questions as thoroughly as possible, as this information is used to help determine the suitability of your company's capabilities to the current and future needs of S&T.

CONTACT INFORMATION:			
1. Business Name:			
2. Business Street Address:		City	State
			Zip Code
		Company Headquarters	Sub-Division
3. Business Contact Information:			
General Phone Number:		General Email Address:	
4. Company Website:			
5. How did you hear about S&T?			
6. Company Classification (<i>check all categories that apply</i>):			
Large Business	Small Business (SB)	HUB Zone	Woman-Owned Business
8(a) Certified	Service Disabled Veteran-Owned SB	Veteran-Owned	Woman-Owned SB
Other than Small Business:			
NAICS Code:		DUNS Number:	
7. Is your product on a Government-wide Acquisition Contract or any federal Indefinite Delivery Indefinite Quantity Contract?			Yes No
8. Is your company currently doing business with DHS?		Yes	No
If yes, please provide name of DHS agency/person:			
9. Have you met with a S&T program office representative within the last twelve months?			Yes No
If yes, please provide names:			
10. Describe your past experiences working with DHS/DHS S&T (<i>Vendor, Supplier, Performer, Grantee, etc.</i>):			

*See the Product Realization Guide for additional TRL and MRL information:
http://www.dhs.gov/xlibrary/assets/st_product_realization_chart_version_1-4.pdf



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TECHNICAL CAPABILITIES: If you have an existing capability/technology, please provide a brief description of your capability/technology. This includes the current stage of the technology, its Technology Readiness Level (TRL), and its current Manufacturing Readiness Level (MRL).

Technical Capability (please select type from the list):

Technology or Service 1:

Description:

Current TRL*:

Current MRL*:

S&T office to which your product applies:

Why your product is unique and valuable to DHS:

Technical Capability (please select type from the list):

Technology or Service 2:

Description:

Current TRL*:

Current MRL*:

S&T office to which your product applies:

Why your product is unique and valuable to DHS:

Submit Form

Click "Submit" or send this form directly to: SandT.Innovation@hq.dhs.gov