Letter of Interest for participation in the [INSERT NAME OF USE CASE]

National Cybersecurity Center of Excellence (NCCoE)

National Institute of Standards and Technology (NIST)

9600 Gudelsky Drive

Rockville, MD 20850

Re: Proposed Contributions to Support the National Cybersecurity Center of Excellence (NCCoE) [INSERT NAME OF USE CASE] Use Case

OMB Control No. 0693-XXXX

Expiration Date: XX-XX-XXXX

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection is estimated to be 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Persons wishing to comment on the burden estimate or any aspect of this collection of information, or offer suggestions for reducing this burden, should send their comments to Tim McBride, telephone 240-314-6811, timothy.mcbride@nist.gov.

[Responding Organization’s Name] voluntarily agrees to provide to the National Institute of Standards Technology (NIST), the contribution identified in the Attachment to this letter of interest. This letter certifies that the capabilities identified below are satisfied by our proposed contribution to the project.

[Responding Organization’s Name] certifies that contribution(s) satisfy(ies) the following characteristics as described in the use case (see: [INSERT URL FOR USE CASE] for additional details).

# Acceptance of Conditions

## The contribution is commercially available, including all component hardware, software, documentation, and services (i.e., installation, configuration, training) required to accomplish the project objectives.

## The contribution addresses one or more of the relevant components necessary to address the challenge. See section 6 of the use case description.

## The contribution addresses one or more of the desired solutions characteristics in section 3 of the use case description.

# Terms and conditions

## The Respondent will not, in any way, imply that this Letter of Interest is an endorsement of any such product or service.

## Respondent understands that, should its product(s) be accepted, the respondent will need to enter into a Cooperative Research and Development Agreement (CRADA) with NIST.

# Description of Respondent’s Area of Interest

## Please identify in the Attachment your organization’s name, address, and country of origin if headquarters do not reside in the United States and your stakeholder area of interest. The description of the area of interest should not exceed 500 words. Some examples of potentially useful descriptive information are provided as follows:

## A URL with additional information about the product(s)

## Product name(s) and specific identifier of the product(s) (e.g. version number, last release of product)

## Level of effort necessary for installation, configuration and training of [Responding Organization’s Name] product(s)

## Identification of component(s) listed in the FRN included in [Responding Organization’s Name] proposed contribution

## List of desired solution characteristics identified in the [INSERT NAME OF USE CASE] description that the recommended contribution addresses

## Point of Contact (POC) for CRADA activities

By signature below, I certify that all of the information provided above is accurate and complete to the best of my knowledge.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment

**Respondent’s Contribution to the National Cybersecurity Center of Excellence [INSERT NAME OF USE CASE] Use Case Project**

Name:

Organization:

Address:

City:

State:

Zip Code:

Country:

Telephone Number:

Electronic Mail Address:

Respondent’s Area of Interest: