

YES Initiative ATTACHMENT C

CONTRACT No. : HHSP233201500048I
TASK ORDER No. : HHSSP23337011T

Contractor Non-Disclosure Agreement

Sensitive Information, Non-public Information, Confidential Information, Controlled Unclassified Information

Access to sensitive information (such as personally identifiable information [PII]), non-public information, confidential information, and/or Controlled Unclassified Information (CUI) from the files of the Department of Health and Human Services (HHS) is required in the performance of my official duties, under CONTRACT Number HHSP233201500048I and TASK ORDER No. HHSSP23337011T between (HHS I/C Name or Component) and my employer (Employer's Name)

I agree that I shall not release, publish, or disclose such information to unauthorized personnel, and I shall protect such information in accordance with relevant federal laws, regulations, and guidelines. I affirm that I have received a written and/or verbal briefing by my company concerning my responsibilities under this agreement. I understand that violation of this agreement may subject me to criminal and civil penalties.

Signed:

Type or Print Name:

Date:

Witnessed by:

Date:

Copies are to be retained by: HHS Contracting Officer's Representative
Contractor's Contract Management
Individual Signatory