

TABLE OF CHANGES – INSTRUCTIONS
NICCS Vendor Vetting Form
OMB Number: 1670-0030
04/30/2022

Reason for Revision: Fee Rule
Project Phase:

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 4/30/2022
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Current Page Number and Section	Current Text	Proposed Text
Vendor Vetting Form, Paragraph 1	<p>[Paragraph 1]</p> <p>...</p> <p style="text-align: center;">Vendor Vetting Form</p> <p>To ensure the quality of the NICCS Education and Training Catalog, the NICCS Supervisory Office (NICCS SO) has created a set of vetting criteria. This criterion ensures that the courses listed in the catalog are offered by organizations that are recognized as providing quality resources, while not excluding small or medium sized organizations.</p>	<p>[Paragraph 1]</p> <p>...</p> <p style="text-align: center;">Provider Vetting Form</p> <p>To maintain the quality of the NICCS Education and Training Catalog, the NICCS Supervisory Office (NICCS SO) has created a set of vetting criteria. This criterion ensures courses listed in the catalog are offered by organizations recognized for providing quality resources, while not excluding small or medium sized organizations.</p>
Contact Information Section	<p>Contact Information Form</p> <p style="text-align: center;">CONTACT INFORMATION</p> <p>* The asterisk indicates a required field.</p> <p>Organization Name *</p> <input style="width: 100%;" type="text"/> Organization Street Address * <input style="width: 100%;" type="text"/> City * <input style="width: 50%;" type="text"/> U.S. States/Territories *	<p>Contact Information Form</p> <p style="text-align: center;">CONTACT INFORMATION</p> <p>* The asterisk indicates a required field.</p> <p>Organization Name *</p> <input style="width: 100%;" type="text"/> Organization Street Address * <input style="width: 100%;" type="text"/> City * <input style="width: 50%;" type="text"/> U.S. States/Territories *

	<input type="text"/> Zip Code * <input type="text"/> Organization URL * <input type="text"/> Primary Point of Contact (POC) First and Last Name * <input type="text"/> Phone * <input type="text"/> Email * <input type="text"/> Alternate Primary POC Phone <input type="text"/> Alternate Primary POC Email Address <input type="text"/> Secondary POC Name <input type="text"/> Secondary POC Email Address <input type="text"/> Secondary POC Phone <input type="text"/> Alt. Phone <input type="text"/> Alt. Email <input type="text"/>	<input type="text"/> Zip Code (5 digit)* <input type="text"/> Organization URL * <input type="text"/> Primary Point of Contact (POC) First and Last Name * <input type="text"/> Phone (XXX-XXX-XXXX) * <input type="text"/> Email (email@email.com) * <input type="text"/> Alternate POC First and Last Name* <input type="text"/> <small>Form Field Place Holder</small> Alternate POC Phone <input type="text"/> Alternate POC Email Address <input type="text"/>
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Vendor Qualifications Section

Vendor Qualifications

To help ensure each provider listed is a legitimate business, any provider wishing to be listed in the NICCS portal must meet one of the following. (Please check all that are applicable.)

Legitimate Business *

- Listed as an approved and valid vendor on the General Services Administration (GSA) schedule
- Designated National Center of Academic Excellence (CAE)
- Approved federal agency or department training provider
- If Academic Institution, provider is accredited by body recognized by U.S. Department of Education or the Council for Higher Education Accreditation (CHEA)
- Must meet all of the following: A) Been in business for at least one year, B) Conducted or delivered the training

Provider Qualifications

This section assists the NICCS SO to review provider qualification
 Please check the option that applies to your organization for the NICCS SO to confirm it is a legitimate business. *

- Your organization is a federal agency or department training provider
- Your organization has been awarded a General Services Administration (GSA) Federal Acquisition Service Contract
- Your organization is a designated National Center of Academic Excellence (CAE)
- Your organization is an academic institution recognized by the U.S. Department of Education or the Council for Higher Education Accreditation (CHEA)
- Your organization is a legitimate business that meets all the following:
 - Holds a business entity

	<p>course(s) at least two (2) times over an 18-month period, and C) Has documentation showing a business entity license</p> <p>OR (must meet all of the following):</p> <p>OR select options</p> <p><input type="checkbox"/> Been in business for at least one year</p> <p><input type="checkbox"/> Conducted or delivered the training course(s) at least two(2) times over an 18-month period</p> <p><input type="checkbox"/> Has documentation showing a business entity license</p> <p>...</p>	<p>license in the United States, Select State (Required for this option):</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <ul style="list-style-type: none"> • Been in business for at least one year, and • Conducted or delivered training course(s) at least two (2) times over an 18-month period. <p>Please check all the below that are performed by your organization. *</p> <ul style="list-style-type: none"> • Measure course effectiveness • Measure student review and feedback • Regularly evaluates ongoing curriculum development and course modification • Completes analysis of effectiveness of changes implemented • Tracks student completion information and maintains this information for at least 3 years • Delivers a certificate upon successful completion of the course. <p>...</p>
<p>Vendor Acknowledgement Section</p>	<p>Vendor Acknowledgments</p> <p>To be considered for inclusion on NICCS, check each box to confirm the organization does each of the following:</p> <p>Vendor Acknowledgments Check Boxes *</p> <p><input type="checkbox"/> Measures course(s) effectiveness</p> <p><input type="checkbox"/> Measures student review and feedback</p> <p><input type="checkbox"/> Regularly evaluates ongoing curriculum development and course modification</p> <p><input type="checkbox"/> Completes analysis of effectiveness</p>	<p>Provider Acknowledgements</p>

	<p>of changes implemented</p> <p><input type="checkbox"/> Has system capable of tracking student completion information, to include student's name and dates of training, and maintains this information for at least 3 years</p> <p><input type="checkbox"/> Delivers certification of completion Exclusion Option *</p> <p><input type="checkbox"/> By checking this box, the organization acknowledges the understanding of the exclusion criteria which states: the NICCS SO reserves the right to refuse to list or to discontinue listings for an organization on the NICCS Portal that;</p> <ul style="list-style-type: none"> • Lists inaccurate or incorrect information on its submission form; • Has had serious complaints lodged against them with any regulatory body; • Denies service on the basis of color, race, religion, gender, sexual orientation, ancestry, nationality, or on any other basis not permitted by law; • Promotes or provides services which are unlawful; • Misrepresents, by omission or commission, pertinent facts regarding their services, organizational structure, or any other pertinent matters; • Fails to respond to requests for information from the NICSS SO; or, • Links to a site that exhibits hate, bias, discrimination, pornography, libelous or otherwise defamatory content. 	<p>To be considered for inclusion on the NICCS Education and Training Catalog, potential providers must acknowledge CISA's exclusion criteria and rights by reviewing the below and checking the corresponding check box. Check the box below to demonstrate acknowledgement of CISA's exclusion criteria*</p> <ul style="list-style-type: none"> • By Checking this box, the organization acknowledges that they will be removed from the Training Catalog if any of the following events occur: <ul style="list-style-type: none"> • Your organization listed inaccurate or incorrect information in your submission, • Your organization has had a serious complaint lodged against it with any regulatory body, • Your organization denies service on the basis of color, race, religion, gender, sexual orientation, ancestry, nationality, or on any other basis not permitted by law, • Your organization promotes or provides services which are unlawful, • Your organization misrepresents, by omission or commission, pertinent facts regarding their services, organizational structure, or any other pertinent matter, • Your organization fails to respond to requests from the NICCS SO, or • Your organization links to a site that exhibits hate, bias, discrimination,
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	<p>Withdraw Option *</p> <p><input type="checkbox"/> By checking this box, the organization acknowledges that the NICCS SO maintains the right to withhold and withdraw content from the NICCS portal that it deems inappropriate or insufficient.</p>	<p>pornography, libelous or otherwise defamatory content.</p> <p>Check the box below to demonstrate acknowledgement of CISA’s right to deny or remove training providers from the NICCS Education and Training Catalog*</p> <ul style="list-style-type: none"> • By checking this box, the organization acknowledges that CISA and the NICCS SO maintains the right to deny or remove training providers and content from the NICCS Education and training Catalog for the following reasons: <ul style="list-style-type: none"> • The linked website contains misleading information or unsubstantiated claims or is determined to be in conflict with CISA's mission or policies • The linked website fails to meet NICCS requirements for appearing in the Training Catalog • At CISA's sole discretion <p>Check the box below to demonstrate acknowledgement of CISA’s endorsement policy</p> <ul style="list-style-type: none"> • By checking this box, the organization acknowledges that presence in the NICCS Education and Training Catalog DOES NOT imply an endorsement of any specific commercial products, processes, or services. <p>Your participation in the NICCS Catalog does give you permission to use the Department of Homeland Security (DHS) Seal or CISA Logo. Furthermore, your participation in the Catalog does not imply an endorsement from DHS or CISA. Unauthorized use of</p>
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the Seal/Logo or false statements of endorsement may result in removal from the Catalog.

Check the box below to demonstrate acknowledgement of CISA's dispute procedures

- If a complaint is lodged against you, CISA will send you a written Notice along with any pertinent evidence. You have 15 days from the date marked on the Notice to respond. Once we have received your response, the matter will be reviewed by CISA. CISA will send you a Final Decision within 30 days of receipt of your response. If the complaint is found to be persuasive, your participation in the Catalog could be suspended or terminated.

The following is to be completed by an authorized representative of the provider:

I acknowledge I have read and understood the contents of this template, and have been given full opportunity to discuss the implications of this consent with any and all decision makers of my organization, and the information above is truthful and accurate.

Form Field Place Holder

NAME (Last, First) *

Title *

Date *

2020-08-07



The following is to be completed by an authorized representative of the provider.

I acknowledge I have read and understood the contents of this application and have been given full opportunity to discuss the implications of this content with any and all decision makers of my organization. I also acknowledge that the information above is truthful and accurate.

Authorized Representative Name (Last, First)*

Authorized Representative Title*

Submission Date*

Form Field Place Holder