

NISS Screenshots—Apr 2017

Facility Clearance *Telephonic Survey*

Add Record button of Telephonic Surveys sub form

Basic Information Record Information

CAGE Code

Facility Name

1. Date request accepted *

2. Date of Telephonic Survey

4. Requesting Cleared Contractor

4. Requesting Cleared Contractor Company Name

4. Requesting Government Contracting Activity

4-a. Requestor POC firstname

4-a. Requestor POC lastname

5. GCA POC Firstname

5. GCA POC Lastname

5-a. GCA POC Title

5-c. GCA POC Phone

5-b. GCA POC Email

6. Date Sponsor Contacted

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6-a. Sponsorship letter reviewed

Yes No

6-b. Sponsor Contract number

6-c. Is this a service contract?

Yes No

6-d. General description of why access to classified is required (type info)

7. Company website (type URL)

8. Does facility hold an FCL with another agency?

Yes No

9. FCL level required *

10. Safeguarding Level *

11. Accredited Information System Required at Facility *

Yes No

12. Facility legal name verified *

Yes No

13. Address verified with company *

Yes No

13-a. Address verified in SAM/BINCS *

Yes No

13-b. Is this facility on a military base/installation? *

Yes No

14. Total number of employees at sponsored facility?

14-a. Total number of employees to work on classified contract?

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15. Business structure *

15-a. If MFO what is the HOF (Type HOF CAGE/Name)

15-b. If Parent/Subsidiary, who is parent (Type Parent CAGE/Name)

15-c. If it is a Joint Venture, is it populated?

Yes No

15-d. Additional business structure information

16. Is the sponsored facility majority foreign owned?

Yes No

16-b. Comments on foreign ownership

17. Is the facility organized in one of the 50 states, District of Columbia, or any of the organized US territories to do business?

Yes No

17-a. Facility organized location comment

15-a-i. Is HOF Cleared

Yes No

15-b-i. Is Parent Cleared

Yes No

16-a. Is there any significant minority foreign ownership?

Yes No

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18-a. FSO Firstname *

18-a-i. Is FSO an employee of sponsored facility *

Yes No

18-a-ii. FSO Email *

18-a-iv Is the FSO's work address different from the address of the company?

Yes No

18-a-iv. FSO Work Location Address - Street 1

18-a-iv. FSO Work Location Address - Street 2

18-a-iv. FSO Work Location Address - City

18-a-iv. FSO Work Location Address - State

18-a-iv. FSO Work Location Address - Zip Code

18-b. SMO Firstname *

18-c. ITPSO Firstname

18-o-i. ITPSO Email

18-o-iii Is the ITPSO's work address different from the address of the company?

Yes No

18-o-iii. ITPSO Work Location Address - Street 1

18-o-iii. ITPSO Work Location Address - Street 2

18-a. FSO Lastname *

18-a-iii. FSO Phone Number

18-b. SMO Lastname *

18-c. ITPSO Lastname

18-o-ii. ITPSO Phone

18-o-iii. ITPSO Work Location Address - City

18-o-iii. ITPSO Work Location Address - State

18-o-iii. ITPSO Work Location Address - Zip Code

18-d. Are all KMPs American citizens? *

Yes No

18-e. Are any KMPs dual citizens? *

Yes No

18-f. Additional KMP related Information

19. Facility/KMP Checked in SAM for Debarment *

Yes No

19-a. Additional Facility/KMP Information

20. Orientation handbook and FCL process reviewed with POC *

Yes No

20-a. 20/45 day discontinuation points reviewed with FSO *

Yes No

20-a-i. 20 day discontinuation point

20-a-ii. 45 day discontinuation point

20-b. Additional Comment for -- 20. Orientation handbook and FCL process reviewed with POC

21. Documents required for e-FCL submission reviewed with FSO

Yes No

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