

Department of Defense Trusted Capital Digital Marketplace

Proposed Electronic Collection Instrument

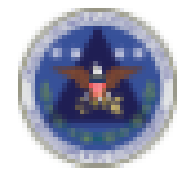


Proposed Collection Instrument

This document is designed to provide an overview of a proposed electronic collection instrument for the Department of Defense Trusted Capital Digital Marketplace.

The following sections contain images and selectable values available to potential respondents.

Capital Provider Registration Page



Home

Capital Provider Registration

Admission Notice: Entrance into Trusted Capital and the Trusted Capital Marketplace is provided by invitation to companies that receive favorable determinations. Trusted Capital will contact an applicant to request additional information as required during the application review process, all contact will be made electronically using the e-mail provided during the application process.

AGENCY DISCLOSURE NOTICE

OMB CONTROL NUMBER: 0704-XXXX
OMB EXPIRATION DATE: XX/XX/XXXX

The public reporting burden for this collection of information, 0704-XXXX is estimated to average 90 minutes 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. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

By submitting the application below, you consent to the following:

§ I hereby authorize the Department of Defense to evaluate this application, which may include evaluation by U.S. Government personnel to include the Office of the Director of National Intelligence (ODNI), U.S. Government contractor employees and companies that have a non-disclosure agreement with the U.S. Government.

§ My statements in this application, and on any attachments to it, are true, complete, and correct to the best of my knowledge and are made in good faith. By submitting this application, I assert that I have the authorized right to be the signatory and attest to the accuracy of the representations and certifications provided.

I agree and wish to continue

* First Name	Middle Name	* Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* Email Address	* User Name		
<input type="text"/>	<input type="text"/>		
* Company Name	* Phone		
<input type="text"/>	<input type="text"/>		
Doing Business As			
<input type="text"/>			
* EIN	* Entity Type	* US State of Bus. Entity Registration	
<input type="text"/>	<div style="border: 1px solid gray; padding: 2px;"><input checked="" type="checkbox"/> C-CORP <input type="checkbox"/> S-CORP <input type="checkbox"/> B-CORP <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company</div>	<input type="text"/>	
Business Headquarters Address:			
* Street	* City	* State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other Business Address: Other Offices in the US			
Street	City	State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other Business Address: Other Office in Foreign Countries			
Street	City	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Register



Note: The OMB Control Number and Expiration Date may not appear on all images in this document but they are always visible to the user

See next slide for lists of options

Location Values - Domestic and International

Capital Provider Registration Page List of States

AK
AL
AR
AS
AZ
CA
CO
CT
DC
DE
FL
GA
GU
HI
IA
ID
IL
IN
KS
KY
LA
MA
MD
ME
MI
MN
MO
MP
MS
MT
NC
ND
NE
NH
NJ
NM
NV
NY
OH
OK
OR
PA
PR
RI
SC
SD
TN
TX
UT
VA
VI
VT
WA
WI
WV
WY

Afghanistan
Albania
Algeria
Andorra
Angola
Antigua and Barbuda
Argentina
Armenia
Australia
Austria
Azerbaijan
Bahamas, The
Bahrain
Bangladesh
Barbados
Belarus
Belgium
Belize
Benin
Bhutan
Bolivia
Bosnia and Herzegovina
Botswana
Brazil
Brunei
Bulgaria
Burkina Faso
Burma
Burundi
Cabo Verde
Cambodia
Cameroon
Canada
Central African Republic
Chad
Chile
China
Colombia
Comoros
Congo (Brazzaville - Republic of the Congo)
Congo (Kinshasa - Democratic Republic of the Congo)
Costa Rica
Cote D'Ivoire
Croatia
Cuba
Cyprus
Czech Republic
Denmark
Djibouti
Dominica
Dominican Republic
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Estonia
Eswatini
Ethiopia
Fiji
Finland
France
Gabon
Gambia, The
Georgia
Germany
Ghana
Greece
Grenada
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Holy See (Vatican City)
Honduras
Hungary
Iceland
India
Indonesia
Iran
Iraq
Ireland
Israel
Italy
Jamaica
Japan
Jordan
Kazakhstan
Kenya
Kiribati
Korea (Dem. Peoples Rep. of)
Korea (Republic of)
Kosovo
Kuwait
Kyrgyzstan
Laos
Latvia
Lebanon
Lesotho
Liberia
Libya
Liechtenstein
Lithuania
Luxembourg
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta

Marshall Islands
Mauritania
Mauritius
Mexico
Micronesia
Moldova
Monaco
Mongolia
Montenegro
Morocco
Mozambique
Namibia
Nauru
Nepal
Netherlands
New Zealand
Nicaragua
Niger
Nigeria
North Macedonia
Norway
Oman
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Romania
Russia
Rwanda
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa
South Sudan
Spain
Sri Lanka
Sudan
Suriname
Sweden
Switzerland
Syria
Tajikistan
Tanzania
Thailand
Timor-Leste
Togo
Tonga
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
United Arab Emirates
United Kingdom
Uruguay
Uzbekistan
Vanuatu
Venezuela
Vietnam
Yemen
Zambia
Zimbabwe

Country Source: US Department of State
Countries & Areas
<https://www.state.gov/countries-areas/>

Capital Provider Application – Section A, Page 1



Section A: Capital Provider Description

1. Please provide your company's investment thesis

2. Please provide the names of all General Partners on the investor team and any Security Clearance.

Full Name

Country of Citizenship

--None--



Same list of countries on previous slide, but includes US

+Add Row

3. Please indicate the primary, secondary, and tertiary technology sector and sub-sectors your company invests in:

* Primary Sector

--None--

See next slide for lists of all options

Primary Sub Sector

Available

Chosen

(Optional)

Secondary Sector

--None--

Tertiary Sector

--None--

Secondary Sub Sector

Available

Chosen

Tertiary Sub Sector

Available

Chosen

Sector and Subsector Values

PRIMARY, SECONDARY, & TERTIARY SECTORS:

Biotechnology,
Artificial intelligence (AI) and machine learning technology
Position, Navigation, and Timing (PNT) technology.
Microprocessor technology
Advanced computing technology
Data analytics technology
Quantum information and sensing technology
Logistics technology
Additive manufacturing (e.g., 3D printing)
Robotics
Brain-computer interfaces
Hypersonics
Advanced Materials
Advanced surveillance technologies

PRIMARY, SECONDARY, & TERTIARY SECTORS WITH SUBSECTORS:

Biotechnology

- (i) Nanobiology
- (ii) Synthetic biology
- (iv) Genomic and genetic engineering; or
- (v) Neurotech

Artificial intelligence (AI) and machine learning technology

- (i) Neural networks and deep learning (e.g., brain modelling, time series prediction, classification)
- (ii) Evolution and genetic computation (e.g., genetic algorithms, genetic programming)
- (iii) Reinforcement learning
- (iv) Computer vision (e.g., object recognition, image understanding)
- (v) Expert systems (e.g., decision support systems, teaching systems)
- (vi) Speech and audio processing (e.g., speech recognition and production)
- (vii) Natural language processing (e.g., machine translation)
- (viii) Planning (e.g., scheduling, game playing)
- (ix) Audio and video manipulation technologies (e.g., voice cloning, deepfakes)
- (x) AI cloud technologies; or
- (xi) AI chipsets

Position, Navigation, and Timing (PNT) technology

(none)

PRIMARY, SECONDARY, & TERTIARY SECTORS WITH SUBSECTORS:

Microprocessor technology

- (i) Systems-on-Chip (SoC); or
- (ii) Stacked Memory on Chip

Advanced computing technology

- (i) Memory-centric logic

Data analytics technology

- (i) Visualization
- (ii) Automated analysis algorithms
- (iii) Context-aware computing

Quantum information and sensing technology

- (i) Quantum computing
- (ii) Quantum encryption; or
- (iii) Quantum sensing

Logistics technology

- (i) Mobile electric power
- (ii) Modeling and simulation
- (iii) Total asset visibility
- (iv) Distribution-based Logistics Systems (DBLS)

Additive manufacturing (e.g., 3D printing)

Robotics

- (i) Micro-drone and micro-robotic systems
- (ii) Swarming technology
- (iii) Self-assembling robots
- (iv) Molecular robotics
- (v) Robot compliers; or
- (vi) Smart Dust

Brain-computer interfaces

- (i) Neural-controlled interfaces
- (ii) Mind-machine interfaces
- (iii) Direct neural interfaces; or
- (iv) Brain-machine interfaces

Hypersonics

- (i) Flight control algorithms
- (ii) Propulsion technologies
- (iii) Thermal protection systems; or
- (iv) Specialized materials (for structures, sensors, etc.)

Advanced Materials

- (i) Adaptive camouflage
- (ii) Functional textiles (e.g., advanced fiber and fabric technology); or
- (iii) Biomaterials

Advanced surveillance technologies

- (i) Faceprint and voiceprint technologies

Capital Provider Application - Section A, Page 2

4. Please provide a list of your current portfolio companies.

* Portfolio Company Name * Country Of Headquarters * Website

Same list of countries previously shown

+Add Row

5. Please list the following for all your completed transactions over the past ten years.

* Name of Portfolio Company Sold/Exited * Acquiring Company/IPO * Date of Transaction

* Acquiring Company HQ Country

+Add Row

6. How much total capital do the funds or fund have available to deploy in support of dual use technology of interest to the U.S.

* Fund Name of Capital Provider * Remaining Capital Available to Deploy * Total Fund Size * Average Target Transaction Size

+Add Row

7. At what stages does your company look to invest in?

* Preferred Investment Stages

Available

- SEED/Angel
- Series A
- Series B
- Series C
- Series D
- PE

Chosen

8. How many average investments does the fund typically make per year?

Average Investments Per Year

List is 1-100

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Capital Provider Application - Section B, Page 1

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> Section A: Capital Provider Description

▼ Section B: Foreign Interests

* I understand that the evaluation process will include a review of entities associated with [countries of special concern](#).

1. Who among the fund's ownership and governing body (Limited Partners, Board of Directors, Board of Governors, Managing Council, LLC management committee, GPs) are non-U.S. citizens or foreign-owned business entities? Please detail by country affiliation and percentage of aggregate voting rights for all stock held.

* Name of Entity or Individual	* Type of Relationship w/Capital Provider	* Country of Affiliation	* Voting Rights (%)
<input type="text"/>	<input type="text"/>	<input type="text" value="--None--"/>	<input type="text"/>

Same list of countries previously shown

+Add Row

2. Has the fund ever completed the SF-328 Certificate Pertaining to Foreign Interests?

3. Has your company faced any negative regulatory actions, (e.g. SEC, contract debarment)?

Options are:

- ✓ --None--
- Yes
- No

4. Has the fund or any connected party been convicted of a felony?

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> Section C: Cyber

> Section D: Upload Files

Capital Provider Application – Section B, Page 2



> Section A: Capital Provider Description

∨ Section B: Foreign Interests

* I understand that the evaluation process will include a review of entities associated with [countries of special concern](#).

1. Who among the fund's ownership and governing body (Limited Partners, Board of Directors, Board of Governors, Managing Council, LLC management committee, GPs) are non-U.S. citizens or foreign-owned business entities? Please detail by country affiliation and percentage of aggregate voting rights for all stock held.

* Name of Entity or Individual	* Type of Relationship w/Capital Provider	* Country of Affiliation	* Voting Rights (%)
<input type="text"/>	<input type="text"/>	--None--	<input type="text"/>

+Add Row

2. Has the fund ever completed the SF-328 Certificate Pertaining to Foreign Interests?

Yes

If yes, please upload attachment as PDF

Or drop files

3. Has your company faced any negative regulatory actions, (e.g. SEC, contract debarment)?

Yes

If yes, please list the Negative Actions.

* Negative Actions

+Add Row

4. Has the fund or any connected party been convicted of a felony?

--None--

If #2 or #3 are Yes, additional fields become available

Capital Provider Application – Section C

> Section A: Capital Provider Description

> Section B: Foreign Interests

Section C: Cyber

1. Has the Capital Provider been accredited with the Cybersecurity Maturity Model Certification (CMMC)?

No

Options for all are:

- ✓ --None--
- Yes
- No

Note: If the answer to #1 is Yes, then #1.b does not appear.

1.b If not, what standard does the Capital Provider use to ensure cybersecurity compliance or achieve compliance with requirements outlined in Federal Acquisition Regulation Part 52.204-21(b)?

- None-- Has an independent third-party certification body, also known as third-party auditor, ever conducted an audit of your information systems and associated practices
- None-- Does your organization have a "System Security Plan"
- None-- Does your security posture limit information system access to authorized users (including processes acting on behalf of authorized users, or devices).
- None-- Does your security posture limit information system access to the types of transactions and functions that authorized users are permitted to execute.
- None-- Does your security posture verify and control/limit connections to and use of external information systems.
- None-- Do you control information posted or processed on publicly accessible information systems?
- None-- Do you identify information system users, processes acting on behalf of users, or devices (e.g. can processes be traced to the individual user).
- None-- Do you authenticate (or verify) the identities of those users, processes, or devices, as a prerequisite to allowing access to organizational information systems (e.g. username/password, multi-factor authentication, etc.).
- None-- Do you sanitize or destroy information system media containing federal contract, proprietary, export controlled, or sensitive information before disposal or release for reuse.
- None-- Do you limit physical access to organizational information systems, equipment, and the respective operating environments to authorized individuals (e.g. physical security).
- None-- Does your security posture provide access to information systems or information systems facilities: escort visitors and monitor visitor activity; maintain audit logs of physical access; and control and manage physical access devices (e.g. a log for access to information systems or sensitive areas, such as data centers or computing facilities).
- None-- Do you monitor, control, and protect organizational communications at the external boundaries and key internal boundaries of the information systems (e.g. sensitive information transmitted across external boundaries).
- None-- Did you implement subnetworks for publicly accessible system components that are physically or logically separated from internal networks (e.g. maintaining physical or logical separation between public-facing systems and internal assets).
- None-- Do you identify, report, and correct information and information system flaws in a timely manner (e.g. addressing information system vulnerabilities in a timely manner).
- None-- Does your security posture provide protection from malicious code at appropriate locations (e.g. antivirus or security software on devices where relevant).
- None-- Do you update malicious code protection mechanisms when new releases are available (e.g. antivirus or security software definitions and updates to address risks).
- None-- Do you perform periodic scans of the information system and real-time scans of files from external sources as files are downloaded, opened, or executed (e.g. ensuring protection from malicious attachments or downloads).

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> Section D: Upload Files

Capital Provider Application – Section D (Upload Option)

Home Search venture ▾

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Progress bar: [Step 1: Complete] [Step 2: Complete] [Step 3: Complete] [Step 4: Active]

- > Section A: Capital Provider Description
- > Section B: Foreign Interests
- > Section C: Cyber
- ▼ [Section D: Upload Files](#)

If you would like to upload any additional attachments (e.g., pitch decks, marketing brochure, and others). Please attach as PDFs.

[Upload Files](#) Or drop files

[Previous](#) [Save Draft](#) [Submit](#)

Capability Provider Registration Page

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Capability Provider Registration

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My statements in this application, and on any attachments to it, are true, complete, and correct to the best of my knowledge and are made in good faith. By submitting this application, I assert that I have the authorized right to be the signatory and attest to the accuracy of the representations and certifications provided.

I agree and wish to continue

* First Name <input type="text" value="First Name"/>	Middle Name <input type="text" value="Middle Name"/>	* Last Name <input type="text" value="Last Name"/>	
* Email Address <input type="text" value="Email"/>	* User Name <input type="text" value="Username"/>		
* Company Name <input type="text" value="Company"/>	* Phone <input type="text" value="Phone"/>		
Doing Business As: <input type="text" value="Doing Business As"/>			
* EIN <input type="text" value="EIN"/>	* Entity Type <input type="text"/>	* US State of Bus. Entity Registration <input type="text"/>	
Business Headquarters Address:			
* Street <input type="text" value="Street"/>	* City <input type="text" value="City"/>	* State <input type="text"/>	
Other Business Address: Other Offices in the US			
Street <input type="text" value="Street"/>	City <input type="text" value="City"/>	State <input type="text"/>	
Other Business Address: Other Office in Foreign Countries			
Street <input type="text" value="Street"/>	City <input type="text" value="City"/>	State <input type="text"/>	Country <input type="text"/>

Register

Same lists as for Capital Provider

Capability Provider Application – Section A, Page 1



Section A: Capability Provider Description

1. Please provide a brief description of the company:

2. Please indicate the primary, secondary, and tertiary Government technology sector and sub-sectors your company is engaged in:

* Primary Sector

See next slide for lists of all options

* Primary Sub Sector

Available

Nanobiology
Synthetic biology
Neurotech

Chosen

Genomic and genetic engineering

(Optional)

Secondary Sector

Tertiary Sector

Secondary Sub Sector

Available

Chosen

Tertiary Sub Sector

Available

Chosen

Sector and Subsector Values

PRIMARY, SECONDARY, & TERTIARY SECTORS:

Biotechnology,
Artificial intelligence (AI) and machine learning technology
Position, Navigation, and Timing (PNT) technology.
Microprocessor technology
Advanced computing technology
Data analytics technology
Quantum information and sensing technology
Logistics technology
Additive manufacturing (e.g., 3D printing)
Robotics
Brain-computer interfaces
Hypersonics
Advanced Materials
Advanced surveillance technologies

PRIMARY, SECONDARY, & TERTIARY SECTORS WITH SUBSECTORS:

Biotechnology

- (i) Nanobiology
- (ii) Synthetic biology
- (iv) Genomic and genetic engineering; or
- (v) Neurotech

Artificial intelligence (AI) and machine learning technology

- (i) Neural networks and deep learning (e.g., brain modelling, time series prediction, classification)
- (ii) Evolution and genetic computation (e.g., genetic algorithms, genetic programming)
- (iii) Reinforcement learning
- (iv) Computer vision (e.g., object recognition, image understanding)
- (v) Expert systems (e.g., decision support systems, teaching systems)
- (vi) Speech and audio processing (e.g., speech recognition and production)
- (vii) Natural language processing (e.g., machine translation)
- (viii) Planning (e.g., scheduling, game playing)
- (ix) Audio and video manipulation technologies (e.g., voice cloning, deepfakes)
- (x) AI cloud technologies; or
- (xi) AI chipsets

Position, Navigation, and Timing (PNT) technology

(none)

PRIMARY, SECONDARY, & TERTIARY SECTORS WITH SUBSECTORS:

Microprocessor technology

- (i) Systems-on-Chip (SoC); or
- (ii) Stacked Memory on Chip

Advanced computing technology

- (i) Memory-centric logic

Data analytics technology

- (i) Visualization
- (ii) Automated analysis algorithms
- (iii) Context-aware computing

Quantum information and sensing technology

- (i) Quantum computing
- (ii) Quantum encryption; or
- (iii) Quantum sensing

Logistics technology

- (i) Mobile electric power
- (ii) Modeling and simulation
- (iii) Total asset visibility
- (iv) Distribution-based Logistics Systems (DBLS)

Additive manufacturing (e.g., 3D printing)

Robotics

- (i) Micro-drone and micro-robotic systems
- (ii) Swarming technology
- (iii) Self-assembling robots
- (iv) Molecular robotics
- (v) Robot compliers; or
- (vi) Smart Dust

Brain-computer interfaces

- (i) Neural-controlled interfaces
- (ii) Mind-machine interfaces
- (iii) Direct neural interfaces; or
- (iv) Brain-machine interfaces

Hypersonics

- (i) Flight control algorithms
- (ii) Propulsion technologies
- (iii) Thermal protection systems; or
- (iv) Specialized materials (for structures, sensors, etc.)

Advanced Materials

- (i) Adaptive camouflage
- (ii) Functional textiles (e.g., advanced fiber and fabric technology); or
- (iii) Biomaterials

Advanced surveillance technologies

- (i) Faceprint and voiceprint technologies

Capability Provider Application Section A – Sectors and Subsectors

Capability Provider Application – Section A, Page 2

3. Please list any company patents on critical defense technology by name and number:

Patent Name Patent Number Country Of Patent

Same list of countries previously shown

+Add Row

4. List customer names and percentages of annual revenue by customer?

Customer Name Country of Affiliation Percentage Contribution (%)

+Add Row

5. Is your company currently looking to raise an equity round of financing?

Options are:
 --None--
 Yes
 No

If Yes:

- SEED/Angel
- Series A
- Series B
- Series C
- Series D
- PE

Capability Provider Application – Section B, Page 1

Options for #1-6 and #8 are:

- ✓ --None--
- Yes
- No

Home Search kvortex

> Section A: Capability Provider Description

Section B: Foreign Interests

* I understand that the evaluation process will include a review of entities associated with countries of special concern.

1. Among the company's ownership and governing body (e.g., board of directors; board of governors; managing council; LLC management committee), are any non-U.S. citizens or foreign-owned business entities?

--None--

2. Does the company pay towards any service contracts, joint ventures, partnerships, and/or business relationships to individuals or companies based outside of the United States?

--None--

3. Does your company manufacture physical products?

--None--

4. Has your company faced any negative regulatory actions, (e.g. SEC, contract debarment)?

--None--

5. Has the company or any connected party been convicted of any felonies?

--None--

6. Are the company's taxes filed and current?

--None--

7. Does your company have a Defense Counterintelligence and Security Agency (DCSA) (formerly Defense Security Service (DSS)) Facility Clearance? If so, please provide details in an attachment.

--None--

8. Has the company ever completed the SF-328 Certificate Pertaining to Foreign Interests (rev. 11/2018)?

--None--

- ✓ --None--
- Yes
- No
- On Hold

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Capability Provider Application – Section B, Page 2

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If #1, #2 or #3 are Yes, additional fields become available

> Section A: Capability Provider Description

Section B: Foreign Interests

* I understand that the evaluation process will include a review of entities associated with countries of special concern.

1. Among the company's ownership and governing body (e.g., board of directors; board of governors; managing council; LLC management committee), are any non-U.S. citizens or foreign-owned business entities?

Yes

If so, please provide the additional information requested.

* Name of Entity or Individual
* Country of Affiliation
--None--

+Add Row

2. Does the company pay towards any service contracts, joint ventures, partnerships, and/or business relationships to individuals or companies based outside of the United States?

Yes

If so, please provide the additional information requested.

* Contract Name/Individual
* Country Affiliation
--None--

+Add Row

3. Does your company manufacture physical products?

Yes

a) What % of materials are imported come from foreign sources

* Material Name/Type
* Percentage of Component (%)
* Country of Affiliation
--None--

+Add Row

Same list of countries as previous slides

Capability Provider Application – Section B, Page 3

If #4, #7 or #8 are Yes, additional fields become available

Home Search kvortex

4. Has your company faced any negative regulatory actions, (e.g. SEC, contract debarment)?

Yes

If yes, please list the Negative Actions.

* Negative Actions

+Add Row

5. Has the company or any connected party been convicted of any felonies?

--None--

6. Are the company's taxes filed and current?

--None--

7. Does your company have a Defense Counterintelligence and Security Agency (DCSA) (formerly Defense Security Service (DSS)) Facility Clearance? If so, please provide details in an attachment.

Yes

If yes, please upload attachment as PDF

Upload Files Or drop files

8. Has the company ever completed the SF-328 Certificate Pertaining to Foreign Interests (rev. 11/2018)?

Yes

If yes, please upload attachment as PDF

Upload Files Or drop files

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> Section C: Cyber

> Section D: Upload Files

Capability Provider Application – Section C

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OMB EXPIRATION DATE: XX/XX/XXXX

● ————— ● ————— ● ————— ●

> Section A: Capability Provider Description

> Section B: Foreign Interests

▼ Section C: Cyber

Options for all are:
✓ --None--
Yes
No

1. Has the Company been accredited with the Cybersecurity Maturity Model Certification (CMMC)?

No ▼

Note: If the answer to #1 is Yes, then #1.b does not appear.

1.b If not, what standard does the Company use to ensure cybersecurity compliance or achieve compliance with requirements outlined in Federal Acquisition Regulation Part 52.204-21(b)?

--None-- ▼	Has an independent third-party certification body, also known as third-party auditor, ever conducted an audit of your information systems and associated practices
--None-- ▼	Does your organization have a "System Security Plan"
--None-- ▼	Does your security posture limit <u>information system</u> access to authorized users (including processes acting on behalf of authorized users, or devices).
--None-- ▼	Does your security posture limit <u>information system</u> access to the types of transactions and functions that authorized users are permitted to execute.
--None-- ▼	Does your security posture verify and control/limit connections to and use of external <u>information systems</u> .
--None-- ▼	Do you control <u>information</u> posted or processed on publicly accessible <u>information systems</u> ?
--None-- ▼	Do you identify <u>information system</u> users, processes acting on behalf of users, or devices (e.g. can processes be traced to the individual user).
--None-- ▼	Do you authenticate (or verify) the identities of those users, processes, or devices, as a prerequisite to allowing access to organizational <u>information systems</u> (e.g. username/password, multi-factor authentication, etc.).
--None-- ▼	Do you sanitize or destroy <u>information system</u> media containing <u>federal contract, proprietary, export controlled, or sensitive information</u> before disposal or release for reuse.
--None-- ▼	Do you limit physical access to organizational <u>information systems, equipment, and the respective operating environments</u> to authorized individuals (e.g. physical security).
--None-- ▼	Does your security posture provide access to information systems or information systems facilities: escort visitors and monitor visitor activity; maintain audit logs of physical access; and control and manage physical access devices (e.g. a log for access to information systems or sensitive areas, such as data centers or computing facilities).
--None-- ▼	Do you monitor, control, and protect organizational communications at the external boundaries and key internal boundaries of the <u>information systems</u> (e.g. sensitive <u>information</u> transmitted across external boundaries).
--None-- ▼	Did you implement subnetworks for publicly accessible system <u>components</u> that are physically or logically separated from internal networks (e.g. maintaining physical or logical separation between public-facing systems and internal assets).
--None-- ▼	Do you identify, report, and correct <u>information and information system</u> flaws in a timely manner (e.g. addressing information system vulnerabilities in a timely manner).
--None-- ▼	Does your security posture <u>provide</u> protection from malicious code at appropriate locations (e.g. antivirus or security software on devices where relevant).
--None-- ▼	Do you update malicious code protection mechanisms when new releases are available (e.g. antivirus or security software definitions and updates to address risks).
--None-- ▼	Do you perform periodic scans of the information system and real-time scans of files from external sources as files are downloaded, opened, or executed (e.g. ensuring protection from malicious attachments or downloads).

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> Section D: Upload Files

Capability Provider Application – Section D (Upload Option)

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OMB CONTROL NUMBER: 0704-XXXX
OMB EXPIRATION DATE: XXXX/XXXX

> Section A: Capability Provider Description

> Section B: Foreign Interests

> Section C: Cyber

▼ [Section D: Upload Files](#)

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