

**DOD CONTRACTOR DISCLOSURE PROGRAM**

<b>A. OFFICIAL SUBMITTING DISCLOSURE</b>			
A.1. Name:	Last	First	MI
A.2. Address:			
	City	State	Zip
A.3. Telephone Number:	ext.		
A.4. Title/Position:			
A.5. Email:			
<b>B. CONTRACTOR DATA</b>			
B.1. Contractor:			
B.2. Affected Corporate Branch/Division/Sector:			
B.3. Doing Business As (dba):			
B.4. Contractor's Address:			
	City	State	Zip
B.5. Telephone Number:	ext.		
B.6. Commercial and Government Entity Code (CAGE):			
B.7. Data Universal Numbering System (DUNS):			
B.8. Senior Corporate Point of Contact (POC) :	Last	First	MI
B.8.1 Senior Corporate (POC) Telephone Number:	ext.		
<b>C. AFFECTED CONTRACT(S)</b>			
C.1. Number:			
C.2. Short Title:			
C.3. Contract Type:			
C.4. Contract Value:	\$		
C.5. Description of Services/Supplies/System:			
	Check box if additional information on page 4, Section G		

C.6. Identify End Users:	
Check box if additional information on page 4, Section G	
C.7. Contracting Officer Name:	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>MI</span> </div>
C.8. Contracting Office Address:	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>State</span> <span>Zip</span> </div>
C.8.1. Contracting Officer's Telephone Number:	ext.
C.9. Contract performance location:	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>State</span> <span>Zip</span> </div>
C.10. Contracting Officer's Technical Representative (COTR):	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>MI</span> </div>
C.11. COTR Telephone Number:	ext.
C.12. List all Federal agencies currently doing business with i.e., Veteran's Administration, General Service Administration:	

<b>D. DISCLOSURE</b>			
D.1. Date Contractor learned of potential violation:			
D.2. Provide a full description of the nature of the violation(s) being disclosed, including the period during which the violation occurred, names of individuals involved and an explanation of their roles in the allegations and the relevant periods of their involvement:	Check box if additional information on page 4, Section G		
D.3. Safety or operational hazards:			
D.3.1. Measures taken to mitigate safety or operational hazards:			
D.4. Estimated financial impact to the Government:	\$		
<b>E. OVERPAYMENT</b>			
E.1. Did an overpayment occur:			
E.2. Estimated amount of overpayment:	\$		
<b>F. COMPANY INTERNAL INVESTIGATION</b>			
F.1. Has an investigation been conducted:			
F.2. Describe the scope of the investigation (records reviewed, number and positions of employees interviewed, etc.):	Check box if additional information on page 4, Section G		
F.3. Is the company willing to provide a copy of the investigative report:			
F.4. Measures taken to prevent recurrence:	Check box if additional information on page 4, Section G		

**G. Additional Information**

**H. ACKNOWLEDGEMENTS**

H.1. I state that this Contractor Disclosure Program submission is true and accurate to the best of my knowledge as of the date of its submission.

Name:

Signature:

Date: