

# National Technology & Engineering Solutions of Sandia, LLC

(a wholly owned subsidiary of Honeywell International, Inc.) as Operator of  
Sandia National Laboratories

## Participant Data Sheet (PDS)

Sandia National Laboratories Internal Use Only – Agreement Number: \_\_\_\_\_

ALL APPLICABLE SECTIONS MUST BE COMPLETED BEFORE SANDIA NATIONAL LABORATORIES CAN PROCESS YOUR AGREEMENT

<b>1.0</b> Please provide information for our long-term records and communications with your company/agency.			
<b>1.1</b>	Company/Agency Name:	DUNS Number:	
	Address for Overnight Delivery:		
	City:	State:	Country:
	Zip/Postal Code:	Phone:	Fax:
<b>1.2</b>	Parent Company (if applicable):		

<b>2.0</b> Please provide (if applicable) the pertinent information for the <b>division</b> in your company/agency with whom Sandia National Laboratories will be working. <b>If Part 2 is not completed, then Parts 3-12 will apply to the entity listed in Part 1.</b>		
	Division Name:	
	Address for Overnight Delivery:	
	City:	State: Country:
	Zip/Postal Code:	Phone: Fax:
	Industry Classification:	

<b>3.0</b> Please provide the company/division or agency name as you want it to appear on the agreement.		

<b>4.0</b> Please provide specific points of contact within your company/division or agency.			
<b>4.1</b>	Please provide the <b>technical point of contact</b> with whom our technical staff will be working.		
	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
	Name:		Email:
	Address for Overnight Delivery:		
	City:	State:	Country:
	Zip/Postal Code:	Phone: Fax:	
<b>4.2</b>	This agreement may involve the negotiation of legal and/or business terms and conditions between your company/division or agency and Sandia National Laboratories. Please provide the <b>non-technical point of contact</b> for questions (e.g. corporate/agency attorney, contracts manager, etc.).		
	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
	Name:		Email:
	Address for Overnight Delivery:		
	City:	State:	Country:
	Zip/Postal Code:	Phone: Fax:	

<b>4.3</b>	Please provide contact information of the individual with <b>signing authority</b> for your company/division or agency.				
	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Name:	
	Title:		Email:		
	Address for Overnight Delivery:				
	City:		State:	Country:	
	Zip/Postal Code:		Phone:	Fax:	
<b>4.4</b>	Which party should we use as our <b>primary point of contact</b> ?		Technical <input type="checkbox"/>	Non-Technical <input type="checkbox"/>	Signatory <input type="checkbox"/>

**5.0** Provide information for the company/division or agency listed in Part 1 or 2.  
 NOTE: **5.1, 5.2, 5.4, and 5.5 must be answered.** Disregard Part 5 if the entity listed in Part 1 or 2 is a government

<b>5.1</b>	<input type="checkbox"/> A U.S.-owned business	<input type="checkbox"/> A non U.S.-owned business
<b>5.2</b>	<input type="checkbox"/> A U.S.-controlled business	<input type="checkbox"/> A non U.S.-controlled business
<b>5.3</b>	<input type="checkbox"/> A multi-national company (i.e., U.S.-owned with foreign research and/or manufacturing facilities)	
<b>5.4</b>	State of Incorporation:	Country of Incorporation:
<b>5.5</b>	Does the company/division have operations in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**6.0** Will the products, processes, or services for use or sale in the United States that are the result of inventions or other intellectual property arising from the performance of the anticipated agreement be substantially manufactured in the United States?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**7.0** Are all employees and subcontractors of the company/division or agency listed in Parts 1 and 2 who will be receiving information and/or intellectual property from Sandia National Laboratories under this proposed agreement **CITIZENS OF THE UNITED STATES**?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>7.1</b>	If 7.0 is NO, of what countries are the recipients a citizen? (Attach additional information sheets to list all applicable recipients/countries if necessary)	
Name:	Country:	U.S. Immigration Status:
Name:	Country:	U.S. Immigration Status:
Name:	Country:	U.S. Immigration Status:

**8.0** Are any employees of the company/division or agency listed in Parts 1 and 2 who are involved in negotiating this agreement either current or former ("former" meaning within the last 6 months) employees, consultants, or contractors of:

<b>8.1</b>	NTESS, LLC?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>
<b>8.2</b>	Honeywell International, Inc. or its named businesses?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>
<b>8.3</b>	Kansas City National Security Campus/ Honeywell Federal Manufacturing and Technologies (FM&T)?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>

8.4	Nevada National Security Site/Mission Support and Test Services (MSTS)?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>
8.5	Savannah River National Laboratory/ Savannah River Nuclear Solutions (SRNS)?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>
8.6	Plymouth Trusted Foundry?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>
8.7	Northrup Grumman?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>
8.8	Universities Research Association, Inc. (URA)?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>
8.9	Longenecker and Associates, Inc.?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>
8.10	Sandia Technical Partners (STP) and its member companies?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>
8.11	The Department of Energy?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	No <input type="checkbox"/>
<b>Name the individual(s) and associations, if any, on an attachment.</b>				

<b>9.0</b>		The company/division or agency listed in Part 2 is a(n) (check all that apply):		
9.1	<input type="checkbox"/> U.S.-owned business meeting criteria of a small business under those defined by the US Small Business Administration <a href="https://www.sba.gov/">https://www.sba.gov/</a>			
9.2	<input type="checkbox"/> Large business (500 or more employees)			
9.3	<input type="checkbox"/> Non-profit organization or business under the U.S. Internal Revenue Code			
9.4	<input type="checkbox"/> Consortium or member of a consortium or partnership under the potential agreement			
9.5	<input type="checkbox"/> Formed as a joint venture			
9.6	<input type="checkbox"/> Trade association			
9.7	<input type="checkbox"/> Honeywell International, Inc. or its wholly owned subsidiaries including Federal Manufacturing and Technologies, currently known as the Kansas City National Security Campus, and Honeywell Automation and Controls Sustainable Technologies			
9.8	<input type="checkbox"/> U.S. local government entity			
9.9	<input type="checkbox"/> U.S. state government entity			
9.10	<input type="checkbox"/> U.S. federal government agency			
9.11	<input type="checkbox"/> Contractor to a U.S. federal government agency requesting access to Sandia National Laboratories intellectual property for use on behalf of the U.S. government			
9.12	<input type="checkbox"/> U.S. institution of higher education (please specify below)			
	<input type="checkbox"/> State-chartered institution		<input type="checkbox"/> Private institution	
9.13	<input type="checkbox"/> Department of Energy National Laboratory			
9.14	<input type="checkbox"/> Historically black college or university			
9.15	<input type="checkbox"/> Certified 8A firm			
9.16	<input type="checkbox"/> Disadvantaged business			
9.17	<input type="checkbox"/> Woman-owned business			
9.18	<input type="checkbox"/> Minority-owned business			
9.19	<input type="checkbox"/> Native American-owned business			
9.20	<input type="checkbox"/> Hispanic American-owned business			
9.21	<input type="checkbox"/> African American-owned business			
9.22	<input type="checkbox"/> Asian American-owned business			
9.23	<input type="checkbox"/> Tribal government			

9.24	<input type="checkbox"/> Foreign company/government entity		
9.25	<input type="checkbox"/> None of the above (explain on a separate sheet)		
9.26	If <b>9.4, 9.5, or 9.6 is checked</b> , is the signatory to this agreement authorized to bind all members of the consortium, partnership, joint venture, or trade association to the terms and conditions in the proposed agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.27	If <b>9.11 is checked</b> , please fill in all fields below. If <b>9.13 is checked</b> , fill in the contract number and contract start/end dates.		
	U.S. federal government agency:		
	Federal contract number:	Contract start and end dates:	
	Government agency contact:	Email:	Phone:

10.0	Is a U.S. government agency the source of any of the funds that will be paid to Sandia National Laboratories under this proposed agreement?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, identify the agency (e.g., DOE, NIH, etc.):

11.0	Is either the company/division or agency listed in Parts 1.0 and 2.0 debarred, suspended, or ineligible as defined in the Federal Acquisition Regulation 9.4?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, identify the agency (e.g., DOE, NIH, etc.):

12.0	<b>If the proposed agreement will involve the <b>payment of funds</b> by your company/division or agency to Sandia National Laboratories, please complete Part 12 below.</b>  Please provide your company's/division's or agency's point of contact for accounts payable. NOTE: Unless Sandia National Laboratories is instructed otherwise, the initial invoice (if applicable) will be included in the agreement execution package. Subsequent invoices (if any) will be mailed to the individual below.		
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	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Name:	Email:
	Billing Address:				
	City:		State:		Country:
	Zip/Postal Code:		Phone:		Fax:

Special Instructions:

**By submitting this form, I attest that the information provided is correct as of this date and may be relied upon for purposes of entering into the proposed agreement.**

Name:	Title:	Date:
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Signature: