Sandia National Laboratories

SUPPLY CHAIN ASSESSMENT (CONSULTANTS/INDIVIDUALS)

Instructions: This questionnaire is intended for individual consultants and will typically be administered by telephone. This form may also be used in combination with SF 6432-SCA or SF 6432-SVA to collect supplemental information when working with Principal Investigators or other individuals affiliated with Universities/Entities. Please provide information in the explanation section any No or N/A responses.

INFORMATION

Consultant/PI Name:	Organization Name:	
Address:		
City:	State:	Country (if outside USA):
Name & Title of person completing this assessment:		
Phone:	Email:	

BUSINESS INFORMATION

Describe the scope of work you are supporting (deliverables, services provided, etc.):
Will the work occur at multiple locations? ☐Yes ☐No
If yes, please list:

Yes☐ No☐	1. Will you consult with other individuals or entities outside of Sandia, or "outsource"/ subcontract any work during the agreement? If **Yes**, describe the organization's/individual's qualifications:
Yes☐ No☐	2. Do you currently possess, or anticipate needing to store or process any of the following types of information outside of Sandia? (Either physically off-site or outside of Sandia's internal network/ on workstations not provided by Sandia): Personal Information, Export Controlled Information, Proprietary Information, or Third Party Proprietary Information? If **Yes**, please describe how you will identify, manage, protect, track, and return or destroy this information:
	3. How will you protect electronic data and systems from unauthorized viewing/use? Explanation:
Yes☐ No☐ N/A☐	4. Do you subscribe to and maintain antivirus protection on all workstations that will be used? If **No or N/A**, please explain:

_____ _____

Date **Signature (person completing assessment)**

This report may be shared with the Dept. of Energy (DOE), National Nuclear Security Administration (NNSA), and with other DOE/NNSA operating subcontractors.

For NTESS/Sandia Internal Use Only		
Reviewed by:	Organization:	Date:
Status		
Approved: ☐	Conditional: ☐	Not Approved: ☐