

DOD CONTRACTOR DISCLOSURE

SAMPLE



DOD CONTRACTOR DISCLOSURE PROGRAM SUBMISSION

A. OFFICIAL SUBMITTING DISCLOSURE

A.1	Name [Last, First, Middle Initial]
A.2	Address [Number, Street Name, Suite Number, City, State and Zip Code]
A.3	Telephone Number [Include Area Code]
A.4	Title / Position
A.5	E-Mail Address

B. CONTRACTOR DATA

B.1	Contractor
B.2	Affected Corporate Branch / Division / Sector
B.3	Doing Business As (dba)
B.4	Contractor's Address [Number, Street Name, Suite Number, City, State and Zip Code]
B.5	Telephone Number [Include Area Code]
B.6	Commercial and Government Entity Code (CAGE) *See Definitions
B.7	DUNS *See Definitions
B.8	Senior Corporate Point of Contact (POC)
B.8.1	Senior Corporate POC Telephone Number [Include Area Code]

C. AFFECTED CONTRACT

C.1	Contractor Number
C.2	Short Title
C.3	Contract Type
C.4	Contract Value
C.5	Description of Services/Supplies/System
C.6	Identify End Users
C.7	Contracting Officer Name [Last, First, Middle Initial]
C.8	Contracting Office Address [Number, Street Name, Suite Number, City, State and Zip Code]
C.8.1.	Contracting Officer's Telephone Number [Include Area Code]



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C. AFFECTED CONTRACT (Continued)

C.9	Contract Performance Location [Number, Street Name, Suite Number, City, State and Zip Code]
C.10	Contracting Officer's Technical Representative (COTR) [Last, First, Middle Initial] *See Definitions
C.11	COTR Telephone Number [Include Area Code]
C.12	List all Federal agencies currently doing business with, i.e., Veteran's Administration, General Services Administration

D. DISCLOSURE

D.1	Date Contractor learned of matter 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.
D.3	Safety or operational hazards
D.3.1	Measures taken to mitigate safe or operational hazards
D.4	Estimated financial impact to the Government

E. COMPANY INVESTIGATION

E.1	Has an investigation been conducted Y/N
E.2	Describe the scope of the investigation (records reviewed, number and positions of employees interviewed, etc.
E.3	Is the company willing to provide a copy of the investigative report? Y/N
E.4	Measures taken to prevent recurrence



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F. ACKNOWLEDGEMENTS

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| F.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. |
| F.2 | I understand and acknowledge that the submission of the foregoing Contractor Disclosure Program submission does not bar, prohibit, foreclose or preclude the Government from pursuing any and all criminal, civil and/or administrative remedies provided to it by law and/or regulation against (a) the business entity(ies) making the forgoing Contractor Disclosure Program submission, (b) any other business entities mentioned in the submission and/or (c) any individuals mentioned in the submission |

Report must be signed by a senior company official.