

Los Alamos National Laboratory Participant/Company Questionnaire

The information collected in this questionnaire is necessary for Los Alamos National Laboratory (LANL) to meet government reporting requirements. Please completely fill out this questionnaire.

1. Company Information

Company/Participant Full Name (include Acronym)				# Employees	
Division			Web Site		
Business Mailing Address					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Courier (Express Mail) Address					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Business Description (non-proprietary)					
Standard Industrial Classification (SIC) Code(s) In the case of multiple codes, list all that are relevant to this project. This information is required by DOE to track statistical data on industries served. The following web site can be accessed to view the SIC codes (http://www.osha.gov/oshstats/sicsr.html)					
Parent Company		Parent Company City		Parent Company State	
Technical Contact					
Name				Title	
(Dr., Mr., Ms., etc.)	(First Name)	(MI)	(Last Name)		
Division					
Mailing Address (If different than company)					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Courier (Express Mail) Address (If different than company)					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Telephone	Ext.	Fax		E-Mail	
Technical Area of Expertise					
Contract Administrator <input type="checkbox"/> Same as Technical Contact					
Name				Title	
(Dr., Mr., Ms., etc.)	(First Name)	(MI)	(Last Name)		
Division					
Mailing Address (If different than company)					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Courier (Express Mail) Address (If different than company)					
(Address)	(City)	(State)	(Zip Code)	(Country)	(Province)
Telephone	Ext.	Fax		E-Mail	

Legal Contact (if applicable) <input type="checkbox"/> Same as Contract Administrator				
Name			Title	
(Dr., Mr., Ms., etc.)	(First Name)	(MI)	(Last Name)	
Division				
Mailing Address (If different than company)				
(Address)	(City)	(State)	(Zip Code)	(Country) (Province)
Courier (Express Mail) Address (If different than company)				
(Address)	(City)	(State)	(Zip Code)	(Country) (Province)
Telephone	Ext.	Fax	E-Mail	
Financial Contact (if applicable) <input type="checkbox"/> Same as Contract Administrator				
Name			Title	
(Dr., Mr., Ms., etc.)	(First Name)	(MI)	(Last Name)	
Division				
Mailing Address (If different than company)				
(Address)	(City)	(State)	(Zip Code)	(Country) (Province)
Courier (Express Mail) Address (If different than company)				
(Address)	(City)	(State)	(Zip Code)	(Country) (Province)
Telephone	Ext.	Fax	E-Mail	
Signature Authority (if applicable) <input type="checkbox"/> Same as Contract Administrator				
Name			Title	
(Dr., Mr., Ms., etc.)	(First Name)	(MI)	(Last Name)	
Division				
Mailing Address (If different than company)				
(Address)	(City)	(State)	(Zip Code)	(Country) (Province)
Courier (Express Mail) Address (If different than company)				
(Address)	(City)	(State)	(Zip Code)	(Country) (Province)
Telephone	Ext.	Fax	E-Mail	
Which party above should we use as our primary point of contact?			<input type="checkbox"/> Technical	<input type="checkbox"/> Business
			<input type="checkbox"/> Legal	
Within the company (or subcontractors to the company) listed in Part 1, is the recipient(s) of the information intellectual property contemplated under an agreement with LANL a U.S. citizen? <input type="checkbox"/> Yes? <input type="checkbox"/> No?				

2. Is the Company foreign owned or controlled? Yes No

If the answer is "yes", please identify ownership, percentage and countries of non-US ownership, and any additional information which may be pertinent to this project on an attachment to this form. Additional reviews and approvals will be required.

3. Is the Company (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Large Business (Fortune 500) |
| <input type="checkbox"/> African American Owned Business | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Asian American Owned Business | <input type="checkbox"/> Medical Institution |
| <input type="checkbox"/> Certified 8(a) Firm | <input type="checkbox"/> Medium Business |
| <input type="checkbox"/> Consortium | <input type="checkbox"/> Minority Owned Business |
| <input type="checkbox"/> Consortium Under a Large Business | <input type="checkbox"/> Native American Owned Business |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Non-Profit (IRC Sections 501 & 503) |
| <input type="checkbox"/> Foreign Government | <input type="checkbox"/> Not-for-Profit Firm |
| <input type="checkbox"/> Foreign Participation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Government Contractor | <input type="checkbox"/> Small Business (13 C.F.R. Part 121) |
| <input type="checkbox"/> Government Owned, Contractor Operated (GOCO) | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Hispanic Owned Business | <input type="checkbox"/> Trade Association |
| <input type="checkbox"/> Historically Black College or University | <input type="checkbox"/> University of California Organization |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Woman Owned Business |
| <input type="checkbox"/> LANL Spin-Off | <input type="checkbox"/> Other: _____ |

If consortium, partnership or joint venture is checked, is the Participant authorized to bind all members to the terms and conditions in the proposed agreement? Yes No

4. What activity or contact originated this request?

- | | |
|--|---|
| <input type="checkbox"/> Commerce Business Daily Ad
Specify: | <input type="checkbox"/> Publication
Specify: |
| <input type="checkbox"/> Internet/LANL Website
Specify: | <input type="checkbox"/> Trade Show/Conference
Specify: |
| <input type="checkbox"/> Previous Visit to LANL
Specify:
Other
Specify: | <input type="checkbox"/> Previous Project with LANL
Specify: |

5. To the best of your knowledge, are any of the principals of the Company:

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Current | <input type="checkbox"/> or former | University of California at Los Alamos employees or consultants? |
| <input type="checkbox"/> Current | <input type="checkbox"/> or former | Department of Energy employees? |

Do not indicate "former" relationship unless it existed within the last two (2) years. Enter "Yes" or "No" for each of the four (4) items. If the answer is "yes", please include a list of names as an attachment. Additional information, reviews and approvals will be required.

Intellectual Property

Definition of Proprietary Information:

Information which embodies trade secrets developed at private expense and commercial or financial information which is privileged or confidential under the Freedom of Information Act 5 U.S.C.(b)(4) and which is marked as proprietary information.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is it anticipated that software, patentable products or processes will be developed under this Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is it anticipated that you will provide proprietary data to LANL? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you want part or all of the data generated under the Agreement to be protected? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will any of the documents contain any Proprietary Information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the Company want a Proprietary Information Agreement in place? | <input type="checkbox"/> | <input type="checkbox"/> |

Documents may be supplied to the DOE. Please review all documents for information that you consider proprietary to your organization, and designate the specific information that is to be protected. Use any suitable designation. Note that LANL only considers information supplied by you, or developed as a result of information supplied by you, as proprietary; therefore you should limit these designations to proprietary information.

Notices

1. I realize that, unless I indicate in writing, Los Alamos National Laboratory may transmit all information provided by my company via telecommunications (telephones, faxes, video conferences, e-mail, etc.) and Internet within the Laboratory, to DOE, and to my organization.
2. I understand that my organization will be asked to participate in an evaluation upon project completion.
3. All items of commerce, including technology, are subject to export control laws of the United States. It is the Company's responsibility to be cognizant of these laws and to comply as appropriate with respect to technology arising from the agreement.

I hereby represent that the above information may be relied upon for purposes of conducting the negotiation of the proposed Agreement.

Signature	Date		
Name (Print)			
(Dr., Mr., Ms., etc.)	(First Name)	(Middle Initial)	(Last Name)
Title			
Telephone		Fax	