



**American Recovery and Reinvestment Act of 2009**

Pre-Award Reporting Requirements

Pacific Northwest National Laboratory  
 Operated by Battelle Memorial Institute  
 (Applies to Contracts Valued at \$25,000 or More)

Battelle Memorial Institute has executed and is engaged in the performance of Prime Contract DE-AC05-76RL01830 with the United States Department of Energy (DOE), for the management, operation, and maintenance of the Pacific Northwest National Laboratory (PNNL) in Richland, Washington.

Because all or part of the requirement identified herein will be funded by the American Recovery and Reinvestment Act of 2009 (Recovery Act), Battelle is required to report detailed information for each subcontract valued at \$25,000 or more, where the Contractor is **NOT** an individual.

**Please do not complete and return this form with your proposal.** You will be required to submit this form after a contract-award decision has been made by the Battelle Contracts Representative, but prior to award of the resulting Contract. When requested to complete this form, please respond to each of the following questions, providing your best estimate where specific information cannot be accurately provided.

**PART I:** Please respond to the following questions:

1. Is this contract to be awarded to an individual? Yes \_\_\_\_\_ No \_\_\_\_\_
2. During the previous tax year, did your business have a gross income of less than \$300,000? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to either of these questions, please proceed to PART III. If you answered "No" to both questions, please complete PART II.

**PART II**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Solicitation Number: _____</li> <li>2. Name of Battelle Contracts Representative:<br/>_____</li> <li>3. Contractor's Name: _____</li> <li>4. Contractor's physical address (city, state, 9-digit ZIP):<br/>_____<br/>_____<br/>Congressional District (if in USA): _____</li> </ol> | <ol style="list-style-type: none"> <li>5. Contractor's primary performance location (city, state, 9-digit ZIP):<br/>_____<br/>_____</li> <li>6. Contractor's DUNS number: _____</li> <li>7. Contractor's Parent Company, if any:<br/>_____</li> </ol> |
|---|---|
8. Applicable North American Industry Classification System (NAICS) Code: \_\_\_\_\_
  9. The Recovery Act requires that all Contractors be registered in the Government's Central Contractor Registry ([CCR.gov](http://CCR.gov)). Please confirm that your company is registered: \_\_\_\_\_
  10. Names and total compensation of each of the five most highly compensated officers for the calendar year in which the contract is awarded. **"Total Compensation"** means the complete pay package of contractor employees, including all forms of money, benefits, services, and in-kind payments, consistent with the regulations of the Securities and Exchanges Commission at 17 CCR 229.402.

Only applies if –

- (i) in the Contractor's preceding fiscal year, the Contractor received.
  - (A) 80 percent or more of its annual gross revenues in Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements; **and**
  - (B) \$25,000,000 or more in annual gross revenues from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements; **and**

(ii) the public does not have access to information about the compensation of the senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 780(d)) or section 6104 of the Internal Revenue Code of 1986.

Name: \_\_\_\_\_ Compensation \_\_\_\_\_

Name: \_\_\_\_\_ Compensation \_\_\_\_\_

Name: \_\_\_\_\_ Compensation \_\_\_\_\_

Name: \_\_\_\_\_ Compensation \_\_\_\_\_

Name: \_\_\_\_\_ Compensation \_\_\_\_\_

If you have **NOT** provided the information requested regarding highly compensated officers, **YOU MUST** explain:

\_\_\_\_\_  
\_\_\_\_\_

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**PART III**

Name of Individual Completing this Form: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For PNNL Use Only (applicable to successful proposal only):

a. PACQ PO No.: \_\_\_\_\_

b. PNNL Project Number: \_\_\_\_\_

c. Contract Awarded to: \_\_\_\_\_

d. Actual Contract Value: \$ \_\_\_\_\_

e. Date of Contract Award: \_\_\_\_\_

f. Contracts Specialist's Name: \_\_\_\_\_

Distribution: 1 Copy (electronic is okay) to ARRA Contracts POC (K9-15 or [arra-acq-poc@pnl.gov](mailto:arra-acq-poc@pnl.gov))  
1 Copy in Contract File