

The Department of Defense

**CONTRACTOR'S GUIDE TO
SUBMITTING A DISCLOSURE**



OFFICE OF THE INSPECTOR GENERAL

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PURPOSE

This guide provides instructions to Department of Defense contractors making disclosures regarding a violation of Federal criminal law or of the civil False Claims Act in connection with Department of Defense contracts or subcontracts.

The Department of Defense Contractor Disclosure Program affords contractors a means of disclosing a violation of Federal criminal law involving fraud, conflict of interest, bribery, or gratuity violations found in Title 18 of the United States Code or a violation of the civil False Claims Act, discovered during self-policing activities; provides a framework for government verification of the matters disclosed; and provides a means for a coordinated evaluation of administrative, civil, and criminal actions appropriate to the situation.

Disclosures are made with no advance agreement regarding possible DoD resolution of the matter and with no promises regarding potential civil or criminal actions by the Department of Justice (DOJ). Prompt disclosure, full cooperation, complete access to necessary records, restitution, and adequate corrective actions are key indicators of an attitude of contractor integrity even in the wake of disclosures of potential criminal liability.



DEFINITIONS

CAGE CODE. The Commercial and Government Entity (CAGE) Code is a five character code that identifies contractors doing business with the Federal Government, NATO member nations, and other foreign governments. The CAGE Code is used to support a variety of mechanized systems throughout the government and provides for a standardized method of identifying a given facility at a specific location.

Contracting Officer's Technical Representative (COTR) is a business communications liaison between the United States Government and a private contractor. He or she ensures that their goals are mutually beneficial. The COTR is normally a Federal employee who is responsible for recommending authorizing (or denying) actions and expenditures for both standard delivery orders and task orders, and those that fall outside of the normal business practices of its supporting contractors and subcontractors.

DUNS NUMBER. The Data Universal Numbering System (DUNS) number is issued by Dun and Bradstreet (D&B) and is a unique nine digit number that identifies your organization. It is a tool of the Federal Government to track how federal money is distributed.

Full Cooperation. Full cooperation means disclosure to the Government of the information sufficient for law enforcement to identify the nature and extent of the offense and the individuals responsible for the conduct. It includes providing timely and complete response to Government auditors' and investigators' request for documents and access to employees with information.

Principal. Principal means an officer, director, owner, partner, or a person having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment; and similar positions).

Subcontract. Subcontract means any contract entered into by a subcontractor to furnish supplies or services for performance of a prime contract or a subcontract.

Subcontractor. Subcontractor means any supplier, distributor, vendor, or firm that furnished supplies or services to or for a prime contractor or another subcontractor and those that fall outside of the normal business practices of its supporting contractors and sub-contractors.



Online Disclosure Submission

The entries are as follows:

ENTRY FIELD TITLE

DISCRIPTION OF DATA

OFFICIAL SUBMITTING DISCLOSURE

All fields in this section must be completed.

NAME:

Field must contain the name of a senior company official

ADDRESS:

Enter business address

TELEPHONE NO:

Enter daytime telephone number (no dashes)

TITLE/POSITION:

Enter senior company official's title or position in the company making the disclosure

EMAIL:

Enter business email address and re-enter to ensure accurate. This is a double check to ensure the email is entered correctly

CONTRACTOR DATA

CONTRACTOR:

Enter company name

AFFECTED CORPORATE BRANCH/DIVISION/SECTOR:

Enter branch/division/sector name

DOING BUSINESS AS:

Enter any other identifying company name

CONTRACTOR'S ADDRESS:

Enter mailing address

TELEPHONE NUMBER:

Enter company's primary telephone number

COMMERCIAL AND GOVERNMENT ENTITY CODE (CAGE)

Enter five digit code

DUNS:

Enter nine digit code

SENIOR CORPORATE POINT OF CONTACT (POC):

Enter name of individual to be contacted regarding this disclosure

SENIOR CORPORATE POC TELEPHONE NUMBER:

Enter daytime telephone number (without dash)



NUMBER OF AFFECTED CONTRACTS: Enter number of contracts affected. If more than one contract affected addition contract information must be entered

AFFECTED CONTRACT

CONTRACT NUMBER: Enter contract number

SHORT TITLE: Enter any commonly used contract title

CONTRACT TYPE: Click Firm Fixed Price or Cost Reimbursable

CONTRACT VALUE: Enter contracted award value

DESCRIPTION OF SERVICE/SUPPLIES/SYSTEM: Enter sufficient information to describe performance of the product/service provided for which the contract was awarded

IDENTIFY END USERS: Enter identifying information on all end users

CONTRACTING OFFICER'S NAME: Enter name

CONTRACTING OFFICER'S ADDRESS: Enter address

TELEPHONE NO: Enter contracting officer's telephone number

CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE (COTR): Enter COTR's name

COTR'S TELEPHONE NUMBER: Enter senior company official's title or position in the company making the disclosure

LIST ALL FEDERAL AGENCIES CURRENTLY DOING BUSINESS WITH: Enter organization name i.e., Veterans Administration, NASA, GSA

DISCLOSURE

DATE CONTRACTOR LEARNED OF POTENTIAL VIOLATION: Enter date using drop down



DESCRIPTION OF VIOLATION: Provide a full description of the nature of the violation being disclosed. This field must be completed to submit a disclosure

SAFETY OR OPERATIONAL HAZARDS: Enter Yes/No using drop down. If yes new field will open requiring an explanation

MEASURES TAKEN TO MITIGATE SAFETY OR OPERATIONAL HAZARDS: Enter details of specific actions taken

ESTIMATED FINANCIAL IMPACT TO THE GOVERNMENT: Enter amount in whole dollars

OVERPAYMENTS

DID AN OVERPAYMENT OCCUR: Enter Yes/No

ESTIMATED AMOUNT OF OVERPAYMENT: Enter amount in whole dollars

COMPANY INTERNAL INVESTIGATION

HAS AN INVESTIGATION BEEN CONDUCTED: Enter Yes/No

DESCRIBE THE SCOPE OF THE INVESTIGATION: This field is unlimited. You may cut and paste information from the report

IS THE COMPANY WILLING TO PROVIDE A COPY OF THE INVESTIGATIVE REPORT: Enter Yes/No

MEASURES TAKEN TO PREVENT RECURRENCE: Describe actions in detail

ACKNOWLEDGEMENTS Must check both acknowledgements to proceed. If you desire a copy of your disclosure, click Submit and print from your browser menu



DOD CONTRACTOR DISCLOSURE PROGRAM SAMPLE REPORT

A. OFFICIAL SUBMITTING DISCLOSURE

NO.	REQUIRED DATA
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

NO.	REQUIRED 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

NO.	REQUIRED DATA
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]



DOD CONTRACTOR DISCLOSURE PROGRAM SAMPLE REPORT

C. AFFECTED CONTRACT (Continued)

NO.	REQUIRED DATA
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

NO.	REQUIRED DATA
D.1	Date Contractor learned of 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. OVERPAYMENTS

NO.	REQUIRED DATA
E.1	Did an overpayment occur? Y/N
E.2	Estimated amount of overpayment

F. CORPORATE INVESTIGATION

NO.	REQUIRED DATA
F.1	Has an investigation been conducted? Y/N
F.2	Describe the scope of the investigation (records reviewed, number and positions of employees interviewed, etc.
F.3	Is the company willing to provide a copy of the investigative report? Y/N
F.4	Measures taken to prevent recurrence



DOD CONTRACTOR DISCLOSURE PROGRAM SAMPLE REPORT

G. CERTIFICATIONS

NO.	REQUIRED DATA
G.1	I declare (certify/verify/state) under penalty of perjury (28 U.S.C. 1746) that this Contractor Disclosure Program submission is true and accurate to the best of my knowledge as of the date of its submission.
G.2	I understand and acknowledge that 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.



CONTACT US:

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