

ALL APPLICABLE SECTIONS MUST BE COMPLETED BEFORE SANDIA CAN PROCESS YOUR AGREEMENT.

**Sandia National Laboratories
Technology Partnerships Program Participant Data Sheet**

NOTE: Left mouse click to check boxes electronically.

Sandia Internal Use: Agreement Number _____				
1.0 In Part 1, please provide information for our long-term records and communications with your company/agency.				
1.1	Company/Agency Name:			
	Address for Overnight Delivery:			
	City:	State:	Country:	
	Zip/Postal Code:	Area Code/Phone:	Area Code/FAX:	
1.2	Parent Company (if applicable):			
2.0 In Part 2, please provide (if applicable) the pertinent information for the division in your company/agency with whom Sandia will be working. If Part 2 is not completed, then Parts 3 through 12 will apply to the entity listed in Part 1.				
	Division Name:			
	Address for Overnight Delivery:			
	City:	State:	Country:	
	Zip/Postal Code:	Area Code/Phone:	Area Code/FAX:	
	Industry Classification: (select from dropdown list)			
3.0 Please provide the company/division or agency name as you want it to appear on the agreement:				

4.0 In Part 4 please provide specific points of contact within your company/agency.				
4.1 Please provide the technical point of contact in your company/agency with whom our technical staff will be working.				
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name: _____				
Address for Overnight Delivery:			Email:	
City:	State:	Country:		
Zip/Postal Code:	Area Code/Phone:	Area Code/FAX:		
4.2 This agreement may involve the negotiation of legal and/or business terms and conditions between your company/agency and Sandia. Please provide the point of contact for questions of a non-technical nature, e.g. corporate/agency attorney, contracts manager, etc.				
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name: _____				
Address for Overnight Delivery:			Email:	
City:	State:	Country:		
Zip/Postal Code:	Area Code/Phone:	Area Code/FAX:		
4.3 Please provide the contact information for the individual who will be signing the agreement with Sandia.				
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name: _____				
Title: _____				
Address for Overnight Delivery:			Email:	
City:	State:	Country:		
Zip/Postal Code:	Area Code/Phone:	Area Code/FAX:		
4.4	Which party should we use as our primary point of contact ?	<input type="checkbox"/> Technical	<input type="checkbox"/> Legal/ business	<input type="checkbox"/> Agreement Signatory
	NOTE: This is the party who will receive the final agreement for routing and signing and the initial invoice , if applicable (enter accounts payable contact information in Part 12 on page 3).			

5.0 The company/division listed in Part 2 is (5.1, 5.2, 5.4, and 5.5 must be answered) ; answer 5.3 if applicable). Disregard Part 5 if the entity listed in Part 2 is a government agency:				
5.1	<input type="checkbox"/> A U.S.-owned business	<input type="checkbox"/> A non U.S.-owned business		
5.2	<input type="checkbox"/> A U.S.-controlled business	<input type="checkbox"/> Controlled by a non U.S. entity		
5.3	<input type="checkbox"/> A multi-national company (i.e., U.S.-owned with foreign research and/or manufacturing facilities)			
5.4	State of Incorporation (if incorporated in the U.S.):		Country of Incorporation:	
5.5	Does the company/division have operations in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
6.0 Will the products, processes, or services for use or sale in the United States, that are the result of inventions or other intellectual property arising from the performance of the anticipated agreement, be substantially manufactured in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>				
7.0 Are all employees at the company/division or agency listed in Parts 1 and 2 (or subcontractors to the company/division or agency), who will be receiving information and/or intellectual property from Sandia under this proposed agreement, CITIZENS OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>				
7.1	If 7.0. is NO, of what countries are the recipients a citizen (attach additional information sheets, if necessary, to list all applicable recipients/countries):	Name:	Country:	U.S. immigration status:
		Name:	Country:	U.S. immigration status:
		Name:	Country:	U.S. immigration status:
8.0 Are any employees of the company/division or agency listed in Parts 1 and 2, who are involved in negotiating this agreement, either current or former ("former" means within the last two years):				
8.1	Sandia employees?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	<input type="checkbox"/> No
8.2	Sandia consultants or contractors?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	<input type="checkbox"/> No
8.3	Lockheed Martin employees?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	<input type="checkbox"/> No
8.4	Department of Energy employees?	Current <input type="checkbox"/>	Former <input type="checkbox"/>	<input type="checkbox"/> No
Name the individual(s) and associations, if any, on an attachment.				
9.0 The company/division or agency listed in Part 2 is (check all that apply):				
9.1	<input type="checkbox"/> U.S.-owned business registered as a small business with the Central Contractor Registry, located at http://www.ccr.gov/	9.12	<input type="checkbox"/> U.S. institution of higher education (specify below)	
9.2	<input type="checkbox"/> Large business (500 or more employees)	<input type="checkbox"/>	State-chartered institution	
9.3	<input type="checkbox"/> Non-profit organization or business under the U.S. Internal Revenue Code Sections 501 or 503	<input type="checkbox"/>	Private institution	
9.4	<input type="checkbox"/> Consortium or member of a consortium or partnership under the potential agreement	9.13	<input type="checkbox"/> Dept. of Energy national laboratory	
9.5	<input type="checkbox"/> Formed as a joint venture	9.14	<input type="checkbox"/> Historically Black college or university	
9.6	<input type="checkbox"/> Trade association	9.15	<input type="checkbox"/> Certified 8A firm	
9.7	<input type="checkbox"/> Lockheed Martin company	9.16	<input type="checkbox"/> Disadvantaged business	
9.8	<input type="checkbox"/> U.S. local government entity	9.17	<input type="checkbox"/> Woman-owned business	
9.9	<input type="checkbox"/> U.S. state government entity	9.18	<input type="checkbox"/> Minority-owned business	
9.10	<input type="checkbox"/> U.S. Federal government agency	9.19	<input type="checkbox"/> Native American-owned business	
9.11	<input type="checkbox"/> Contractor to a U.S. Federal government agency requesting access to Sandia intellectual property for use on behalf of the U.S. Government	9.20	<input type="checkbox"/> Hispanic American-owned business	
		9.21	<input type="checkbox"/> African American-owned business	
		9.22	<input type="checkbox"/> Asian American-owned business	
		9.23	<input type="checkbox"/> Tribal government	
		9.24	<input type="checkbox"/> Foreign company/government entity	
		9.25	<input type="checkbox"/> None of the above (Explain on separate sheet)	
If 9.4, 9.5, or 9.6 is checked , is the signatory to this agreement authorized to bind all the members of the consortium, partnership, joint venture, or trade association to the terms and conditions in the proposed agreement? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If 9.11 is checked , fill in all fields below; if 9.13 is checked , fill in contract number & contract start/end dates:				
U.S. Federal government agency:		Federal contract number:	Contract Start & End Dates:	
Government Agency Contact Name:			Area Code/Phone:	

10.0 Is a U.S. government agency the source of any of the funds that will be paid to Sandia under this proposed agreement? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes , identify agency (e.g. DOE,NIH, etc.)	
11.0 Is either the company or division listed in Part 1.0 and Part 2.0 a debarred, suspended, or ineligible contractor as defined in the Federal Acquisition Regulation 9.4? YES <input type="checkbox"/> NO <input type="checkbox"/>	
By submitting this form to Sandia, I attest that the information provided is correct as of this date and may be relied upon for purposes of entering into the proposed agreement.	
Name:	
Title:	Date:

If the proposed agreement will involve the payment of funds by your company/agency to Sandia, please complete Part 12 below.		
12.0 Please provide your company's/agency's point of contact for accounts payable . NOTE: Unless Sandia is instructed otherwise, the initial invoice (if applicable) will be included in the agreement execution package and will be sent via overnight delivery to the person identified in Part 4.4 (on page 1). Subsequent invoices (if any) will be mailed to the individual identified below.		
<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	Name:
Billing Address:		Email:
City:	State:	Country:
Zip/Postal Code:	Area Code/Phone:	Area Code/FAX:
12.1 Payments will be made to Sandia as follows (indicate below):		
<input type="checkbox"/> Single payment-in-full	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
		<input type="checkbox"/> TBD (Explain)
12.2 Does your company's/agency's purchase order number need to appear on Sandia's invoice/s?		YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes , provide P.O.#:

PLEASE PROVIDE ANY SPECIAL BILLING INSTRUCTIONS:
