



JHU/APL RFP No. _____

JHU/APL Subcontractor Security Questionnaire

Subcontractor Name _____

Subcontractor Facility Security Officer:

Subcontractor Proposal No. _____

Name _____

Subcontractor primary business location:

Telephone Number _____

Complete Business Name: _____

Email Address _____

Address: _____

CAGE Code: _____

- 1) Will you require access to classified information to perform the associated subcontractor Statement of Work?

- 2) What level of Facility Security Clearance (FCL) does Subcontractor hold?

- 3) Will work be performed at Subcontractor's facility?

- 4) What level of Safeguarding for classified information/material is Subcontractor cleared for?

- 5) Please list all performance locations, including complete Address and Zip Code, CAGE Code, and associated Cognizant Security Office (CSO):

Location Address	CAGE Code	Cognizant Security Office

If Secured Classified Information (SCI) access requirements are anticipated, please review and complete the "SCI Access" form.



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JHU/APL Subcontractor SCI Access Form

Please provide the minimum number of SCI billets required to perform Subcontractor Statement of Work (SOW):

Please capture the following Personally Identifiable Information (PII) from each employee requiring an SCI billet. **This information will need to be supplied separately to the JHU/APL Cognizant Security POC via an encrypted email or over the phone.** Please do not provide this information in your proposal submission:

- 1) Full Name
- 2) Social Security Number
- 3) Current Clearance Level
- 4) Employer Full Name and Address
- 5) Role on Subcontract
- 6) Justification for SCI Access requirement