

# CONTRACTOR NON-DISCLOSURE AGREEMENT

Separate Agreements are required for each Contract

Each contractor/subcontractor who may have access to non-public information under their contract shall complete the form: ***Commitment to Protect Non-Public, Sensitive Information – Contractor Agreement***.<sup>1</sup> The agreement is on the next page of this document.

A copy of each *Agreement* shall be submitted to the Project Officer prior to performing any work under the contract. Other copies are retained/submitted as stated in the *Agreement*.

Contractors with NIH network accounts must also upload a scanned copy of the signed *Agreement* into the NIH Security Awareness Tracking System. If you perform work under more than one contract, you must have a signed and *scanned Agreement* for each contract.

Carefully read the following directions.



## To Complete the NDA Form using a DIGITAL Signature

1. Fill out the online form.
2. Using your digital signature, sign the *Agreement* form. [If unsure how to do this, fill the form out manually]
3. Save the file.
4. Once the file has been saved, remove the directions page and save it again (only retaining the *Agreement* portion of the form).
5. You are now ready to upload the signed *Agreement* form into the Security Awareness Tracking System. Refer to the directions below. Keep the original *Agreement* for your records, and distribute a copy to your NIH Project Officer and your Employer's Contract Management Office.



## To Complete the NDA Form using a MANUAL Signature

1. Print the NDA form and fill it out.
2. Sign the *Agreement* in front of a witness and have the witness sign it.
3. Scan only the *Agreement* page of the form so that you can get a digital copy of it. Make a note of where you save the file. [Some scanners send it as an attachment to an email; others will scan directly to your computer.]
4. You are now ready to upload the signed *Agreement* form into the Security Awareness Tracking System. Refer to the directions below. Keep the original *Agreement* for your records, and distribute a copy to your NIH Project Officer and your Employer's Contract Management Office.



## To Upload the NDA Form into the Security Awareness Tracking System:

1. Log into <http://irtsectraining.nih.gov/> using your NIH ID.
2. Scroll down to "CONTRACTORS ONLY: NON-DISCLOSURE AGREEMENTS" and click on **UPLOAD NDA FORM**.
3. Type in the contract-specific information related to the *Agreement*.
4. Follow directions for uploading the *Agreement* using the **BROWSE** button.
5. Click **SUBMIT**

<sup>1</sup> HHS Contractor Oversight Guide

[http://intranet.hhs.gov/infosec/docs/policies\\_guides/COG/Contractor\\_Oversight\\_Guide.pdf](http://intranet.hhs.gov/infosec/docs/policies_guides/COG/Contractor_Oversight_Guide.pdf)

# COMMITMENT TO PROTECT NON-PUBLIC, SENSITIVE INFORMATION CONTRACTOR AGREEMENT

Access to non-public, sensitive information may be required in the performance of my official duties, under contract number \_\_\_\_\_ between

\_\_\_\_\_ and my employer \_\_\_\_\_

(NIH I/C Name or Component)

(Employer's Name)

Should I have access to non-public sensitive information, I agree that I shall not release, publish, or disclose such information to unauthorized personnel. I shall protect such information and will employ all reasonable efforts to maintain the confidentiality of such information. These efforts shall be no less than the degree of care employed by \_\_\_\_\_ to preserve and safeguard its own sensitive information.

(Employer's Name)

**I agree that I shall immediately notify the NIH IT Service Desk of any suspected or confirmed unauthorized disclosure and/or misuse of sensitive information.**

[ 301-496-4357 (local), 866-319-4357 (toll free), 301-496-8294 (TTY) or <http://ithelpdesk.nih.gov> ].

I understand that there are laws and regulations which provide for criminal and/or civil penalties for improper disclosure, including but not limited to:

- a) 18 U.S.C. 641 (Public Money, Property or Records)
- b) 18 U.S.C. 1832 (Trade Secrets)
- b) 18 U.S.C. 1905 (Disclosure of Confidential Information)
- c) 5 U.S.C. 552a (Privacy Act)

*I affirm that I have received a written and/or verbal briefing by my company concerning my responsibilities under this agreement. I understand that violation of this agreement may subject me to criminal and civil penalties.*

Select one of the two options for signing this form:

## 1) Digital Signature

Insert Digital Signature

## 2) Manual Signature (requires Witness)

Type or Print Your Name: \_\_\_\_\_

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

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

Type or Print Witness Name: \_\_\_\_\_

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

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

**Retain this original signed form for your records.**

Submit copies to:

- 1) Your NIH IC Project Officer, and
- 2) Your Employer's Contract Management Office