ROSTER OF EMPLOYEES REQUIRING SUITABILITY INVESTIGATIONS

CAN:	
RFP/Contract #:	
Contract Title:	
PO:	
CO:	

Contractor:	
Contractor Contact:	
Contractor E-mail:	

TO BE FILLED IN BY CONTRACTOR:							TO BE FILLED OUT BY NCI PROJECT OFFICER and ISSO:				TO BE FILLED OUT BY CONTRACTOR:							
							Suitability Designation	Background Investigation		Questionaire Required					Existing Clearance or Application			
Last Name	First Name	e-mail	Position	Data Access	NDA Submitted	Sec Awareness Training Completed	*1C, 5C, 6C*	*NACI, NACIC, MBI, LBI, BI*	*Estimated Cost*	*SF85 or SF85P*	Questionaire Submittted	HHS Credit Release Submittted	OF 306 Submittted	Fingerprinting Completed	Agency	Clearance Level	Date	Comment

Attachment 18
RFP Number: N02CO61002-38