**Example of a Security Questionnaire for a CRADA Application**

Reference: Naval Air Warfare Center Weapons Division, China Lake and Point Mugu

CRADA Number: **TBD**

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

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

\*Revision Number (see attached): \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**[*Laboratory Name*] CRADA Security Questionnaire**

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| **GENERAL** |
| **What is the Agreement start date?** |  |
| **What is the anticipated duration?** |  |
| **Is the customer industry, academia, or other?** *(if other, then identify)* |  |
| **What is the customer's complete name/address?****Commercial and Government Entity Code:****Joint Certification Program Cert. Number:****Note: customer must have current System for Award Management registration. Please verify.** |  |
| **Is the company foreign owned, controlled, or influenced (FOCI) ((Y/N)?** |  |
| **Does the company have a special security agreement with DoD?** |  |
| **Will subcontractors be used (Y/N)?** |  |
| **What is the subcontractor's name/address?** |  |
| **Is this a classified agreement (Y/N)?** |  |
| **If yes, provide copy of DD 254.** |  |
| **Is the Agreement with a command other than [***Lab name***] (Y/N)?** |  |
| **If yes, who is it with** *(list activity name/address)***?** |  |
| **What product, service, or weapon system is involved?** |  |
| **What type of test(s) is being performed?** |  |
| **Who is the [***Lab name***] Technical Point of Contact (POC)?** |  |
| **What is the POC’s competency code and phone number?** |  |
| **Where within [***Lab name***] will the work take place?** |  |
| **What is the complete activity name and address?** |  |
| **What is the building and/or lab/room number(s)?** |  |

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| **INFORMATION****CLASSIFICATION** |
| **Will the CRADA involve access to, and work on, export controlled technical data (Y/N)?** |  |
| **Who (Government, customer, other) has the overall security cognizance in security matters?** (if other, identify) |  |
| **Will performance include access to U.S. classified information (Y/N)?** |  |
| **What is the highest level required?**(confidential, secret, top secret, Special Access Program (SAP)/Sensitive Compartmented Information (SCI)) |  |
| **Where does the classified information reside** *(activity name, building/room number)***?** |  |
| **Is there a current classification guide (Y/N/NA)?** |  |
| **Provide guide number, title, and/or other type of guidance.** |  |
| **Will performance include Navy access to U.S. Sensitive but Unclassified information (Y/N)?** |  |
| **Where does the sensitive information reside** *(activity name, building/room number)***?** |  |
| **Does the CRADA Statement of Work explain what performance is classified (Y/N/NA)?** |  |
| **What is the paragraph number?** |  |
| **Will the customer have access to classified at the Government activity only (Y/N)?** |  |
| **Will the customer be receiving classified at the customer’s facility (Y/N)?** |  |
| **Will the customer be generating classified at the customer’s facility (Y/N)?** |  |
| **Is there a requirement to store classified at the customer's facility (Y/N/NA)?** |  |
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| **Does the contractor have a Facility Security Clearance (Y/N)?** |  |
| **Who (Government, customer, other) owns the data that will be processed?** (if other, identify) |  |
| **Is access to intelligence information required (Y/N)?** |  |
| **SCI or non-SCI?** |  |
| **Does [***Lab name***] need to provide safeguarding capability for the customer at the Navy facility (Y/N)?** |  |
| **What resources are needed** *(i.e., security containers, locks, etc.)***?** |  |
| **Will performance include access to Foreign Government Information (Y/N)?** |  |
| **What country?** |  |
| **Will performance include non-Navy access to Controlled Unclassified Information – CUI (*Sensitive But Unclassified, For Official Use Only, etc.)* (Y/N)?** |  |
| **How will information be protected?** | Information will be marked FOUO and protected in accordance with DoD Manual (DoDM) 5200.01 and DoDM 5400.7-R. |
| **Is there a customer requirement for data encryption (Y/N/NA)?** |  |
| **Where does the CUI reside** *(activity name, building/room number)***?** |  |
| **COMPUTER USAGE** |
| **>>>>Information Systems are computers<<<<** |  |
| **Will Government-owned Non-Navy/Marine Corps Intranet Information Systems (IS) be used in support of the Agreement (Y/N/NA)?** |  |
| **Have they been accredited or has an Interim Authority to Operate been issued (Y/N/NA)?** **\****see note below* |  |
| **Have all users signed IS User Agreements or System Authorization Access Request Navy, SAAR-N, form (Y/N/NA)?** |  |
| \*Provided is the definition of what is considered an IS that requires authorization to operate in accordance with DoD Instruction (DoDI) 8500.01, Cybersecurity:A discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination, or disposition of information. Note: Information systems also include specialized systems such as industrial/process controls systems, telephone switching and private branch exchange (PBX) systems, and environmental control systems.Definition of IS comes from Committee on National Security Systems Instruction Number 4009, referenced by DoDI 8500.01. |
| **Will customer require access to Government-owned IS (Y/N)?** |  |
| **Will customer-owned unclassified IS be brought onto a Government site in support of the Agreement (Y/N)?** |  |
| **Provide a letter from the company’s Facility Security Officer that authorizes the IS to be used on site. The letter should include purpose, location, Government POC, equipment specifications, and assurances that the IS being used are at the unclassified level.** |  |
| **Will customer-owned classified IS be used (Y/N)?** |  |
| **Have they been accredited by Defense Security Service (Y/N)?** |  |
| **Will foreign national IS be used in support of the Agreement (Y/N)?** |  |
| **Will foreign nationals be required to use IS in support of the Agreement (Y/N)?** |  |
| **Will they be Government-owned, customer-owned, or foreign-owned IS resources?** (if foreign, identify) |  |

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| **FOREIGN NATIONALS/FOREIGN DISCLOSURE** |
| **Are there foreign nationals (FNs) involved (Y/N)?** |  |
| **Does the FN have Lawful Permanent Residency (green card) (Y/N)?** |  |
| **Are they a foreign company, foreign government, or U.S. citizen working for a foreign-owned company, or a foreign citizen working for a U.S. company?** |  |
| **What country(ies) do they represent?** |  |
| **Will FNs need to be on station (Y/N/NA)?** |  |
| **How many FNs will need to be on station?** |  |
| **What is the start date of the FN visit?** |  |
| **What is the duration of the FN visit?** |  |
| **Will FNs require access to *(lab name)* or *(lab name)* contractor facilities prior to the FN visit start date (Y/N)?** |  |
| **Where will they require access** *(activity name/building/room numbers)***?** |  |
| **To which recreational areas will they require access?** |  |
| **Will they require after hours or weekend access (Y/N)?** |  |
| **Will the FNs have customers or family visitors (Y/N)?** |  |
| **Is a FN Visit Request required (Y/N)?** |  |
| **Has the Visit Request been approved and scheduled (Y/N)?** |  |
| **Has *(Lab Public Affairs Office (PAO) Code)* been contacted for release issues/approvals (Y/N/NA)?** |  |
| **Who is *(Lab PAO Code)* POC** *(name/phone number)***?** |  |
| **Provide correspondence.** |  |
| **Is there a requirement for technical discussions prior to the FN visit start date (Y/N/NA)?** |  |
| **Will performance require FN access to classified information (Y/N/NA)?** |  |
| **What type of information?** |  |
| **Where does the information reside?** |  |
| **Does the information need to be physically released (Y/N)?** |  |
| **Who owns the information?** |  |
| **Who is responsible for the release of the information?** |  |
| **Has *(Lab PAO Code)* Foreign Disclosure been contacted for release approval (Y/N)?** |  |
| **Will performance require FN access to unclassified technical information (Y/N/NA)?** |  |
| **What type of information?** |  |
| **Where does the information reside?** |  |
| **Who owns the information?** |  |
| **Does the information need to be physically released (Y/N)?** |  |
| **Who is responsible for the release of the information?** |  |
| **Has *(Lab PAO Code)* Foreign Disclosure been contacted for release approval (Y/N)?** |  |
| **Is a Technical Assistance Agreement required (Y/N/NA)?** |  |
| **Has the POC reviewed it (Y/N)?** |  |
| **Include a copy.** |  |
| **Is an export license required (Y/N/NA)?** |  |
| **Has the POC reviewed it (Y/N)?** |  |
| **Provide copy.** |  |
| **Have escort requirements been determined (Y/N)?** |  |
| **What are restrictions?** |  |
| **Who are the escorts?** |  |
| **Are the escorts civil service, military or certified contractor?** |  |
| **Has an escort brief been received (Y/N)?** |  |
| **Will additional guards/escorts be required (Y/N)?** |  |
| **Is a threat brief requested/required (Y/N/NA)?** |  |

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| **PROGRAM****PROTECTION** |
| **Has the Operations Security (OPSEC) checklist been received and reviewed (Y/N/NA)?** |  |
| **Is there a requirement to conduct photography (Y/N)?** |  |
| **What kind of camera (digital, still, video) will be used?** |  |
| **Has an OPSEC brief for the photography pass been obtained (Y/N)?** |  |
| **Has a photography pass been applied for (Y/N)?** |  |
| **Is the photographer a U.S. citizen (Y/N)?** |  |
| **Will FNs have access to local telephone junction boxes serving sensitive programs/projects (Y/N/NA)?** |  |
| **Will FNs possess/use radio frequency test equipment that would allow interception/analysis/exploitation of other programs/project's emissions (Y/N/NA)?** |  |
| **Are there PBX vulnerabilities (Y/N/NA)?** |  |
| **Who will ensure sensors associated with a FN project are only used for their intended purpose?** |  |
| **Will there be any restrictions concerning the possession of:** |  |
| **Vision enhancing devices** *(binoculars)* **(Y/N)?****If yes, describe.** |  |
| **Audio enhancing devices** *(bionic ears)* **(Y/N)?****If yes, describe.** |  |
| **Audio/still/video recorders** *(i.e. cassette/MP3 recorders, camcorders, cameras, VCRs, audio/video surveillance devices)* **(Y/N)?****If yes, describe.** |  |
| **Radio frequency receiving/scanning devices (Y/N)?****If yes, describe.** |  |

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| **COMMUNICATIONS SECURITY (COMSEC) ISSUES** |
| **Is there COMSEC involved (Y/N)?** |  |
| **Has the Electronic Key Management System/COMSEC Custodian reviewed the CRADA (Y/N)?** |  |
| **Who owns the crypto?** |  |
| **Who is the POC for crypto matters for this CRADA?** |  |
| **List the activity name, location and phone number.** |  |
| **Where will the crypto be used** *(activity name and building/room number)***?** |  |
| **What will be the highest level of data encrypted by the crypto?** (unclassified, confidential, secret, top secret, sensitive but unclassified) |  |
| **What crypto devices will be used?** |  |
| **Will the COMSEC be transferred to the customer (Y/N)?** |  |

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| **PUBLIC RELEASE** |
| **Is the end product intended for public release (Y/N)?** |  |
| **Has the Security Policy Review process been initiated through Public Affairs (Y/N/NA)?** |  |

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| **POINTS OF CONTACT** |
| General CRADA security questions | [local lab POC/phone] |
| General CRADA questions | [local lab POC/phone] |

CRADA Number: **TBD**

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

**\*Revision Number (see attached):** \_\_\_\_\_\_\_\_\_

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