IDAHO NATIONAL LABORATORY
TECHNOLOGY DEPLOYMENT PROGRAM PARTICIPANT DATA SHEET

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

INL 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 INL will be working. If Part 2 is not completed, then Part 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:
3.0	Please provide the legal 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.		
	☐ Dr. ☐ Mr. ☐ 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 INL. Please provide the **point of contact** for questions of a non-technical nature, e.g. corporate/agency attorney, contracts manager, etc.		
	☐ Dr. ☐ Mr. ☐ 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 INL.		
	☐ Dr. ☐ Mr. ☐ 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?**	☐ Technical	☐ Legal/business ☐ 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).		
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: (check all that apply)		
5.1	☐ A U.S.-owned business	☐ A non U.S.-owned business	
5.2	☐ A U.S.-controlled business	☐ Controlled by a non U.S. entity	
5.3	☐ A multi-national company (i.e., U.S.-owned with foreign research and/or manufacturing facilities		

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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 ☐ NO			
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 ☐ NO ☐ N/A			
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 INL under this proposed agreement, **CITIZENS OF THE UNITED STATES?** ☐ YES ☐ NO			
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 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	INL employees?	Current ☐	Former ☐	No ☐
8.2	INL consultants or contractors:	Current ☐	Former ☐	No ☐
8.3	Battelle Memorial Institute employees?	Current ☐	Former ☐	No ☐
8.4	Department of Energy employees?	Current ☐	Former ☐	No ☐
	Name the individual(s) and associates, if any, on an attachment.			

9.0	The company/division or agency listed in Part 2 is (check all that apply):		
9.1	☐ U.S.-owned business registered as a small business with the Central Contractor Registry, located at http://www.ccr.gov/	9.10	☐ U.S. Federal government agency
9.2	☐ Large business (500 or more employees)	9.11	☐ Contractor to a U.S. Federal government agency requesting access to INL intellectual property for use on behalf of the U.S. Government
9.3	☐ Non-profit organization or business under the U.S. Internal Revenue Code Sections 501 or 503		
9.4	☐ Consortium or member of a consortium or partnership under the potential agreement	9.12	☐ U.S. institution of higher education (specify below)
			☐ State-chartered institution
9.5	☐ Formed as a joint venture		☐ Private institution
9.6	☐ Trade association	9.13	☐ Department of Energy national laboratory
9.7	☐ Battelle Memorial Institute	9.14	☐ Foreign company/government entity
9.8	☐ U.S. local government entity	9.15	☐ None of the above (Explain on separate sheet)
9.9	☐ U.S. state government entity		

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 ☐ NO

If 9.11 is checked, fill in all fields below; if 9.13 is checked, fill in contract number and 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 INL under this proposed agreement? ☐ YES ☐ NO **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 ☐ NO
12.0	Does agreement include INL software? ☐ YES ☐ NO What software?
12.1	What is the end-use of code?
12.2	Where will the code be shipped or used?
12.3	If RELAP5-3D software, what membership level requested (http://www.inl.gov/relap5/irug.htm)

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12.4	Please identify end user and citizenship of said end user.		
	End user	Citizenship	

If the proposed agreement will involve the payment of funds by your company/agency to INL, please complete Part 13 below.

13.0	Please provide your company's/agency's **point of contact for accounts payable.** NOTE: Unless INL 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). Subsequent invoices (if any) will be mailed to the individual identified below.		
	☐ Mr. ☐ Ms.	Name:	
	Billing Address:		Email:
	City:	State:	Country:
	Zip/Postal Code:	Area Code/Phone:	Area Code/FAX:
13.1	Payments will be made to INL as follows (indicate below):		
	☐ Single payment-in-full	☐ Monthly	☐ TBD (Explain)
13.2	Does your company's/agency's purchase order number need to appear on INL's invoice(s)? ☐ YES ☐ NO **If Yes**, provide P.O.#:		
13.3	Is this a WFO agreement? ☐ YES ☐ NO		
13.4	For WFO agreements, INL works on a full cost recovery basis with a 90 day up front funding. Will this be a problem? ☐ YES ☐ NO		

PLEASE PROVIDE ANY SPECIAL BILLING INSTRUCTIONS: