

**Date:**  
**To: SR FOCI Operations Manager**  
**Subject: SR FOCI Submission Transmittal**

**FOM: DATE RECEIVED.**

Between: \_\_\_\_\_ & \_\_\_\_\_

Contract Number

Offeror

Contracting Organization

Responding Organization

Relationship to Offeror

**THIS FORM IS TO BE COMPLETED FOR EACH ENTITY.**

Brief unclassified description of the work requiring security clearances. <b>NOTE: Specifically identify the highest level and category of classified information and highest category of special nuclear material to be accessed. If none, state such.</b>	
Location(s) of the work requiring security clearances.	
Highest clearance level, special access, required to perform the work.	

**SUBMISSION REVIEW SECTION:**

**Submission is a Verification of a Prior FOCI Determination: Yes \_\_\_ No \_\_\_**

If submission is a verification of a prior FOCI determination (previously ACN), only the completion of the SR FOCI Submission Package Cover Sheet is required. **If no**, submit a complete FOCI Package to include all the documents requested on the SR FOCI Submission Package Form.

**Contract Security Classification Specification (CSCS) Form attached: Yes \_\_\_ No \_\_\_**  
**(If not, form must be attached before submission)**

**Procurement Request Originator:**

\_\_\_\_\_  
*Print Name/Title/Organization/Telephone Number*

**Responsible Procurement Representative:**

\_\_\_\_\_  
*Printed Name/Title/Organization/Telephone Number*

\_\_\_\_\_  
*Signature and Date Signed*