SMO REVIEW / SECURITY DATA CALL

I. FACILITY INFORMATION			
Facility / Company Name:		**CAGE Code:**	
FCL Level:		**FCL Date:**	
CGA / CSO (office name, address, email, phone):			
Office Name:			
Address:			
Email:			
Phone:			
Physical Address:			
Street:			
City / State / Zip:			
Main Phone Number:		**Internet Address:**	
Type of Business:		**Principal Product/Service (ITBL Category):**	
FOCI Restrictions:			
Cleared Off-Sites:			
Uncleared Locations with Cleared Employees:			
(NA – Various Employees Located On-Site at Government Facilities)			
NISS Profile / DD254s Reviewed (w/ program descriptions)?	☐ **Yes** ☐ **No**		

II. LEGAL STRUCTURE	
Business Structure: ☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Partnership	
If a corporation: ☐ Home Office ☐ Parent ☐ Division ☐ Subsidiary ☐ Joint Venture ☐ None of these	
Any upcoming changes? (Move, Ownership, Business Structure, SF328, Name, KMP, Exclusions)	☐ **Yes** ☐ **No**
If yes, describe:	

III. FACILITY SECURITY OFFICER			
Facility Security Officer (FSO):			
Phone / Fax:		**FSO Email Address:**	

Assistant FSO(s):			
FSO Appointment Date:		**FSO Training Date(s):**	
Insider Threat PM Appointment Date:		**Insider Threat Training Date:**	

IV. EMPLOYEE / PERSONNEL INFORMATION

Please provide the following numbers: (*Include part-time employees)

Category	TS/SCI	TS	S	Uncleared	TOTAL
Employees (including KMPs)					
Foreign Persons (not U.S. citizens)					
Employees Assigned Overseas					
Consultants					
Limited Access Authority (LAA)					
TOTAL					

% of Staff Holding Clearances:		**Total # of Employees (all-inclusive):**	

V. SECURITY PROGRAM PLAN (SPP)

SPP Update Frequency:	
Any upcoming changes to the SPP?	☐ Yes ☐ No
Visit Request Procedures reflected in SPP:	
Foreign Travel Procedures reflected in SPP:	

VI. SELF-INSPECTION & COMPLIANCE

Self-Inspection Frequency:	
Process — interviews, findings, closure, senior management review & certification:	

VII. PERSONNEL CLEARANCES & DISS

Any SF312 Refusals?	☐ Yes ☐ No		
If yes, describe:			
Clearance Processes (new & transfers), Access Reviews, NDA / Investigation Status (CE / CV / PVQ):			
DISS Main User:		**DISS Backup User:**	
SMO Details Confirmed in DISS?	☐ Yes ☐ No		
Inspections Conducted Every:			
Any SF328 / FOCI Updates?	☐ Yes ☐ No		

If yes, describe:	

VIII. TRAINING

Annual Refresher Training Date / Schedule:		**Other Security Training Completed:**	
Insider Threat Working Group — Members & Meeting Frequency:			
Has the Working Group completed "Insider Threat Working Group" training?	☐ Yes ☐ No		

IX. SECURITY VIOLATIONS & INCIDENT RESPONSE

Any security violations? Reporting procedures in place (especially SEAD 3)?	☐ Yes ☐ No
If yes, describe:	
Is an Incident Response Plan in place?	☐ Yes ☐ No
If yes, describe:	
Is a Disciplinary Plan in place?	☐ Yes ☐ No
If yes, describe:	

X. CYBER SECURITY

Have there been any successful cyber intrusion incidents?	☐ Yes ☐ No
If yes, describe:	

XI. SECURITY MEMBERSHIPS & OUTREACH

Security Organization Memberships:			
Security newsletters / awareness communications sent?	☐ Yes ☐ No	**Have you had contact with your CISA representative?**	☐ Yes ☐ No

XII. ADDITIONAL NOTES
