CONTRACT DATA REQUIREMENTS LIST
(1 Data Item)

Form Approved
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.**

A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY: TDP ____ TM ____ OTHER ____

D. SYSTEM/ITEM	E. CONTRACT/PR NO.	F. CONTRACTOR
	HT9402-10-C-0002	Health Net Federal Services, LLC

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
N/A	A110 Annual Checklist and Certification for Minimum Level of Enhanced Safeguarding for Unclassified DoD		

4. AUTHORITY *(Data Acquisition Document No.)*	5. CONTRACT REFERENCE	6. REQUIRING OFFICE	18. ESTIMATED TOTAL PRICE
	C.MGT.16.1.	CO/COR	

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
NO		ANNUAL	See Block 16
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**
N/A			See Block 16

16. REMARKS

Block 12 - NLT 180th calendar day before the contract start work date for new contractors and NLT 30 calendar days after receipt of contract modification for existing contracts under DIACAP.

Block 13 - NLT 30 calendar days prior to the start of each contract OP or when it is determined there has been a change in the state of compliance with any one of the IA controls listed within the checklist.

The Contractor shall present their Checklist and Certification Form for validation in accordance with Section C.MGT.16.1. of the contract. The NIST Security Plan may address more than the minimum level stated in the following attachment; however, it must be in compliance with the National Institute Standards and Technology Special Publication (NIST SP) 800-53 and 53A.

Checklist and Certification Form Instructions:

1. In the column marked “Compliance Statement,” the Contractor shall select the appropriate response from the form’s drop down list to indicate its compliance with the specific information assurance (IA) control.

2. In the column marked “Validation Method,” the Contractor shall select the appropriate NIST-based validation method(s) for how it achieved compliance with the specific IA control. Details about the validation methods of specific security controls can be found within NIST SP 800-53 and 53A.

3. In the column marked “Compliance Date,” the Contractor shall enter the date it achieved compliance with the specific IA control.

4. In the column marked "Activity Description," the Contractor shall enter a brief description of its activities to achieve compliance with the specific IA control.

If an "Enhanced Safeguarding" control is not implemented, the Contractor shall prepare a written determination that explains how either the required security control is not applicable, or how an alternative control or protective measure is used to achieve equivalent protection.

14. DISTRIBUTION

a. ADDRESSEE	b. COPIES: Draft	Final: Reg	Final: Repro
Submit through the TMA e-Commerce Extranet.			
15. TOTAL →	0	0	0

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE
Mark J. Stevenson		Judy F. Ross	

Reset