**Date Prepared:**

| CORPORATE INFORMATION |
| --- |
| **Use** [**Additional Information**](#Additional_Information) **for relevant material not addressed**

| Corporate Name:  | **[Provide Input]** |
| --- | --- |
| **Corporate Business Type** |
| **Reseller:**  |  | **Service Provider:** |  | **Integrator:** |  | **Original Equipment Manufacturer (OEM)** |  |
| **Other (Specify):** |  |
| Corporate Mission:  | **[Provide Input]** |
| Corporate Website | **[Provide Input]** |
| Small Business Information  |
| **Is this a small business concern? Yes No X** |
| **If yes, has this company met with the DISA Office of Small Business Programs (OSBP)? Yes No N/A X** |
| **If Yes, when? (Month/Year) N/A** |
| Acquisition Information |
| **Does your company/sector have any ongoing bids or source selections submitted to DISA? Yes No X** |
| **If yes, please list:**  |
| **Is/has your company responded to any current DISA-issued RFIs or RFPs? Yes No X** |
| **If yes, please list:**  |
| **Does your company work with DISA as a subcontractor? Yes No X** |
| **If yes, please list:**  |

 |
| Corporate Contact Information |
|

| POC Name and Title | **[Provide Input]** |
| --- | --- |
| POC Email | **[Provide Input]** |
| POC Phone (Office) | **[Provide Input]** |

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| MEETING REQUIREMENTS |
| --- |
| **Use** [**Additional Information**](#Additional_Information) **for relevant material not addressed. Place an “X” for the type(s) below.** |
|

| **Product Briefing/Demonstration (**[**See Additional Information**](#Additional_Information)**)** |  | **Small Business Assistance** |  |
| --- | --- | --- | --- |
| **Meeting – Technical Exchange (TEM)** |  | **Meeting – Assistant to the Director** |  |
| **Meeting – DISA Senior Leader (Identify below)** |  | **Meeting – Executive Deputy Director** |  |
| **Meeting – Program or Manager (Identify below)** |  | **Meeting – DISA Director** | **X** |

**Other:** **Request for an extended meeting: 30 minutes If more time is required, please explain why in the area below:** |
| Purpose of the meeting: |
| **[Provide Input]** |
| List the questions that you would like addresses in this meeting |
| **[Provide Input]** |
| Identify any previous interactions with DISA (Group, person, dates, and purpose) |
| **[Provide Input]** |
| Identify other DoD services, agencies, organization, where your product or service is being used. |
| **[Provide Input]** |

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| CORPORATE ATTENDEES AND BIOGRAPHIES |
| --- |
| Attendee 1: Name, Title/Role |
| **Biography (with Photo)** |
| Attendee 2: Name, Title/Role |
| **Biography (with Photo)** |
| Attendee 3: Name, Title/Role |
| **Biography (with Photo)** |
| Attendee 4: Name, Title/Role |
| **Biography (with Photo)** |
| Attendee 5: Name, Title/Role |
| **Biography (with Photo)** |

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| **ADDITIONAL INFORMATION** |
| --- |
| **Product Briefing/Demonstration****Please provider a read-ahead of your product briefing or demonstration. If not available, please respond to the questions below.****Briefly describe Your product or service (define all acronyms).**Response:Describe how your product will enhance DISA and why.Response:Identify what organizations in DISA, the DoD, or the Federal Government that are using this product or service.Response:**[Provide Additional Input (if needed)]** |

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