ADVOCACY QUESTIONNAIRE

OMB Control No. 0625-0143 Expires 11/30/2024

By submitting this Advocacy Questionnaire, the applicant agrees to allow the Advocacy Center to share this document and the information contained herein and in any supplementary materials, on an as-needed basis, with other United States Government agencies to carry out appropriate due diligence and to more effectively advocate for your interests. (Supplementary materials include, among other items, written correspondence and verbal communication.) Please note that the Advocacy Center uses student interns to assist us in the due diligence process. If you object to having one review your case under the supervision of an Advocacy Center regional manager, please inform us when you submit your questionnaire. Otherwise, a no-reply will mean you consent to interns working on your case, which includes having access to your company's business confidential information. You may contact the Advocacy Center at any time to withdraw your consent.

Your responses to the questionnaire, and any supplementary materials provided by your company, are considered business confidential and will not be shared with any other person or organization outside the U.S. Government unless the Advocacy Center is given permission to do so by your company. All business confidential information will be protected from disclosure to the extent permitted by law.

<u>Project</u>					
Name of Project:	-				
Location:					
Country:					
Applicant					
Full Corporate Name:					
Headquarters Address:	Street		Cit	у	
1	State/Provin	nce Postal Cod	leCount	ry	
Place of Domicile:					
Ownership:					
•	(Identify any	parent companies and	the percentage of o	wnership of each parent)
Annual Sales (\$):					
Number of Employees:	In U.S.A		Outside U.S.A		
Website (URL):					
Website (UKL).					
Contact Person					
Designated point of contact j	for the Applicant, w	vhich mav be an indene	ndent third-narty rei	presentative, if applicab	le)
G I e)	, • · · · · · · · · · · · · · · · · · ·			J. C.	/
First Name: Company:	Las	st Name:	Title:		
Company:	Tel	ephone:	E-ma	il:	
Certification					
The undersigned, being so	authorized, certif	ies on behalf of the a	pplicant that, to the	e best of his/her know	ledge, the
nformation provided herei					
shall be complete and accu					1
•			• •		
FG:	200 1 0	ra:	<u> </u>	FG*	· 1000 · 1 0
[Signature of Authorized Official of		[Signature of Contact Independent Third-Pa		[Signature of Author	
Applicant]		Representative, if App		Bidder of Record, in	Applicable
		Representative, if App	oneaoicj		
[Print Name]		[Print Name]		[Print Name]	
[1 mit i tume]		[11mt 11mmc]		[11mt 14ame]	
[Title]		[Title]		[Title]	
- •					
[Company]	[Date]	[Company]	[Date]	[Company]	[Date]

I. PROJECT

l.	Please provide a description of the project or procurement the applicant is pursuing ("the project").
2.	Please list the foreign government entity or entities responsible for awarding the project and other officials who may have influence over the project.
3.	What is the current status of the project? (Please include applicant interactions with foreign government decision- makers to date.)
4.	Please provide the specific timeframe for when project actions will take place and when decisions will be made (if known). Interim Decision Date(s): Final Decision Date:
5.	In U.S. dollars, please indicate the best estimate or actual values contributed to the project by the applicant and other companies, including partners or suppliers, if applicable: a) U.SSourced Goods Provided by Applicant b) U.SSourced Services Provided by Applicant c) U.SSourced Goods Provided by Other Companies d) U.SSourced Services Provided by Other Companies e) Total U.SSourced Goods and Services (a + b + c + d) f) Foreign-Sourced Goods Provided by Applicant g) Foreign-Sourced Services Provided by Applicant h) Foreign-Sourced Goods Provided by Other Companies i) Foreign-Sourced Services Provided by Other Companies j) Total Foreign-Sourced Goods and Services (f + g + h + i) k) Total Project Value (e + j)
	l) Percent U.SSourced Goods and Services% (e ÷ k) x 100

	Please list all project goods and applicable:	ase list all project goods and/or services, whether U.S or foreign-sourced. Please include quantity, if blicable:			
]	Please identify which of the	roject goods and/or services will be U.Ssourced:			
8	a) U.SSourced Goods and/or	Services Provided by the Applicant:			
ł	b) U.SSourced Goods and/or	Services Provided by Other Companies:			
	Dlagge list the manage and 1	estions of other communics symplying IIS severed goods and/on			
		cations of other companies supplying U.Ssourced goods and/or cant's bid or proposal: (<i>If needed, list any additional companies in a</i>			
	separate attachment.)				
	Company:				
	Company:				
	Company:	Location:			
C	e) From which U.S. state(s) we additional states in a separa	ald exports be made, should the applicant be awarded the project? (If needed, list a attachment.)			
	State:	State:			
	State:				
	State:				

Please identify which of the project goods and/or services are foreign-sourced: d) Foreign-Sourced Goods and/or Services Provided by Applicant: e) Foreign-Sourced Goods and/or Services Provided by Other Companies: Please list the name and location of companies supplying foreign-sourced goods and/or services as part of the applicant's bid or proposal: (If needed, list any additional companies in a separate attachment.) Location: Company: Location: Company: Location: Company: 7. Bidder of Record: a) Is the applicant the bidder of record? (Please check one.) \square_{No} ∐Yes b) If no, please provide the name and nationality of the bidder of record: Nationality: II. PARTNERS 1. Is the applicant bidding as part of a partnership, consortium, joint venture, or other form of association with other companies? \square No Yes a) If yes, please list below: (If needed, list any additional partners in a separate attachment.)

	Partner 1	Partner 2	Partner 3
Company Name			
Contact Name:			
Title:			
Nationality:			
Telephone:			
Email address:			

III. COMPETITORS

Yes

1.		ase identify the competitors for the project: (arate attachment.)	ij needed, iisi any dadiiional col	mpetitors in a
		S. competitors:		
		Company:		
		Company:		
Comp	any:	Company:		
		eign (non-U.S.) competitors:	<u> </u>	
		Nationality:		Nationality:
		Nationality:		Nationality:
Comp	any:	Nationality:	Company:	Nationality:
	Adva) b) Expa	CENSING AND APPLICATIONS vocacy Type: Is this a request for (please check only one): Commercial (non-Defense) Advocacy If this is for Defense Advocacy, is this a (please check only one): Foreign Military Sale (FMS)? Directort Licensing: Are there items or technology to be exported marketing or export licenses? Yes If yes, please list the license and/or applicate License/Application Number(s):	? □ Defense Advocacy? Lease check only one): Cut Commercial Sale (DCS)? It is a connection with the project of the connection with the project of the connection number (s) and status:	t that require U.S. Government
		Status of Application:		
V.	FIN	NANCING		
1.	Hov	w will the project be financed?		
2.		he applicant or any of its partners seeking U velopment Finance Corporation for the projection Yes	_	ugh EXIM Bank or the
	b)	If yes, please name the institution(s) and status If no, please indicate whether the applicant or a such financing/support for the project:		would like assistance in seeking

 \square No

3.		s the project financed by any of the following multilateral development banks (MDBs): World Bank, Inter-American Development Bank, African Development Bank, European Bank for					
	Re	econstruction and Deve	elopment, or the Asian D	Development Bank	?		
	a)	If yes, please specify the	ne MDB:				
4.	Is						
		∐Yes	∐No		☐Not Sure		
	a)	If yes, please indicate vassistance:	whether USTDA project s	support is through	feasibility studies, traini	ng grants, or other	
	b)	support from USTDA	hether the applicant or an for the project:	_	nn to seek or would like	assistance in seeking	
		□Yes		∐No			
VI	[. R]	EQUESTED ASSIST	CANCE				
1.	Re	eason for Requested As	ssistance:				
2.		ease highlight the compecycle cost, best value,	petitiveness of the applic , or other factors:	cant's bid or prop	osal in terms of techno	ology, price, full	
3.		the applicant or any or the project?	of its partners receiving	advocacy or oth	er assistance from a fo	oreign government	
		□Yes		\square No			
	a.	If yes, please list the	foreign government(s)	, and partner(s),	if applicable:		

AGREEMENT CONCERNING BRIBERY AND CORPORATE POLICY PROHIBITING BRIBERY

Agreement:		
("the A	Applicant") is requesting U.S. Govern	ment Advocacy support in connection
with its Project to supply (procuring or other project authority) in	(goods and	d/or services) to
		1 0011
In connection with this request, the	Applicant affirms that it and its age	nts and affiliates:
(1) Have not and will not engage in to described Project; and	he bribery of foreign public officials i	n connection with the above-
(2) Maintain and enforce a policy that	at prohibits the bribery of foreign pub	lic officials.
The Applicant understands that fails Commercial Advocacy.	are to comply with this Agreement 1	may result in the denial of
Definitions:		
For the purpose of this Agreement:		
The term "affiliate" means (a) any e Applicant; and (b) any other entity th the Applicant or by an entity describe	e majority ownership of whose votin	a majority of the voting stock of the g stock is held, directly or indirectly, by
Convention on Combating Bribery of for Applicants that are subject to the	f Foreign Public Officials in Internation Foreign Corrupt Practices Act of 197	ibery of foreign public officials" in the onal Business Transactions. In addition, 7 (FCPA), as amended, the term CPA (see 15 U.S.C. §§ 78dd-1, 78dd-
[Signature of Authorized Official of Applicant]	[Signature of Contact Person or Independent Third-Party Representative, if Applicable]	[Signature of Authorized Official of Bidder of Record, if Applicable]
[Print Name]	[Print Name]	[Print Name]
[Title]	[Title]	[Title]
[Company] [Date]	[Company] [Date]	[Company] [Date]