

GUIDANCE FOR SUBMITTING A CONTRACTOR SELF-DISCLOSURE



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL**

APRIL 2014

TABLE OF CONTENTS

<u>Section</u>	<u>Page Number</u>
Purpose	3
Definitions	4
Instructions for Completing the Contractor Self-Disclosure Form	5

PURPOSE

This document provides guidance to contractors making self-disclosures regarding a violation of Federal criminal law or of the civil False Claims Act in connection with U.S. Department of Health and Human Services (HHS) contracts or subcontracts.

The HHS Office of Inspector General (OIG) affords contractors a means of disclosing a violation of Federal criminal law involving fraud, conflict of interest, bribery, or gratuity violations found in Title 18 of the United State Code or a violation of the civil False Claims Act, discovered during self-policing activities; provides a framework for Government verification of the matters disclosed; and provides a means for a coordinated evaluation of administrative, civil, and criminal actions appropriate to the situation.

Contractor self-disclosures are made with no advance agreement regarding possible OIG resolution of the matter and with no promises regarding potential civil or criminal actions by the U.S. Department of Justice. Prompt disclosure, full cooperation, completed access to necessary records, restitution, and adequate corrective actions are key indicators of an attitude of contractor integrity even in the wake of self-disclosures of potential criminal liability.

DEFINITIONS

CAGE CODE. The Commercial and Government Entity (CAGE) Code is a five-character code that identifies contractors doing business with the Federal Government, NATO member nations, and other foreign governments. The CAGE Code is used to support a variety of mechanized systems throughout the Government and provides for a standardized method of identifying a given facility at a specific location.

CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE (COTR). A COTR is a business communications liaison between the U.S. government and a contractor. He or she ensures that their goals are mutually beneficial. The COTR is normally a Federal employee who is responsible for recommending authorizing or denying actions and expenditures for both standard delivery orders and task orders and those that fall outside the normal business practices of the Federal agency's contractors and subcontractors.

DUNS NUMBER. The Data Universal Numbering System (DUNS) number is issued by Dun and Bradstreet and is a unique nine-digit number that identifies the contractor. It is a tool of the Federal Government to track how Federal money is distributed.

FULL COOPERATION. Full cooperation means disclosure to the Federal Government of the information sufficient for law enforcement to identify the nature and extent of the offense and the individuals responsible for the conduct. It includes providing timely and complete responses to Government auditors' and investigators' request for documents and access to employees with information.

PRINCIPAL. Principal means an officer, a director, an owner, a partner, or a person having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment; and similar positions).

SUBCONTRACT. Subcontract means any contract entered into by a subcontractor to furnish supplies or services for performance of a prime contract or a subcontract.

SUBCONTRACTOR. Subcontractor means any supplier, distributor, vendor, or firm that furnishes supplies and services to or for a prime contractor or another subcontractor and those that fall outside the normal business practices of the Federal agency's supporting contractors and subcontractors.

Instructions for Completing the Contractor Self-Disclosure Form

<u>Entry Field Title</u>	<u>Instructions</u>
A. OFFICIAL SUBMITTING DISCLOSURE	All fields in this section must be completed.
Name	Field must contain the name of an authorized company official or agent.
Address	Enter business address.
Telephone Number	Enter daytime telephone number.
Title/Position	Enter authorized company official's title or position in the company making the self-disclosure.
Email	Enter business email address.
B. CONTRACTOR DATA	
Contractor	Enter company name.
Affected Corporate Branch/Division/Sector	Enter Branch/Division/Sector name.
Doing Business As (dba)	Enter any other identifying company name.
Contractor's Address	Enter mailing address.
Telephone Number	Enter Company's primary telephone number.
Commercial and Government Entity Code (CAGE)	Enter five-digit code.

Data Universal Numbering System (DUNS)

Enter nine-digit code.

Senior Corporate Point of Contact (POC)

Enter name of individual to be contacted regarding this disclosure.

Senior Corporate POC Telephone Number

Enter daytime telephone number.

C. AFFECTED CONTRACT

Number

Enter contract number.

Short title

Enter any commonly used contract title.

Contract Type

Enter contract type (e.g., Firm Fixed Price)

Contract Value

Enter contract award value.

Description of Product/Services/

Supplies/System

Enter sufficient information to describe performance of the product/service provided.

End Users

Enter identifying information on all end users.

Contracting Officer's Name

Enter name of contract's contracting officer.

Contracting Office Address

Enter address of contracting office.

Contracting Officer Telephone Number

Enter telephone number.

Contract Performance Location.

Enter location.

Name of Contracting Officer's Technical Representative (COTR)

Enter name.

COTR's Telephone Number.

Enter telephone number.

All Federal Agencies Currently Doing Business With

Enter agency name(s) (e.g., U.S. General Services Administration).

D. OTHER AFFECTED CONTRACT (IF ANY)

Use Instructions for AFFECTED CONTRACT

E. DISCLOSURE

Date Contractor Learned of Potential Violation

Enter date.

Description of Violation

Provide a full description of the nature of the violation being disclosed, including the period during which the violation occurred, names of individuals involved, and an explanation of their roles in the alleged conduct and the relevant periods of their involvement. This field **must** be completed to submit a disclosure.

Safety or Operational Hazards

Enter yes or no. If yes, explain.

Measures Taken to Mitigate Safety or Operational Hazards

Enter date of specific actions taken.

Estimated Financial Impact to the Federal Government

Enter amount in whole dollars.

F. OVERPAYMENTS

Did An Overpayment Occur?

Enter yes or no.

Estimated Amount of Overpayment (if applicable)

Enter amount in whole dollars.

G. COMPANY INTERNAL INVESTIGATION

Has an Investigation Been Conducted?

Enter yes or no.

Description of the Scope of the Investigation

Enter records reviewed, number and positions of employees interviewed, etc.

Is the Company Willing to Provide a Copy of the Investigative Report?

Enter yes or no.

Measures Taken to Prevent Recurrence.

Enter details of specific actions taken.

ACKNOWLEDGMENTS

Box must be checked.