Vendor Information Form (VIF)

Please submit VIF to: DHA.IATDD@mail.mil



This number to be provided by DHA personnel)	
Date:	
n:	
/ DHA Personnel? by:	
ution was he / she interested in:	
Briefly describe the product / service offered, and what it will be used for:	

Product Category (required):

Product Subcategory (required):

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Product Review: Please answer the questions for the Vendor Management Working Group (VMWG). If you have previously spoken to DHA personnel, please focus response on their interests.

1. Is your product accredited by a DoD Agency (please list accreditation):

Which DoD agencies are using this product or other agency Authority to Operate (ATO) (please list):

Point of Contact for ATO Information Package:

Is your product FIPS 140-2 certified? Certification #: Other certifications:

- Is this a Cloud Service (If yes, select FedRAMP level): FedRAMP Level:
- Is this an Information Assurance (IA) enabled product? Evaluation Assurance Level (EAL): Common Criteria List (CCL): The Department of the Navy (DON) Application & Database Management System (DADMS):
- Is your product approved by the Joint Interoperability Test Command (JITC) (Please provide approval #)
- 5. How does this product or service align with DHA's vision and mission?
- 6. Please list DHA / HIT related services or products your organization currently provides?
- 7. Please explain how your company can improve/enhance DHA services.
- 8. What makes this product or service unique in the marketplace?

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- 9. Please briefly describe current uses of this product within the healthcare industry.
- 10. Is DHA an existing customer

Small Business Information:

- 1. Company Mailing Address:
- 2. Company Web Address:
- 3. Small Business Category:
- 4. DUNS:
- 5. CAGE:
- 6. Primary NAICS Code:
- 7. Primary Product Services Code (PSC):
- 8. Core Competencies (select all that apply):

- 9. Facility Clearance:
- 10. Facility Clearance Level:
- 11. Federal Healthcare Experience:
- 12. Contract Vehicles: