



HMDUNN Cyber Security Survey

Please indicate contact information of the individual within your organization responsible for your company’s overall IT/Cyber Security capabilities. This is the individual who will be contacted for any follow-up questions or actions related to this assessment.

Company Name:			
Contact Name:		Contact Email:	
1) Is your organization compliant with the security requirements identified in NIST SP 800-171 “Protecting Controlled Unclassified Information in Nonfederal Information Systems and Organizations”? Please select the most applicable answer for your entire organization.			
Response:			
		Fully Compliant to NIST-800-171	<input type="checkbox"/>
		Partially Compliant to NIST-800-171 with a POA&M in place	<input type="checkbox"/>
		Not Compliant, with no plans to become compliant	<input type="checkbox"/>
Completed by:			
_____		_____	
Printed Name		Signature	
_____		_____	
Title		Date	