



## Continental Group Family Housing Privatization Project



### Document Room Access, Housing Area tours and Base Photo Procedures EGLIN AIR FORCE BASE

#### **Location and Hours of Operation:**

The Eglin Housing Privatization Document Room is located on Eglin AFB in building 10802. The physical address is 38 Hatchee Road, Eglin Air Force Base FL 32542-5133. Eglin AFB is a closed installation. All access to the Document Room must be coordinated through the Project Manager. The Eglin AFB Housing Privatization Project Manager is Derek Fox. Contact information is:

Mr. Derek M. Fox  
96 CEG/CEAHP  
501 De Leon St Ste 100  
Eglin AFB, FL 32542-5133  
(850) 882-5530  
E-mail: [derek.fox.ctr@eglin.af.mil](mailto:derek.fox.ctr@eglin.af.mil)

The Document Room will be open on Tuesdays and Thursdays from 9:00 A.M. to 12:00 P.M. and Wednesdays 1:00 P.M. to 3:00 P.M. Closures and changes to hours or procedures will be posted on the website [www.jllpress.com](http://www.jllpress.com) or at the Eglin Housing Management Office front desk (850) 882-4533.

#### **Appointments and Base Access:**

Access to the document room on Eglin AFB is by appointment only. Appointments are on a first come first served basis. Housing area site visits are by appointment only and shall be scheduled in advance and subject to obtaining Base Access. Housing area site visits shall be scheduled for hours other than those during which the document room is open. Please contact the Eglin Housing Privatization Office at (850) 882-5530 to schedule your visit during normal operating hours. This must be completed and any required information provided at least three business days in advance to ensure processing your access request. Please see the Eglin AFB "Base specific access information requirements" provided below. All individuals must present government issued photo identification such as a passport, driver's license or DOD CAC, and company identification or letter of authorization. All visitors must be escorted at all times while on Eglin AFB. Privatization personnel will coordinate all access requests through the Base's visitor's center. Privatization personnel will meet all visitors at the visitor center and serve as your escort while on the installation. Once a visit is complete, all visitors will be escorted back to the visitor center.

#### **Copying Policy:**

Visitors can review onsite any of the documents listed in Appendix F. Photo copying equipment is not available. Most of the Technical References are posted electronically ([www.jllpress.com](http://www.jllpress.com)). If you desire a copy of an item that is not posted online and it is available electronically (e.g., maps, utility plans), a copy can be provided on a CD or DVD. Some maps may not be available electronically. Please advise the privatization personnel when making your appointment if you have any specific or unique information requests.

The base will support and accommodate all reasonable requests if possible. However, increased security requirements present some challenges and the earlier requests are submitted the better support can be provided.

*Note: All requests for digital base infrastructure data must include a signed Non-Disclosure Agreement (provided below or available at the document room).*

**Photo and Camera Policy:**

Photography on Eglin AFB is allowed only within the housing areas to be leased and by appointment only. Visitors may not photograph any base areas other than those that are parts of the project without the prior written approval of the installation commander. Once a photo appointment is scheduled with the Housing Privatization Manager, please provide a list of the individuals in the party visiting the housing areas and provide the names of specific individuals who will be taking photographs (including full name and position), and a list of the areas that will be photographed. Cameras may be subject to inspection before and after the visit is complete.

**“Quality Communities for Air Force Families”**



**EGLIN AIR FORCE BASE CONTRACTOR ACCESS BADGE AFFIDAVIT**

**AUTHORITY:** Section 3101, Title 44, United States Code, AFI 33-332, 5 USC 552A

**PRINCIPAL PURPOSE(S):** Used for requesting personal information to assist security personnel in developing records to document contractor employee suitability for access to Eglin Air Force Base, Florida to work under Air Force contracts. The Social Security Number (SSN) and Date of Birth (DOB) are necessary to identify the person and records. This information may be used to determine suitability of persons desiring access to Eglin Air Force Base as well as for other lawful purposes including law enforcement and litigation. **INTENDED USE:** All contractors, subcontractors, unit's or sponsoring activities who have employees not authorized a Common Access Card or security clearance and requires access to Eglin Air Force Base in performance of their official duties, and/or whose contract expires in less than one year. **DISCLOSURE:** Disclosure of requested information is voluntary. Failure to provide information could result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the Air Force contract while serving in the capacity of prime contractor or subcontractor/supplier employee.

|    |  |                     |             |                                     |
|----|--|---------------------|-------------|-------------------------------------|
| 1  | COMPANY NAME/PHONE NUMBER:   |                     |             |                                     |
|    | WORK SITE LOCATION:  |                     |             |                                     |
|    | TYPE OF WORK (EMPLOYEE):   |                     |             |                                     |
|    | DAYS OF THE WEEK AND HOURS REQUESTING AUTHORIZATION TO ENTER EGLIN AFB FOR BUSINESS PURPOSES ONLY: (Circle all that apply)<br>Mon Tues Wed Thurs Fri Sat Sun                      Earliest entry hour:                      Latest entry hour: |                     |             |                                     |
| 2  | LAST NAME (ADD SUFFIX (SR., JR.)):   |                     |             |                                     |
| 3  | FIRST NAME:  | MIDDLE NAME:        |             |                                     |
| 4  | OTHER NAMES ALSO USED (if none, write "NONE")  | SOCIAL SECURITY NO: |             |                                     |
| 5  | DATE OF BIRTH (MONTH)                      (DAY)                      (YEAR)   |                     |             |                                     |
| 6  | DRIVER LICENSE NO.:  | STATE:              |             |                                     |
| 7  | STREET ADDRESS (No P.O. BOXES):  |                     | HOME PHONE: |                                     |
| 8  | CITY:  |                     |             |                                     |
| 9  | STATE:   | ZIP:                |             |                                     |
| 10 | COUNTRY OF CITIZENSHIP:  |                     |             |                                     |
| 11 | RESIDENT ALIEN NO. OR IMMIGRATION DOCUMENT NO. AND DESCRIPTION:  |                     |             |                                     |
| 13 | BIRTHPLACE (CITY/STATE/COUNTRY):   |                     |             |                                     |
| 14 | MALE:  | FEMALE:             | RACE:       |                                     |
| 15 | HAIR COLOR:  | EYE COLOR:          | HEIGHT:     | WEIGHT:                             |
| 16 | PHYSICAL BODY CHANGES OR TATTOOS:  |                     |             |                                     |
| 17 | VEHICLE MAKE:  | MODEL:              | COLOR:      | PLATE#:                      STATE: |
| 18 | WORK HISTORY ON<br>EGLIN AFB   | FROM:               | TO:         | EMPLOYER:                           |

**The information on this form is being collected in accordance with, federal law permitting the installation commander to limit access to the installation for security reasons (50 U.S.C. Section 797 and DoD Directive 5200.8). This data will be used to screen individuals who have or are seeking access to Eglin Air Force Base, Florida. Failure to provide truthful, complete and accurate responses may be used as a basis to deny entry to Eglin Air Force Base and is also punishable as a criminal offense.**

Please answer each of the following questions by circling the correct answer. The information you provide will be verified through state and federal criminal history record checks.

|  |     |    |
|--|-----|----|
| Can U.S. citizenship, immigration status, or Social Security Account Number be verified?   | YES | NO |
| Have you ever been barred from entry/access to any Federal/military installation or facility?  | YES | NO |
| Are you wanted by federal or civil law enforcement authorities, regardless of offense/violation (i.e., an "order to arrest" has been issued by a judge)?   | YES | NO |
| Have you been incarcerated for 12 months or longer within the past ten years, regardless of offense/violation, unless released on proof of innocence?  | YES | NO |
| Have you ever been convicted of espionage, sabotage, treason, terrorism or murder?   | YES | NO |
| Does your name appear on any federal agency's "watch list" or "hit list" for criminal behavior or terrorist activity?  | YES | NO |
| Are you unable to obtain a favorable National Agency Check w Inquiries (NACI)?   | YES | NO |
| Have you been convicted of firearms or explosives violation within the past ten years?   | YES | NO |
| Have you been convicted of sexual assault, armed assault/robbery, rape, child molestation, drug possession with intent to sell, trafficking in humans, registered sex offender or drug distribution within the past ten years? | YES | NO |
| Are you an undocumented, non-U.S. citizen (Foreign National)?  | YES | NO |
| Have you ever conspired or attempted to commit any of the criminal acts listed above?  | YES | NO |

**NOTE TO APPLICANT: ATTESTATION**

**I understand that by signing this application, the information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this application can be punished by barment from the installation, a fine, imprisonment or both. (18 U.S.C. Section 1001).**

**Further, I understand that under the authority of 50 U.S.C. Section 797 and DoDD 5200.8, the installation commander has imposed a continuing obligation for me to disclose to Eglin Air Force Base, within 24 hours, if I am convicted or found not guilty by reason of insanity of any of the above criminal offenses that occurs while I have unescorted access authority within Eglin Air Force Base.**

**I understand if my access privileges are denied I have the right to appeal the decision. Contact Supervisor, Pass and Registration for guidance.**

Applicant Name \_\_\_\_\_  
(Print legibly)

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Company Representative: \_\_\_\_\_  
Printed Name Signature

---

**Non-Disclosure Agreement**  
**for**  
**Standardized Housing Privatization Geospatial Data**  
**Released from Eglin AFB Document Room**

---

The undersigned, \_\_\_\_\_,

an authorized representative of \_\_\_\_\_,

(which is hereinafter referred to as the "Recipient") requests the Government to provide the Recipient with "Standardized Housing Privatization Geospatial Data" (hereinafter referred to as "Data") in which the Government's release rights are restricted. Recipient hereby requests that the Data be provided and delivered to:

Company: \_\_\_\_\_

Attention to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In consideration for receiving such Data, the Recipient agrees to use the Data strictly in accordance with this Agreement:

- (1) The Recipient shall use, modify, reproduce, perform, display, or disclose only for government purposes and shall not do so for any other purpose. The Recipient shall not release or disclose these Data, to any person other than its subcontractors, who require these Data to submit offers for, or perform contracts with the Recipient.
- (2) The Recipient agrees to adopt or establish operating procedures and physical security measures designed to protect these Data from inadvertent release or disclosure to unauthorized third parties.
- (3) The Recipient agrees to accept these Data "as is" without any Government representation as to suitability for intended use or warranty whatsoever. This disclaimer does not affect any obligation the Government may have regarding Data specified in a contract for the performance of that contract.
- (4) The Recipient agrees to indemnify and hold harmless the Government, its agents, and employees from every claim or liability, including attorneys fees, court costs, and expenses arising out of, or in any way related to, the misuse or unauthorized modification, reproduction, release, performance, display, or disclosure of Data received from the Government with restrictive legends by the Recipient or any person to whom the Recipient has released or disclosed the Data.
- (5) The Recipient agrees that these Data are intended for the sole use of the original receiving organization for official use only. By accepting these Data, the recipient agrees that they are a single, partial, and temporal capture of a dynamic database.
- (6) The Recipient agrees that since these Data were developed and collected with U.S. Government funding, no proprietary rights may be attached to them, nor may they be sold to the U.S. Government as part of any procurement of ADP products or service.
- (7) The Recipient is executing this Agreement for the benefit of the Recipient and Recipient Team Members. Recipient Team Members are third party beneficiaries of this Agreement who, in addition to any other

- rights they may have, are intended to have the rights of direct action against the Recipient or any other person to whom the Recipient has released or disclosed the Data, to seek damages from any breach of this Agreement or to otherwise enforce this Agreement.
- (8) Unless the Recipient becomes the Project Owner, the Recipient agrees to destroy these Data and all copies of these Data in its possession as follows.
    - a. If the Recipient does not submit a proposal by the Proposal Due Date as specified in the RFP, the Recipient agrees to destroy these Data and all copies of these Data in its possession no later than 30 days after the proposal due date and to notify the Government that these Data have been destroyed.
    - b. If the Recipient submits a proposal, the Recipient agrees to destroy these Data and all copies of these Data in its possession no later than 30 days after notification by the Government that it has selected the Highest Ranked Offeror. The Recipient also agrees to notify the Government that these Data have been destroyed.
  - (9) This Agreement shall be effective for the period commencing with the Recipient's execution of this Agreement and ending not prior to the completion of the contract period including all option years. The obligations imposed by this Agreement shall survive the expiration or termination of the Agreement.
  - (10) The Recipient, its principals, employees, agents, and subcontractors shall have no intellectual property interest whatsoever in any aspect of work product, deliverables or ideas developed under this contract, or in Data or product delivered to the Recipient by the Government. All deliverables and products associated with the tasks including, but not limited to, computer code (including annotated un-compiled code), databases, system architecture and logic are, and shall remain the exclusive property of the United States Government. The Recipient, its principals, employees, agents, and subcontractors shall not attempt to patent, register, license or use for their own purpose any deliverable under the tasks of this contract without the express written consent of the United States Government.
  - (11) The Recipient hereby requests Data on behalf of the company/firm/interest named above and all of its applicable sub-contractors that will also require Data. The Recipient will collect signed copies of this same Agreement from all sub-contractors that require these Data. The Recipient will then provide a complete package of Agreements to the Eglin Housing Privatization Office. After receiving a complete set of Agreements, the Eglin Housing Privatization Office will supply the Recipient and all applicable sub-contractors with a copy of these Data.

Recipient's Signature: \_\_\_\_\_

Recipient's Printed Name: \_\_\_\_\_

Recipient's Title: \_\_\_\_\_

Recipient's Business Name: \_\_\_\_\_

Date: \_\_\_\_\_

Housing Privatization Office Signature: \_\_\_\_\_

Housing Privatization Office Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_