



A CVE Verified Service-Disabled Veteran Owned Small Business

## CMMC Compliance Preparation Questionnaire

Company Legal Name:

Industry:

Contact Name:

Title:

Phone #:

Headquarters Address:

Email:

DUNS #:

1. Are you a Prime contractor on any active DoD contracts? Yes  No

    a. If no, are you a subcontractor on any DoD contracts? Yes  No

2. Do you have any existing DoD FCI/CUI Data? Yes  No

    a. If yes, what types of information do you have on your networks? Yes  No

        i. Federal Contract Information not publicly available (FCI)

        ii. Controlled Unclassified Information (CUI)

3. How many total employees do you have? (Break apart full and part time) FT  PT

    a. How many IT employees you do you have? (Breakout FT, PT, 1099) FT  PT  1099

4. How many of each type of system do you currently have?

    a. Windows 10 PCs/Laptops/Workstations

        i. Total number with Microsoft 365:

    b. Linux

    c. Mac

    d. iOS Devices

    e. Android Devices

    f. Other:

5. Number of computers on Active Directory(s):

6. Do you have a Data Flow Diagram completed? Yes  No

7. Number of Firewalls:

    a. Brand and Type(s):

8. Number of remote access users by type:

    a. VPN

    b. SSH



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c. Terminal

d. Other:

9. Number of servers by location/type:

a. On-premise

i. Type(s)

b. Virtual

i. Type(s)

c. Cloud

i. Type(s)

10. Storage by location/type:

a. On-premise

i. Type(s)

b. Cloud

i. Type(s)

c. Off-premise secured

i. Type(s)

11. Do you have a detailed network topology map available?

Yes

No

a. If yes, please include it with your completed questionnaire

12. Please list all cloud-based applications used by employees

[Empty text box for cloud-based applications]

13. Please list all locations (City/State) and employee count for any company locations

[Empty text box for locations and employee count]

14. Do you have employees located at onsite locations with any government agencies?

Yes

No

a. If yes, please list all locations (City/State) and employee count

[Empty text box for government agency locations]

15. Do you maintain a current asset management database for all your IT hardware and software assets? Yes  No

a. If yes:

i. Have you listed all systems with CUI/FCI?

Yes

No

ii. Have you determined who needs access to them, and who does not?

Yes

No

iii. When were all access control lists last reviewed and updated?

[Empty text box for access control list review date]

KNC Strategic Services

4416 Maple Drive, Oceanside, CA 92056

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Duns # 080130113 | CAGE Code: 825L7 | SB/DVBE, SDVOSB/VOSB



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- iv. Do you provide your organization with Cybersecurity Awareness and Training? Yes  No
- v. Have you segregated systems with any CUI/FCI? Yes  No

16. Has your IT function previously been audited, completed a pre audit review, or general IT controls review? Yes  No

a. If so by when, by whom, and what was the scope, and what were the results?

17. How many Covered Contractor Information Systems (CCIS) do you have?

(Covered Contractor Information Systems are any computers/servers/systems that process, store or transmit CUI/FCI)

18. Do you use any cloud services for handling CUI/FCI? Yes  No

19. Have you assessed your risk exposure related to the operating of, access to, and transmission of CUI/FCI? Yes  No

a. If Yes, what did you determine

20. Have you developed formal written policies, practices and procedures regarding each of the following 14 NIST 800-171 primary control families?

Control Family	Written Policy developed?	Practices and Procedures Developed?
a. Access Control (3.1)	<input type="checkbox"/>	<input type="checkbox"/>
b. Awareness and Training (3.2)	<input type="checkbox"/>	<input type="checkbox"/>
c. Audit and Accountability (3.3)	<input type="checkbox"/>	<input type="checkbox"/>
d. Configuration Management (3.4)	<input type="checkbox"/>	<input type="checkbox"/>
e. Identification and Authentication (3.5)	<input type="checkbox"/>	<input type="checkbox"/>
f. Incident Response (3.6)	<input type="checkbox"/>	<input type="checkbox"/>
g. Maintenance (3.7)	<input type="checkbox"/>	<input type="checkbox"/>
h. Media Protection (3.8)	<input type="checkbox"/>	<input type="checkbox"/>
i. Personnel Security (3.9)	<input type="checkbox"/>	<input type="checkbox"/>
j. Physical Protection (3.10)	<input type="checkbox"/>	<input type="checkbox"/>
k. Risk Assessment (3.11)	<input type="checkbox"/>	<input type="checkbox"/>
l. Security Assessment (3.12)	<input type="checkbox"/>	<input type="checkbox"/>
m. System and Comm Protection (3.13)	<input type="checkbox"/>	<input type="checkbox"/>
n. System & Information Integrity (3.14)	<input type="checkbox"/>	<input type="checkbox"/>

21. Have you tested the controls in place to determine their effectiveness? Yes  No  If Yes, when?

22. Have you developed a System Security Plan (SSP)? Yes  No

a. If yes, when was it last updated?



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23. Do you have a data custodian? Yes  No

24. How are you addressing insider threat?

25. Have you created a Plan of Action & Milestones (POA&Ms) for any deficiencies? Yes  No

26. Are you monitoring your security controls on an ongoing basis? Yes  No

27. Have your IT systems and infrastructure ever been breached? Yes  No

a. If yes, what was the extent of the infiltration?

28. What type of IT best practices and methodologies have been implemented or are being followed?

29. Are you subject to any other Cybersecurity related regulations (CCPA, HIPAA, PCI-DSS, GDPR) ? Yes  No

If yes, what?

30. If you utilize any third-party IT Services Provider, please provider their name, and a summary of what services they provide:

31. Have you completed calculating your current NIST 800-171 Assessment Methodology score? Yes  No

32. Are you currently providing Cybersecurity Awareness & Training to your employees? Yes  No

If yes, are you using a third party provider? Yes  No

If yes, who:

Additional Notes or information you would like to share:

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