



# Teaming Information Form

## Video Linking and Intelligence from Non-Collaborative Sensors (Video LINCS) Research Program

Thank you for your interest in the Video LINCS program and for your interest in sharing information about your capabilities with potential teaming partners for a potential future Broad Agency Announcement (BAA). To share your information, please complete the form below.

### Point of Contact Information

Please complete the fields below with the information you would like to share with potential teaming partners.

Last Name:

First Name:

Title:

Email:

Phone Number:

Organization:

Organization Website:



## **Areas of Expertise**

Please choose one or more of the dropdown fields on the form below that best describes the expertise of your organization. If the keywords listed do not fully describe your organizational expertise, please add keyword(s) in the field labelled “Other Keywords”.

Keyword #1:

Keyword #2:

Keyword #3:

Keyword #4:

Keyword #5:

Other Keywords:

## **Complementary Expertise Sought**

Please choose one or more of the dropdown fields on the form below that best describes the expertise sought by your organization from a potential future teaming partner. If the keywords listed do not fully describe the expertise you seek, please add keyword(s) in the field labelled “Other Keywords”.

Keyword #1:

Keyword #2:

Keyword #3:

Keyword #4:

Keyword #5:

Other Keywords:



## Capabilities Summaries

As an option to facilitate teaming, potential proposers may submit a Capabilities Statement, 5 pages maximum, in addition to this form for possible posting on our website at <https://www.iarpa.gov/research-programs/Video-LINCS>. IARPA will attempt to post this teaming information in a timely manner upon receipt. Such posting will be taken down at or around the time the BAA closes. This information will not be reviewed or considered by the government for any purpose other than review for appropriate content.

## Certification for release on the IARPA website

By my signature below, I certify that the information I am submitting to IARPA is not proprietary. I agree that IARPA may post the information provided on this form as well as my capabilities summary (if supplied) to the ARTS website.

Your Name:

Your Signature:

Date:

Please email a copy of this completed form and your capabilities statement to: [dni-iarpa-VideoLINCS-proposersday@iarpa.gov](mailto:dni-iarpa-VideoLINCS-proposersday@iarpa.gov).