

ITEM OPPORTUNITY SYNOPSIS:

Supplier Scouting Number

| | | |
|---|---|--|
| TECHNICAL INFORMATION: | 1. Describe the item: | |
| | | Please describe the item application/ the end use of item. |
| | | |
| | Provide the item number <u>if applicable</u>: (N95 Mask vs Protective Mask). | |
| | | |
| | 2. Summary of Technical Specifications and Performance Requirements: | a. Provide dimensions / size / tolerances / performance specifications for the item. |
| | | |
| | | b. List required materials needed to make the product, Including materials of product components, if applicable. |
| | | |
| | | c. Are there applicable certification requirements to supply this item? (i.e. ISO certification) Are there any applicable regulations that apply to the production of this item? (i.e. FDA regulations or EPA regulations) Are there any other standard requirements? (i.e. ASME Standard, IEEE Standard) Please specify. |
| | | |
| | d. Describe the manufacturing processes (elaborate to provide as much detail as possible). | |
| | | |
| f. Additional Comments: | | |
| Is there other information that would impact the item's performance or usefulness? Please explain. | | |
| | | |

| | | | | | |
|-------------------------------|--|---------------------------------|---------------------------------|----------------------------------|--------------------------------|
| BUSINESS INFORMATION: | Potential Business Volume Estimate (i.e., # Units Per Day, Month, Year): | | | | |
| | | | | | |
| | Target Price / Unit Cost Information: | | | | |
| | | | | | |
| Delivery Requirements: | When is it needed by? (Immediate, 30 Days, 6 months, etc.) | | | | |
| | | | | | |
| | Describe packaging requirements (i.e., individually/ group packaging). | | | | |
| | | | | | |
| | Where is this opportunity located? Is there a preferred shipping proximity - if applicable? | | | | |
| Additional Comments: | How long would you like to leave this opportunity open to the National Network? | | | | |
| | <input type="checkbox"/> 3 days | <input type="checkbox"/> 5 days | <input type="checkbox"/> 7 days | <input type="checkbox"/> 10 days | <input type="checkbox"/> Other |
| | Is there other information you would like to include? | | | | |
| | | | | | |

Photos or diagrams of the item (helpful but not required).