

****COMPLETE THIS FORM TO INITIATE SUPPLIER SCOUTING****
MEPNN Supplier Scouting Opportunity Synopsis

- *The submitting organization (ex. MEP Center, requesting company, federal/state agency) agrees to notify NIST MEP of the status of actions taken as a result of this scouting instance within 30 days after receiving a results report. Notification should be via email to scouting@nist.gov, indicating the following:
- Contact with matches identified in report complete and supply contract awarded, process complete
 - Contact with matches identified in report complete and no supply contract awarded, process complete
 - Contact with matches identified in report complete and supply negotiations underway, process in progress
 - Contact with matches identified in report underway; supply negotiations not yet begun; process in progress
 - Contact with matches identified in report not yet begun, process in progress
 - Contact with matches identified in report will not occur within the next 6-months, process complete

Filter Parts

Item to be Scouted

22 days

Opportunities will be posted for 30 days unless specified

Please describe the item application/ the end use of item.* Provide the item number if applicable: (N95 Mask vs Protective Mask).

Urethane Part B, Filter Media, Diamond Mesh are used in the manufacturing of the filter for a elastomeric face mask respirator. CDC is trying to locate domestic manufacturers of these components. Specifically, a manufacturer that can work with medical device companies.

2022-082

Supplier Scouting Number (NIST MEP use)

423450

Scouting customer/product NAICS Code, if known

| | | |
|---|---|---|
| TECHNICAL INFORMATION: | 1. Supplier Information | a. Type of supplier being sought* |
| | | <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Contract Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Other _____ |
| | 2. Summary of Technical Specifications and Performance Requirements: | b. Reason for scouting submission* |
| | | <input type="checkbox"/> 2nd Supplier <input type="checkbox"/> Price <input type="checkbox"/> Re-shore <input type="checkbox"/> Past supplier no longer available <input type="checkbox"/> New Product Startup <input type="checkbox"/> Other <u>Seeking manufacturers in the US that are willing to work with medical device manufacturers.</u> |
| | | a. Describe the manufacturing processes (elaborate to provide as much detail as possible).* |
| | | See 2c. |
| b. Provide dimensions / size / tolerances / performance specifications for the item.* | | |
| See 2c. | | |
| c. List required materials needed to make the product, including materials of product components.* | | |
| | Urethane Part B...Urethane Filter Media...Filter Media, HEPA, TEMISH Diamond Mesh...Polypropylene Scrim | |

| | | | |
|---|---|---|--|
| 2. Summary of Technical Specifications and Performance Requirements cont: | <p>d. Are there applicable certification requirements?* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain</p> | | |
| | <p>The Buy American Act dictates that the raw materials/components used for products in the United States be domestically produced.</p> | | |
| | <p>e. Are there applicable regulations?* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain</p> | | |
| | <p>The Buy American Act.</p> | | |
| | <p>f. Are there any other standards, requirements, etc.?* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain</p> | | |
| | <p>g. Additional Comments: Is there other information that would impact the item's performance or usefulness? Please explain.</p> | | |
| | <p>No.</p> | | |
| BUSINESS INFORMATION: | 3. Volume and Pricing | <p>3a. Estimated potential business volume (i.e., # Units Per Day, Month, Year) *:</p> | |
| | | <p>Looking to make 375,000 masks</p> | |
| | | <p>b. Estimated target price / unit cost information (if unavailable explain) *:</p> | |
| | <p>Competitive acquisition.</p> | | |
| | 4. Delivery Requirements: | <p>a. When is it needed by? (Immediate, 30 Days, 6 months, etc.)*</p> | |
| | | <p>Flexible</p> | |
| | | <p>b. Describe packaging requirements (i.e., individually/group packaging)*</p> | |
| | | <p>Flexible</p> | |
| | | <p>c. Where will this item be shipped? *</p> | |
| | <p>Unknown at this time</p> | | |
| 5. Additional Comments: | <p>Is there other information you would like to include?</p> | | |
| | <p></p> | | |

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