

United States Business Registration SAM Worksheets (10 pgs)

=====

When completed, please email to filings@usbrigov.us or fax to 1-888-255-4963. Questions? Please call 1-888-646-9998, and choose Option 2. Please consider all fields **MANDATORY**.

Name of Person Requesting Registration: _____ **Title:** _____

Direct Phone: _____ **Email:** _____

DUN'S Number (If available): _____ **Cage Code:** _____

COMPANY CONTACT INFORMATION:

Legal Business Name: _____

DBA: _____

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

EIN: _____ **SSN(only if sole proprietor):** _____

OWNER INFORMATION (SOLE PROPRIETORS ONLY):

Name: _____ **Email:** _____

Phone: _____ **Fax:** _____

PHYSICAL ADDRESS:

Street: _____

City: _____ **State:** _____ **Zip Code + 4:** _____

MAILING ADDRESS: Check here if same as physical address

Mailing Address(PO Box is acceptable): _____

City: _____ **State:** _____ **Zip Code + 4:** _____

Does another entity own or control the entity you are registering? yes no

If yes, then is your Immediate Owner located outside the U.S. and it's territories? yes no

If no, please enter your Immediate Owner's CAGE Code: _____

If yes, does your Immediate Owner already have an (N)CAGE Code? yes no

If yes, please enter your Immediate Owner's (N)CAGE Code: _____

Does another entity own or controls your Immediate Owner? yes no

If yes, is your Highest-Level Owner located outside the U.S. and it's territories? yes no

If yes, does your Highest-Level Owner already have an (N)CAGE Code? yes no

If yes, please enter your Highest-Level Owner's (N)CAGE Code: _____

United States Business Registration SAM Worksheet

=====

Business Start Date (mm/dd/yyyy): _____ Fiscal Year Close Date(mm/dd): _____

Average Annual Revenue: _____ Number of W-2 Employees: _____

=====

TYPE OF ORGANIZATION:(Please check those that currently describe your company structure)

Corporation(Non Tax Exempt) Corporation(Tax Exempt) S Corp

State of Incorporation: _____ Country if other than US: _____

Sole Proprietorship U.S. Government Entity Foreign Government

Partnership/Limited Liability Partnership Federal State Local

Limited Liability Corporation International Organization

Small Agricultural Co-Op Foreign Owned/Located

Manufacturer of Goods Other _____

Please choose one of the following:

FOR PROFIT ORGANIZATION **NONPROFIT ORGANIZATION**

=====

SET ASIDE STATUSES: (Please check all/any that may apply)

Veteran Owned Business Service Disable Veteran Owned Business

Woman Owned Business

Minority Owned Business

Asian-Pacific American Owned Black American Owned

Native American Owned Subcontinent Asian (Asian-Indian) American Owned

Hispanic American Owned Other than one of the proceeding

=====

If your organization is a Federally Recognized Native American Entity, check all that apply.

Alaskan Native Corporation Owned Firm American Indian Owned Tribally Owned Firm

USBRI

(2)

PROPRIETARY & CONFIDENTIAL

United States Business Registration SAM Worksheet

=====

<input type="checkbox"/> Indian Tribe (Federally Recognized)	<input type="checkbox"/> Native Hawaiian Organization Owned Firm
<input type="checkbox"/> Community Development Corporation	<input type="checkbox"/> Domestic Shelter

=====

____ Educational Institution: (Only check if one of the following sub-categories describes your institution)

<input type="checkbox"/> 1862 Land Grant College	<input type="checkbox"/> 1890 Land Grant College	<input type="checkbox"/> 1994 Land Grant College
<input type="checkbox"/> Historical Black College/Univ.	<input type="checkbox"/> Minority Institution	<input type="checkbox"/> Private Univ/College
<input type="checkbox"/> School of Forestry	<input type="checkbox"/> Hispanic Servicing Inst.	<input type="checkbox"/> State Inst Higher Learning
<input type="checkbox"/> Tribal College	<input type="checkbox"/> Veterinary College	<input type="checkbox"/> AK Native Serv. Inst.
<input type="checkbox"/> Native Hawaiian Serv. Inst.		
<input type="checkbox"/> Foundation	<input type="checkbox"/> Hospital	<input type="checkbox"/> Veterinary Hospital

____ DOT Certified DBE (Disadvantaged Business Enterprise)

Are you an 8(a) program participant?: Yes No

Have you applied for 8(a) disadvantaged small business status?: Yes No

GOODS AND SERVICES:

CCR uses NAICS Codes (North American Industrial Classification) codes to identify what product or service your company provides. If you know the codes which apply to your organization, please list them below:

NAICS CODE: _____ NAICS CODE: _____ NAICS CODE: _____

NAICS CODE: _____ NAICS CODE: _____ NAICS CODE: _____

NAICS CODE: _____ NAICS CODE: _____ NAICS CODE: _____

If you do not have any appropriate NAICS Codes, please provide a description of your business goods and services below:

United States Business Registration SAM Worksheet

If your company receives more than \$25,000,000.00 in gross revenues from government grants, loans, or contracts and more than 80% or more of your total company revenue is from governments grants, loans or contracts, you must list the top five wage earners, their salaries, and titles unless that information is already publicly published.

1. Name: _____ Title: _____ Salary: _____
2. Name: _____ Title: _____ Salary: _____
3. Name: _____ Title: _____ Salary: _____
4. Name: _____ Title: _____ Salary: _____
5. Name: _____ Title: _____ Salary: _____

Does your business /organization have total active grants/contracts greater than \$10,000,000? Yes No

Is your business or organization currently a party to any "proceedings"? (1)criminal proceedings resulting in a conviction or other acknowledgement of fault (2)civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5000, or other acknowledgement of fault. And/or administrative proceeding resulting In a finding of fault with either a monetary fine or penalty greater than \$5000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgement of fault. Yes No

FINANCIAL INFORMATION: The following information is necessary to complete the System for Award Management Registration. This information is for SAM input only –(please attach a voided check if possible).

ABA Routing Number (9 digits): _____ Bank Name: _____

Account Number: _____ Checking Savings

Bank Phone Number: _____ Bank Fax: _____

BUSINESS REMITTANCE ADDRESS (this is to state where you would like a paper check to be sent if the Electronic Funds Transfer is not available):

Business Name: _____

Address: _____

City: _____ State _____ Zip Code + 4: _____

ACCOUNTS RECEIVABLE CONTACT:

Name: _____ Email: _____

Address: _____

Phone: _____ Fax: _____

Do you, the registrant, accept Credit Cards as a method of payment? Yes No

United States Business Registration SAM Worksheet

Please indicate if you wish for your SAM Registration to be available for Public Searches in the SAM database? (By selecting "Yes" – vendors can search in SAM to see if your registration is active and current. They WILL NOT be able to view confidential information such as banking numbers or email addresses.)

Yes No

Electronic Business Point of Contact:

Name: _____ Email: _____

Phone: _____ Fax: _____

Address: _____

Electronic Business Alternate Point of Contact (Optional):

Name: _____ Email: _____

Phone: _____ Fax: _____

Address: _____

Government Business Point of Contact:

Name: _____ Email: _____

Phone: _____ Fax: _____

Address: _____

Government Business Alternate Point of Contact (Optional):

Name: _____ Email: _____

Phone: _____ Fax: _____

Address: _____

Please sign below as an authorized officer of your company, attesting to the truthfulness of the information contained therein.

Print

Name: _____ Signature: _____

Date: _____

United States Business Registration SAM Worksheets

The below information is to be provided by the person attesting to all information in the Reps and Certs Portion of the Registration (previously known as ORCA).

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Company Physical Address: _____

City: _____ State: _____ Zip + 4: _____

Company DUNS Number: _____ **MPIN:** _____

1. Please provide the **NAME AND TITLE** of any/all individuals responsible for determining prices offered on bids/proposals. _____

2. Does your company have other plants/facilities routinely used to perform on contracts? (If so please provide **FACILITY ADDRESS, OWNERS NAME, AND OWNERS PHYSICAL ADDRESS** – use separate sheet of paper if necessary.)

3. Reserved.
4. For products designated by the Environmental Protection Agency, and provided by your company, does the percentage of recovered material content meet the EPA guidelines?
___Yes ___No
5. Is your company a small business concern that wishes to be considered for status as a labor surplus area concern? (FAR 52.219-2)
___Yes ___No
6. Is your company owned or controlled by a common parent company that files its taxes on a consolidated basis? If yes, provide the Company Name _____ EIN _____
___Yes ___No
7. Are any persons affiliated with your company currently debarred, suspended, proposed for debarment, or declared ineligible for contract awards?
___Yes ___No

United States Business Registration SAM Worksheets

8. In the past three years, has anyone affiliated with your company been convicted or had a civil judgment rendered against them for fraud or criminal offense in connection with obtaining or performing public contracts, subcontracts, or violation of federal or state antitrust statutes relating to embezzlement, theft, forgery, bribery, destruction of records, making false statements, tax evasion, violating tax laws, or receiving stolen property?

Yes No

Does your company owe more than \$3k in back taxes of which you are not currently and up to date with a re-payment plan?

Yes No

9. Is anyone affiliated with your organization indicted or charged by a government entity for the offenses mentioned above?

Yes No

10. Within the last three years has your company been terminated from government contracts?

Yes No

11. Are there any HUBZone businesses participating in a HUBZone joint venture with your company?

Yes No If yes, provide business name: _____

12. Are there any small disadvantaged businesses participating in a joint venture with your company?

Yes No If yes, provide business name: _____

13. Reserved

14. Reserved

15. Does your company provide any DATA to the government that qualifies as limited rights data or restricted computer software?

Yes No

16. Reserved

17. Has your company submitted a Small Disadvantaged Business Concern Application to the SBA in which a decision is pending?

Yes No

18. Is your company located in a Small Disadvantaged Business Procurement Mechanism authorized region?

Yes No

United States Business Registration SAM Worksheets

- =====
19. Does your company deliver any end products that are listed on the "List of Products" requiring Federal Contractor Certification as to forced or indentured child labor under executive order # 13126?
 Yes NO
20. Has your company held any previous contracts/subcontracts subject to the Equal Opportunity Act?
 Yes No
21. Are any end products delivered to the government by your company considered to be "foreign end products"?
 Yes No
22. Has your company filed all required Equal Employment Opportunity compliance reports? (Referencing non-construction companies with over 50 employees)
 Yes No
23. Has your organization developed and has on file affirmative action programs as required by Secretary of Labor?
 Yes No
24. Does your company provide maintenance, calibration, or repair of information technology, scientific, and medical and/or office and business equipment?
 Yes No
- a. If yes does your company sell the equipment or service to the general public? Yes No
- b. Does your company sell the services furnished based on established market prices or catalogue prices? Yes No
- c. Does your company offer the same wage and fringe benefits for employees servicing government contracts as commercial contracts? Yes No
25. Does your business provide services pertaining to vehicle repair, hotel/motel services, and financial services involving cards, transportation of persons, relocation services, real estate services, or maintenance, calibration, repair, and/or installation of equipment performed by the manufacturer or supplier of the equipment? Yes No
- a. If yes does your company sell the equipment or service to the general public? Yes No
- b. Does your company sell the services furnished based on established market prices or catalog prices? Yes No
- c. Does your company offer the same wage and fringe benefits for employees servicing government contracts as commercial contracts? Yes No
- d. Does your company ensure that each employee performing these services will only spend a small portion of their time(less than 20%) servicing the government contract? Yes No
26. Reserved
27. Reserved

United States Business Registration SAM Worksheets

28. Does your company wish to bid on, or currently hold any DoD-issued or DoD-funded contracts?
 Yes No (if YES, please answer questions 30-35) (if NO, proceed to question #32)

29. Does your company anticipate that supplies will be transported by sea in the performance of any contract or subcontract resulting from this solicitation? (DFARS 252.247.7022) Yes No

30. Does your company represent that the prices set forth in this contract are based on the wage rate(s) or material price(s) established and controlled by a foreign government and do not include contingency allowances to pay for possible increases in wage rates or material prices? (DFARS 252.216-7008)
 Yes No

If yes please enter the name of the host country: (DFARS 252.209.7002) _____

31. Is your company effectively owned or controlled by a foreign government? (DFARS 252.209-7002)
 Yes No (If Yes, please answer all items, if you answered No on this question, skip this next section and proceed to question #32 directly)

(DFARS 252-209-7002)

First Name: _____

Middle Initial: _____

Last Name: _____

Telephone Number: _____

Extension: _____

International Country Code: _____

Entity(ies) controlled by Foreign Government (DFARS 252.209-7002)

Foreign Government Entity

Entity Name:	
Interest Description:	
Ownership Percentage Type:	Government Country:
Address Line 1:	
Address Line 2:	
City:	State/Province:
ZIP/Postal Code:	Country:

32. Is your organization a foreign entity in which the government of a covered foreign country has an ownership interest that enables the government to affect satellite operations? (DFARS 252.225-7049)
 Yes No

33. Is your organization a foreign entity that plans to provide or use launch or other satellite services under the contract from a covered foreign country? (DFARS 252.225-7049)

____ Yes ____ No

34. Is your organization offering commercial satellite services provided by a foreign entity in which the government of a covered foreign country has an ownership interest that enables the government to affect satellite operations? (DFARS 252.225-7049) ____ Yes ____ No

35. Is your organization offering commercial satellite services provided by a foreign entity that plans to or is expected to provide or use launch or other satellite services under the contract from a covered foreign country? (DFARS 252.225.7049) ____ Yes ____ No

We may need to gather additional information in order to complete and submit your SAM Registration. Please provide the best number to reach you at, if different from page one of the worksheet.

Phone: _____

United States Business Registration Inc. requires an officer of the company to sign with the submittal of this information.

I attest that the above written information is true to the best of my knowledge, and therefore legally binding:

Print Name: _____

Signature: _____ **Date:** _____

Title: _____