

**CHECK THE BOX APPROPRIATELY MATCHED TO YOUR PRODUCT(S) OR SERVICE(S):**

- CONSTRUCTION-SELF PERFORM     
  MECHANICAL – SELF-PERFORM     
  MECHANICAL/PLUMBING SUPPLY     
  MATERIAL SUPPLY - OTHER \_\_\_\_\_  
 ENVIRONMENTAL / REMEDIATION     
  TESTING / COMMISSIONING     
  DESIGN / SCHEDULING     
  OTHER \_\_\_\_\_

**CHECK THE BOX AND ANSWER BELOW:**

UTILIZE PROCORE?  No  Yes     
 In iSqFt.com?  No  Yes     
 EXISTING VENDOR?  No  Yes     
 KIRLIN VENDOR ID# \_\_\_\_\_

**1. GENERAL INFORMATION**

<b>1A) BUSINESS NAME</b> _____	<b>1B) DBA /TRADE NAME</b> _____	<b>1C) TODAY'S DATE</b> _____
<b>1D) STREET ADDRESS</b> _____	<b>1E) BUILDING, SUITE, FLOOR</b> _____	
<b>1F) CITY</b> _____	<b>1G) STATE</b> _____	<b>1H) ZIP</b> _____
<b>1M) PAYMENT ADDRESS – IF DIFFERENT FROM ABOVE</b> _____		
<b>1N) PURCHASE ADDRESS – IF DIFFERENT FROM ABOVE</b> _____		
<b>1T) COMPANY WEBSITE</b> _____		
<b>1W) PRIMARY POC NAME (WILL RECEIVE BIDS)</b> _____	<b>1X) TITLE</b> _____	<b>1V) CURRENT EMR SAFETY RATING</b> _____
<b>1Y) PRIMARY POC EMAIL</b> _____	<b>1Z) PRIMARY POC CELL (XXX) XXX-XXXX</b> _____	<b>1AA) UNION AFFILIATION (IF APPLICABLE)</b> _____
<b>1CC) PARENT COMPANY NAME AND ADDRESS</b> _____		
<b>1DD) CHECK ONE ASSOCIATION TYPE:</b> <input type="checkbox"/> DIVISION OF <input type="checkbox"/> AFFILIATE <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> INDEPENDENTLY OWNED AND OPERATED		
<b>1U) TOTAL NUMBER OF EMPLOYEES</b> _____ <small>TOTAL TO INCLUDE ANY DIVISIONS, AFFILIATES, SUBSIDIARIES AND PARENT COMPANY</small>		
<b>1Q) CAGE CODE (SAM.GOV / DLA)</b> _____ <b>1R) NEW SUB</b> <input type="checkbox"/> <b>1S) EXISTING</b> <input type="checkbox"/>		
<b>1E) LIST ABOVE EACH STATE / LOCATION WHERE YOU CAN SELF-PERFORM</b> _____		
<b>1FF) CHECK ONE OFFICE LOCATION TYPE:</b> CORP HEADQUARTERS <input type="checkbox"/> BRANCH OFFICE <input type="checkbox"/>		

**2. BUSINESS TYPE**

**2A) ENTITY – CHECK ONE. IF OTHER, LIST TYPE**

CORPORATION     
  PARTNERSHIP     
  SOLE PROPRIETORSHIP     
  LIMITED LIABILITY COMPANY (LLC)  
 JOINT VENTURE     
  OTHER \_\_\_\_\_

**2B) INDUSTRY - CHECK ONE. IF OTHER, LIST TYPE**

MANUFACTURER     
  DISTRIBUTOR / SUPPLIER     
  RETAILER     
  CONSTRUCTION  
 CONSULTANT     
  OTHER: \_\_\_\_\_

**3. CORPORATE OFFICERS | PARTNERS | PROPRIETORSHIP**

<b>3A) NAME</b>	<b>3B) TITLE</b>	<b>3C) % OF OWNERSHIP   PARTNERSHIP</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. SERVICES AND SMALL BUSINESS SIZE STANDARD**

**4A)** Enter 6-digit CSI Construction Trade Codes Above in XX-XX-XX format:

CSI DIVISION CODES							
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**4A) BUSINESS SIZE CERTIFICATION:** List your *Primary* and up to four (4) additional NAICS Codes (North American Industry Classification System). Check *all of the applicable* Small Business categories for each NAICS Code. *Large Businesses* can only check the "Large" box, for each NAICS Code. *For each NAICS* list average number of employees for twelve (12) months and average revenues for three (3) years. Acronym definitions for SBA size standards provided below for reference:

- |                                                                                                                                                   |                                                                                                                                                                                 |                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LB</b> – Large Business<br><b>SB</b> – Small Business<br><b>SDB</b> – Small Disadvantaged Business<br><b>WOSB</b> – Woman-Owned Small Business | <b>HUBZ</b> – Historically Underutilized Business Zone (HUBZone)<br><b>VOSB</b> – Veteran-Owned Small Business<br><b>SDVOSB</b> – Service Disabled Veteran-Owned Small Business | <b>HBCU/MI</b> – Historically Black College/University/Minority Institution<br><b>ANC</b> – Alaskan Native Corporation (ANC) and Indian Tribes<br><b>JWOD</b> – Javitz Wagner O’Day; Ability One; National Industries for the Blind; Source America |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NAICS (000000 FORMAT)	NAICS DESCRIPTION (PER CENSUS BUREAU NAICS LOOKUP OR SBA SIZE TABLE)	AVG. # OF EMPLOYEES FOR 12 MOS.	AVG. 3-YEAR REVENUES	SELF PERFORM YES/NO		LB	SB	SDB	WOSB	HUBZ	VOSB	SDVOSB	HBCU/MI	ANC	JWOD
				Y	N										
1.				Y	N										
2.				Y	N										
3.				Y	N										
4.				Y	N										
5.				Y	N										

**5. SMALL BUSINESS ADMINISTRATION CERTIFICATIONS**

**U. S. SMALL BUSINESS ADMINISTRATION:** For companies certified through the Small Business Administration 8(a) Business Development and HUBZone Programs, you must include a copy of your SBA Certification | Approval Letter with this form. Please list below your entrance date into the qualifying program and next recertification (review) date:

- 5A) 8(a) Entrance Date: \_\_\_\_\_ 5B) Next Review Date: \_\_\_\_\_ 5D) HUBZone Entrance Date \_\_\_\_\_ 5E) Next Review Date: \_\_\_\_\_  
 5C) Certification | Approval Letter enclosed  5F) Certification | Approval Letter enclosed

**6. OTHER CERTIFICATIONS**

**OTHER CERTIFICATIONS:** List below any other Minority or Small Business certifications, Federal, State, County or other. List the applicable agency or group, i.e.: Department of Veterans Affairs, Department of Transportation, etc. List the certification number and expiration date.

6A) CERTIFICATION	6B) AGENCY	6C) FEDERAL, STATE, COUNTY OR OTHER	6D) CERTIFICATION #	6F) EXPIRES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**7. BONDING COMPANY INFORMATION**

7A) BONDING COMPANY NAME	7B) BONDING COMPANY ADDRESS	7C) TELEPHONE
7D) BONDING COMPANY POINT OF CONTACT	7E) BONDING COMPANY POC TITLE	7F) BOND COMPANY POC EMAIL
7G) YOUR COMPANY BOND CAPACITY PER JOB	7H) YOUR COMPANY BOND CAPACITY - AGGREGATE	7I) AVERAGE ANNUAL SALES VOLUME
7J) \$\$ AMT. OF LARGEST BONDED JOB 7K) END DATE	7L) \$\$ AMT. OF LARGEST UN-BONDED JOB 7M) END DATE	7N) CURRENT AMOUNT OF WORK ON BACKLOG

**8. DOCUMENT CHECKLIST**

**MANDATORY DOCUMENTATION TO BE ATTACHED / COMPLETED WITH YOUR APPLICATION:**

- |                                                   |                                                                                           |                                                             |
|---------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> CERTIFICATE OF INSURANCE | <input type="checkbox"/> SB PLAN ASSERTION #10 – LB or OTSB ONLY                          | <input type="checkbox"/> ALL SMALL BUSINESS CERTIFICATIONS  |
| <input type="checkbox"/> E-VERIFY                 | <input type="checkbox"/> WRITTEN EXPLANATION OF ASSERTIONS, IF APPLICABLE                 | <input type="checkbox"/> BUSINESS LICENSSE (ALL APPLICABLE) |
| <input type="checkbox"/> W-9                      | <input type="checkbox"/> PAST PERFORMANCE (USE ATTACHED FORM OR INCLUDE AS SEPARATE PAGE) | <input type="checkbox"/> ELECTRONIC BROCHURE (.PDF)         |

**9. CERTIFICATION REGARDING RESPONSIBILITY MATTERS**

**A PRINCIPAL OR OWNER OF THE COMPANY MUST ATTEST TO AND SIGN THIS DOCUMENT.** BY SIGNING YOU ARE CERTIFYING YOU ARE AN AUTHORIZED REPRESENTATIVE OF THIS FIRM AND ACKNOWLEDGE AND ATTEST TO THE ASSERTIONS BELOW IF THE RESPONSE TO ANY OF ITEMS 1 – 7 BELOW IS “YES”, PROVIDE BRIEFEXPLANATION (USE SECOND SHEET OF PAPER AND ATTACH WITH YOUR APPLICATION.

ASSERTIONS (CHECK YES or NO – DO NOT LEAVE ANY BLANKS)	YES	NO
(1) Is the company or any of its principals, directors or officers presently debarred, suspended, proposed for debarment, or declared ineligible for award of contracts by any Federal Government agency?		
(2) Has the company or any of its principals, directors or officers been convicted of, or had a civil judgment rendered against them in the last three (3) years for? (2a): The commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, state or local government contract or subcontract (2b): Violation of Federal or state antitrust statutes relating to the submission of offers to a Federal, state or local Government entity? (2c): Commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, violating Federal criminal tax laws, or receiving stolen property?		
(3) Are you, the signer, presently indicted for, or criminally or civilly charged by a Governmental entity with, commission of any of the offenses listed in Questions 2(a) – 2(c) above?		
(4) Have you, within the last three (3) years, been notified of any delinquent Federal taxes in an amount that exceeds \$3,000 for which the liability remains unsatisfied?		
(5) Is the company, or any of its principals, directors or officers ever had a claim made against it for improper, delayed, defective, or non-compliant work, or failure to meet warranty obligations?		
(6) Has the company or any of its principals, directors or officers presently or previously been involved in any arbitration or litigation?		
(7) Has the company, or any of its principals, directors or officer stockholders ever been investigated for, or charged with, alleged labor law violations including alleged violations of the Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, local, or state labor laws?		
(8) The company acknowledges <b>The Kirlin Group supports Executive Order 11246</b> . This law prohibits Federal contractors and subcontractors from discriminating in employment, and requires affirmative action, to ensure equal employment opportunity on the basis of race, color, religion, sex, or national origin, <b>and Section 503 of the Rehabilitation Act of 1973 (Section 503), as amended</b> . It prohibits supply and service and construction contractors (and their subcontractors) from discriminating in employment on the basis of disability. It also requires that these contractors take affirmative action to employ and advance in employment, qualified individuals with disabilities. We also support <b>Vietnam Era Veterans’ Readjustment Assistance Act of 1974 (VEVRAA), as amended</b> . This law prohibits supply and service and construction contractors (and their subcontractors) from discriminating in employment against Veterans. It also requires that these contractors take affirmative action to employ and advance Veterans. We are an Equal Opportunity Employer and support affirmative action goals. As a subcontractor, supplier of The Kirlin Group, we will do the same.		
(9) <b>The Kirlin Group is a Drug-Free company</b> and we acknowledged that our firm will conform to these requirements, and that we conduct Substance Abuse Screening of our employees (check all that apply) <input type="checkbox"/> at Pre-Employment <input type="checkbox"/> Randomly <input type="checkbox"/> Periodically <input type="checkbox"/> Post-Accident <input type="checkbox"/> When Reasonable Suspicion applies		
(10) <b>FAR 52.219-8 Small Business Participation and 52.219-9 Small Business Subcontracting Plans for Government Contracts – Large (LB) and Other than Small Business Only (OTSB) only.</b> We acknowledge and affirm any offers submitted on a Government contract under any Kirlin Group company, now or in the future, <b>must include a Small Business Subcontracting Plan and Small Business Participation Plan</b> , in accordance with the Governments requirements. We also acknowledge that failure to do so means our offer can and will be rejected per the government’s terms and conditions.		

**10. PAST PERFORMANCE**

LIST THREE (3) PROJECTS COMPLETED IN LAST THREE YEARS – GIVE A DETAILED DESCRIPTION OF WORK – USE ADDITIONAL PAGES AS NEEDED

<b>10A)</b> AGENCY   COMPANY WORK PERFORMED FOR	<b>10B)</b> PROJECT TITLE   LOCATION	<b>10C)</b> START DATE	<b>10D)</b> FINISH DATE
<b>10E)</b> POINT OF CONTACT NAME	<b>10F)</b> TITLE	<b>10G)</b> POC E-MAIL ADDRESS	
<b>10I)</b> POC ADDRESS (STREET, CITY, STATE, ZIP):		<b>10H)</b> POC PHONE EXT	
<b>10J)</b> DETAILED DESCRIPTION OF WORK PERFORMED:		<b>10K)</b> \$\$ VALUE OF YOUR CONTRACT	

<b>10A)</b> AGENCY   COMPANY WORK PERFORMED FOR	<b>10B)</b> PROJECT TITLE   LOCATION	<b>10C)</b> START DATE	<b>10D)</b> FINISH DATE
<b>10E)</b> POINT OF CONTACT NAME	<b>10F)</b> TITLE	<b>10G)</b> POC E-MAIL ADDRESS	
<b>10I)</b> POC ADDRESS (STREET, CITY, STATE, ZIP):		<b>10H)</b> POC PHONE EXT	
<b>10J)</b> DETAILED DESCRIPTION OF WORK PERFORMED:		<b>10K)</b> \$\$ VALUE OF YOUR CONTRACT	

<b>10A)</b> AGENCY   COMPANY WORK PERFORMED FOR	<b>10B)</b> PROJECT TITLE   LOCATION	<b>10C)</b> START DATE	<b>10D)</b> FINISH DATE
<b>10E)</b> POINT OF CONTACT NAME	<b>10F)</b> TITLE	<b>10G)</b> POC E-MAIL ADDRESS	
<b>10I)</b> POC ADDRESS (STREET, CITY, STATE, ZIP):		<b>10H)</b> POC PHONE EXT	
<b>10J)</b> DETAILED DESCRIPTION OF WORK PERFORMED:		<b>10K)</b> \$\$ VALUE OF YOUR CONTRACT	

**11. SIGNATURE BY PRINCIPAL OWNER**

<b>11A)</b> PRINTED NAME	<b>11B)</b> TITLE	<b>11C)</b> SIGNATURE	<b>11D)</b> DATE
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BY SIGNING ABOVE THE PRINCIPAL OWNER IS ASSERTING STATEMENTS AND INFORMATION CONTAINED HEREIN IS FACTUAL AND TRUE, AND THEY ARE TRUTHFULLY REPRESENTING THEIR BUSINESS SIZE IN ACCORDANCE WITH 15 U.S.C. 645(D).

NOTICE: The United States Government may impose a penalty against a firm misrepresenting their business size and/or disadvantaged status. In accordance with 15 U.S.C. 645(D), any person who misrepresents a firms proper size classification shall (1) be punished by imposition of a fine, imprisonment or both; (2) be subject to administrative remedies prescribed by the Program Fraud Civil Remedies Act of 1986 (31 U.S.C. 3801-3812); (3) be subject to suspension and debarment as specified in subpart 9.4 of Title 48, CFR (or any successor regulation); and (4) be ineligible for participation in programs conducted under the authority of the Small Business Act of 1958 (15 U.S.C. 611 et seq.) for a period not to exceed 3 years.