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| ENCOMPASS SUBCONTRACTOR/VENDOR QUESTIONNAIRE |
| **Check One:** | [ ]  **New [a completed W-9 or W-8 must accompany this form]**[ ]  **Address Change** |
| **SUBCONTRACTOR/VENDOR PROFILE AND CAPABILITIES** |
| Unique Entity ID (SAM)  | Legal Name of entity: Enter legal nameDoing Business As (if applicable):  | 1099 Reportable? [x]  Yes [ ]  No |
| Do you have: | [ ]  Employer Identification No. (EIN) *OR*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | [ ]  Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Legal Status:(check one) | [ ]  Corporate (not tax exempt) [ ]  Corporate (tax exempt)[ ]  Partnership | [ ]  International Organization (per 26 CFR 1.6049-4)[ ]  Individual/Sole Proprietorship or single-member LLC[ ]  Other:  |
| Type of Business: | [ ]  Consultant/SME[ ]  Service Company[ ]  International Consultant/SME | [ ]  Staffing Company/Contract Labor[ ]  Other:  |
| Consultants Only: | Have you had clients over the last 12 months? [ ]  Yes [ ]  No | If Yes, please list 3 recent clients: |
| Individuals/Sole Proprietor OnlyGovernment Employment: | Individual/Sole Proprietor [ ]  is [ ]  is NOT a: [ ]  CURRENT or [ ]  FORMERemployee of any U.S. Government entity or International Government entityIf yes, please specify:Current/Former Government Employer: Separation Date (If Former):  |
| **Are you able to receive US Dollars (USD) through your bank?**  | [ ]  Yes [ ]  No |
| **PAYMENT ADDRESS** | **AGREEMENT ADDRESS**   | [ ]  **SAME AS REMIT ADDRESS** |
| Street Address:  | Street Address:  |
| City:   | State:  | Zip/Postal Code  | City:  | State:  | Zip/Postal Code  |
| Country:  |   | Country:  |   |
| Accounts Receivable Contact Name:   | **Telephone No:**  | Contract Contact Name:  | **Telephone No:**  |
| Email Address:  | Fax No.:  | Email Address:  | Fax No.:  |
| **SUBCONTRACTOR/VENDOR BUSINESS SIZE CERTIFICATION** |
| **PRIMARY NAICS CODE FOR CERTIFICATION:** enter primary NAICS [*https://www.sba.gov/size*](https://www.sba.gov/size)*This code will determine your default classification and is based on the type of work you are most likely to perform for EnCompass. If you do not know your primary NAICS, go to:* [*http://www.census.gov/eos/www/naics/*](http://www.census.gov/eos/www/naics/) *to determine business size, contact your local SBA* |
| [ ]  Small Business (SB)[ ]  Large Business[ ]  Woman-Owned SB[ ]  Veteran Owned SB | [ ]  Service-Disabled Veteran-Owned SB[ ]  Foreign Owned Business[ ]  Small Disadvantaged Business[ ]  HUBZone SB | [ ]  8A Certified Small Disadvantaged Business [ ]  Non-Profit[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

By signature below, I hereby certify that the business type and designation indicated above is true and accurate as of the date of execution of this document, and I further understand that under 15 U.S.C. 645(d), any person who misrepresents a business’ size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

Signature and Title (required) Date