

1. Company Overview

Legal Business Name: _____
DBA (if applicable): _____
Year Established: _____
Business Structure: _____
(LLC, Corporation, Partnership, etc.)
Primary Business Address: _____
City/State/ZIP: _____
Website: _____
Primary Point of Contact: _____
Title: _____
Email: _____
Phone Number: _____

2. Core Capabilities Summary

(Brief, plain-language description of what your company does. Focus on outcomes, not marketing language.)

Example:

“We provide electrical installation, maintenance, and repair services for commercial and industrial facilities, including utility infrastructure and municipal buildings.”

3. Products & Services Offered

List your primary offerings, grouped clearly.

- _____
- _____
- _____

(Optional: Separate into Core Services vs. Supplemental Services)

4. Industry Focus & Target Clients

Industries Served:

- Manufacturing
- Utilities
- Healthcare
- Education
- Construction
- Transportation
- Government
- Commercial/Corporate
- Other: _____

Typical Client Types:

- OEMs
- Utilities
- Prime Contractors
- Corporations
- Public Agencies
- Universities/Hospitals

5. Supplier Diversity & Certifications

(Only include what applies. Do not list pending certifications as active.)

Certifications Held:

- MBE
- WBE
- DBE
- SBE

- 8(a)
- HUBZone
- SDVOSB/VOSB
- Other: _____

Certifying Authority: _____
Certification ID/Number: _____
Expiration/Renewal Date: _____

6. NAICS & Classification Codes

Primary NAICS Code(s): _____
Secondary NAICS Code(s): _____

(Optional, if applicable)

UNSPSC Code(s): _____
PSC Code(s): _____

7. Geographic Coverage

Primary Service Area:

- Local
- Statewide
- Regional
- National

States/Regions Served: _____

8. Past Performance (Corporate/Commercial)

Provide 2–3 representative examples.

Client Name: _____
Project/Contract Description: _____
Services Provided: _____
Contract Value (optional): _____
Performance Period: _____
Reference Available: Yes No

9. Capacity & Operational Readiness

Current Workforce Size:

- 1–5 6–10 11–25 26–50 50+

Ability to Scale:

- Yes No With Notice

Subcontractor/Partner Network:

- Yes No

Insurance in Place:

- General Liability
 Workers' Compensation
 Professional Liability
 Auto
 Bonding (if applicable)

10. Compliance & Systems

Vendor Portal Experience:

- SAP Ariba
 Coupa
 Jaggaer
 Other: _____

Internal Systems:

- CRM
 Accounting Software
 Document Management
 Time & Project Tracking

11. Payment & Contract Preferences

Preferred Contract Types:

- Purchase Orders
 Master Services Agreements (MSA)
 Subcontracts
 Long-Term Agreements

Payment Terms Accepted:

- Net 30 Net 60
 Net 45 Other: _____

12. Additional Notes *(Use this section for unique differentiators, safety programs, sustainability initiatives, quality certifications, and diversity commitments)*

13. Acknowledgment

I certify that the information provided is accurate and current.

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____