

## SOURCE INFORMATION SHEET

Company Name:
DUNS Number:
Address:
Contact Name:
Phone No:
Email:

<b>Business size information</b>
Select all that applies: <ul style="list-style-type: none"> <li><input type="checkbox"/> Small Business</li> <li><input type="checkbox"/> Emerging Small Business</li> <li><input type="checkbox"/> Small Disadvantaged Business</li> <li><input type="checkbox"/> Certified under Section 8(a) of the Small Business Act</li> <li><input type="checkbox"/> HubZone</li> <li><input type="checkbox"/> Woman Owned</li> <li><input type="checkbox"/> Certified Service-Disabled Veteran Owned Small Business (registered in VetBiz.gov)</li> <li><input type="checkbox"/> Veteran Owned Small Business (registered in VetBiz.gov)</li> </ul>

FSS/ GSA Contract Holder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
FSS/ GSA Contract Number		
Effective Date / Expiration Date		

**Please indicate if you would utilize a subcontractor in performing the requirement and supply the information below.**                      Yes ☐                      No ☐

The results of this market research will assist in the determination if a set-aside is in the best interest.

**Please complete this information for EACH sub-contractor.**

What duties will they perform under this requirement?

What percentage of the contract requirement will they perform?

Company Name:
DUNS Number:
Address:
Contact Name:
Phone No:
Email:

Business size information
<p>Select all that applies:</p> <p><input type="checkbox"/> Small Business</p> <p><input type="checkbox"/> Emerging Small Business</p> <p><input type="checkbox"/> Small Disadvantaged Business</p> <p><input type="checkbox"/> Certified under Section 8(a) of the Small Business Act</p> <p><input type="checkbox"/> HubZone</p> <p><input type="checkbox"/> Woman Owned</p> <p><input type="checkbox"/> Certified Service-Disabled Veteran Owned Small Business (registered in VetBiz.gov)</p> <p><input type="checkbox"/> Veteran Owned Small Business (registered in VetBiz.gov)</p>