

SOURCE INFORMATION SHEET

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

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

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.

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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?

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