

The National Capital Area

## **Minority Business Opportunity Center**

Funded by the Minority Business Development Agency of the United States Department of Commerce  
and

Operated by Performance-based Solutions, Inc.

**Please indicate your acceptance of these terms.  
Your data will not be accepted if this step is not completed.**

**Self-Certification:**

“I certify that I represent a Minority Business enterprise. MBDA defines a Minority Business Enterprise as a business which is owned or controlled by socially or economically disadvantaged persons who are members of one of the following eligible groups: African Americans, Aleuts, Asian Indians, Asian Pacific Americans, Eskimos, Hasidic Jews, Native Americans, Puerto Ricans, and other Spanish-Speaking Americans. I understand that false certification may result in a fine or imprisonment under applicable Federal law.”

**Agreed to all terms and conditions above:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The National Capital Area Minority Business Opportunity Center**

5113 Leesburg Pike \* Suite 306 \* Falls Church, Virginia \* 22041

Tel: 703-575-6464 \* Fax: 703-575-6467

The National Capital Area

## Minority Business Opportunity Center

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and

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Please indicate your acceptance to receive service.  
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### PRIVACY NOTICE:

The information entered in this database will be used to assist your firm with marketing and procurement opportunity matching services.

The purpose for collecting this information is to track the development of the minority business for use in statistical surveys and other research. In that regard, the information entered into the form will be available to the general public.

In addition, information collected on this form will be made available to federal, state and local agencies for use in statistical surveys and other research to track the development of minority business. By entering data in this form you certify that you are authorized to make this information available to the public and agree to all the terms and conditions as specified herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Consent to Information Collection / Sharing:** Generally, Minority Business Development Agency will not share any personally identifiable information you give us with any other government agency, private organization, or the public, except with your consent or as required by law.

**Information Protection:** The Minority Business Development Agency will protect all information consistent with applicable law including, but not limited to, the Privacy Act of 1974 and the Freedom of Information Act.

**Your Rights under the Privacy Act:** Information concerning the Privacy Act can be found on the following Web site: <http://www.cftc.gov/foia/foiprivacyact.htm>

# PROCUREMENT INFORMATION

## COMPANY INFORMATION

Company name:		Date:	
Primary business address:			
City:		State:	ZIP Code:
Telephone:	Fax:	Website Address:	
Date Business Commenced:		State of Incorporation:	
Business Description:			
Number of Employees:	Full Time:	Part Time:	Minority:
Annual Sales:		Annual Export Sales:	Largest Contract Value:
Facilities Security Level:			
Top Secret <input type="checkbox"/>	Confidential <input type="checkbox"/>	Other <input type="checkbox"/>	
Secret <input type="checkbox"/>	None <input type="checkbox"/>	Explain:	
Industry Codes: -NAIC:	Cage Code:	Duns Number:	
-SIC:			
-NGIP:			
Minority-Ownership Certification:	Certification Status:	Certification Number:	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Agency Name:	Date of Certification: (MM DD YYYY)		
Operation Locations: Domestic: <input type="checkbox"/> Location (State)	Operation Locations: International: <input type="checkbox"/> Location (Country)		

## PRIMARY CONTACT INFORMATION

<b>Contact name:</b>	Prefix:	Last Name:	First Name:	Middle Initial	Title:
Phone:	Fax:	Cell Phone:	E-mail:		

## ALTERNATIVE CONTACT INFORMATION

<b>Contact name:</b>	Prefix:	Last Name:	First Name:	Middle Initial	Title:
Phone:	Fax:	Cell Phone:	E-mail:		

**IN HOUSE MANAGER OF CONTRACT ADMINISTRATION CONTACT INFORMATION**

<b>Contact Name:</b>	Prefix:	Last Name:	First Name:	Middle Initial:	Title:
Phone:	Fax:	Cell Phone:	E-mail:		
Company Address:					
City:			State:	Zip Code:	

**OTHER PROCUREMENT INFORMATION**

<b>Owner's Ethnicity:</b>	<input type="checkbox"/> African American <input type="checkbox"/> Aleut <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Asian American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Eskimo <input type="checkbox"/> Hasidic Jew <input type="checkbox"/> Other: _____
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Client Certifications as Minority Business Enterprise ( MBE): Include source, number and date of expiration

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

# FINANCIAL INFORMATION

## COMPANY INFORMATION

Company name:

End of Accounting Year: (MM/DD/YYYY)

Facilities Security Level:

Top Secret  Confidential  Other   
Secret:  None  Explain:

Maximum Bonding Level:

Current Bonding Level:

Agency Name:

Certification Number:

Date of Certification: (MM/DD/YYYY)

## PRIMARY CONTACT INFORMATION

**Contact Name:**

Prefix:

Last Name:

First Name:

Middle Initial

Title:

Phone:

Fax:

Cell Phone:

E-mail:

## ALTERNATIVE CONTACT INFORMATION

**Contact Name:**

Prefix:

Last Name:

First Name:

Middle Initial:

Title:

Phone:

Fax:

Cell Phone:

E-mail:

Independent Auditor Used to prepare Financial Statements  Yes  No

Name of Audit Firm:

Audit Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Most Recent Interim Financial Statement :

Month/Year:

Most Recent Audited Financial Statement :

Month/Year:

**BUSINESS AND CREDIT INFORMATION**

Bank Name:		
Bank address:		Phone:
City:		State:      ZIP Code:
<i>Type of account</i>	<i>Yes</i>	<i>NO</i>
Deposit	<input type="checkbox"/>	<input type="checkbox"/>
Money Market	<input type="checkbox"/>	<input type="checkbox"/>
Checking	<input type="checkbox"/>	<input type="checkbox"/>
Lock-Box	<input type="checkbox"/>	<input type="checkbox"/>
Line Of Credit	<input type="checkbox"/>	<input type="checkbox"/>
Government Credit Card	<input type="checkbox"/>	<input type="checkbox"/>
Provide(Amt., Rate, Terms, Status, Purpose, & Restrictions)		
Term Loan	<input type="checkbox"/>	<input type="checkbox"/>
Provide(Amt., Rate, Terms, Status, Purpose, & Restrictions)		
Payroll Services		
Tax Services		

Signature:	Title:	Date:
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