



**Nevada Procurement Technical Assistance Center (PTAC), Procurement Outreach Program (POP)
Client Questionnaire Form (For Nevada organizations, including small businesses, etc.)
<https://www.diversifynevada.com/programs-incentives/procurement-assistance-outreach/>**

This procurement technical assistance center is funded in part through a cooperative agreement with the Defense Logistics Agency.

(Note: As shown on the Nevada PTAC's informational flyer, and along with other information, the program is for established Nevada for-profit businesses that have a primary and physical address/location in Nevada. Also, if you have ever received or are currently receiving services from another PTAC in the U.S. or its territories, please do not complete this form and contact the Nevada PTAC's Las Vegas office at 702.486.3514 and ask to speak with the Nevada PTAC Director.)

Organization name:			
Org. CEO/president/owner:			
Point of contact (POC):			
POC title:			
Mailing address:			
City, state, zip code, county:			
Phone:		Email:	
Alt phone:		Web:	
Physical address:			
Date org. established:			
Has the org. ever done business with a government agency or prime contractor?		Yes []	No []
Is the org. physically <u>located</u> in a HUBZone?		Yes []	No []
Is the org. an <u>SBA-certified</u> HUBZone business?		Yes []	No []

Does the organization have or is it registered with:

GSA's System for Award Management (SAM)* - Active:	Yes []	No []	SAM expiration date:
Unique Entity Identifier (UEI) from SAM:			
DLA's Commercial and Government Entity (CAGE)** Code:			
IRS's Federal Employer Identification Number (EIN):			

Notes: *If the org. is not active in SAM, please register/activate the org. for free; no cost (Visit: <https://www.sam.gov>)

**The CAGE code is free; no cost (Visit <https://cage.dla.mil>)

Organization's size, ownership, and certifications (mark those that apply and/or insert):

<input type="checkbox"/> Small Business (SB)	<input type="checkbox"/> Veteran-Owned SB (VOSB)	<input type="checkbox"/> Veteran-Owned (VO)
<input type="checkbox"/> Other Than SB such as a Large Business	<input type="checkbox"/> Service-Disabled VOSB (SDVOSB)	<input type="checkbox"/> Service-Disabled VO
<input type="checkbox"/> Other: _____	<input type="checkbox"/> VA CVE-verified VOSB and/or SDVOSB	<input type="checkbox"/> Women-Owned
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Women-Owned SB (WOSB)	<input type="checkbox"/> Minority-Owned
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Economically-Disadvantaged WOSB (EDWOSB)	<input type="checkbox"/> Disadvantaged-Owned
<input type="checkbox"/> Other: _____	<input type="checkbox"/> State-certified Nevada Local Emerging SB (ESB)	<input type="checkbox"/> UCP-certified DBE*
<input type="checkbox"/> Other: _____	<input type="checkbox"/> SBA-certified 8(a)	<input type="checkbox"/> UCP-certified SBE**

Notes: SBA-certified HUBZone check box is captured at the top of the form

*DBE = Disadvantaged Business Enterprise

**SBE = Small Business Enterprise

Organization's offerings (mark those that apply and/or insert):

<input type="checkbox"/> Manufacturer of a good/product	<input type="checkbox"/> Reseller of a good/product	<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Construction	<input type="checkbox"/> Research & development (R&D)	<input type="checkbox"/> Services	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

Organization type (mark or insert):

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

List the keywords, key phrases, and description of products and/or services the organization wishes to market to the federal, state, and local government and their prime contractors:

List any supply and service categories [Federal Supply Group (FSG) codes or Product and Service Codes (PSC codes)] specific to your organization:

List all appropriate NAICS codes for your organization's products and/or services (Visit: <http://www.census.gov/naics/>):

Primary NAICS code listed above:

Where would you like to market the organization's products and/or services?

<input type="checkbox"/> Nevada only	<input type="checkbox"/> Entire U.S.	<input type="checkbox"/> International
Other: Identify all U.S. states the organization wishes to search for government solicitations (including Nevada):		
How did you hear about the Nevada PTAC?		

In consideration of inclusion in the Nevada Procurement Technical Assistance Center (PTAC), Procurement Outreach Program (POP), the undersigned (Producer) grants, conveys, and releases to the State of Nevada, Governor's Office of Economic Development (GOED), all rights and title to the information provided in this application for purposes associated with PTAC, POP and GOED objectives. By signing this form, Producer acknowledges and certifies that all information provided is true and correct.

Reporting of government contract and subcontract awards is required by each Nevada PTAC client. Client award data will be compiled on a cumulative statewide basis and reported to a variety of organizations including, but is not limited to, the GOED Board of Directors and the Defense Logistics Agency. If your organization wishes to inactivate your profile at any time, after being accepted as a Nevada PTAC client, please notify the Nevada PTAC in writing.

Furthermore, the undersigned agrees to release, indemnify, and hold harmless GOED and its agents and assigns from any loss or liability, without limitation, resulting in any way from or to the Producer as a result of participating in the Nevada PTAC, POP.

Signature:		Date:	
Printed Name and Title:			

Please forward the completed questionnaire, with a wet signature, to: procurement@diversifynevada.com or as instructed by the Nevada PTAC.

For Nevada PTAC team use only when the prospective client is approved to become an actual Nevada PTAC client:		
Received by: _____	Date: _____	Date entered in PTAssist: _____
Nevada PTAC primary POC: _____ Client number: _____ (Save in shared drive, then process client welcome letter)		