



# Procurement Technical Assistance CLIENT APPLICATION

Native American Development Corp.  
Procurement Technical Assistance Center  
2929 3<sup>rd</sup> AVE, Suite 300, Billings MT  
(406) 294-7994 FAX: (406) 259-4569

Legal Business Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Division Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

Business Address: \_\_\_\_\_

Street \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Check if mailing address is same as business. If not, provide mail address

Street \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Website (URL): \_\_\_\_\_ Total Employees #: Full-time  Part-time

SAM Registered?  Yes  No Ownership:  Male  Female  Male/Female Company Particulars:  Owner  President

## MANDATORY FOR SYSTEM OF AWARD MANAGEMENT (SAM) REGISTRATION

Businesses must provide Federal Tax ID Number (EIN) and individuals must provide a social security number if they do not have a Federal Tax ID number.

DUNS #: \_\_\_\_\_ Tax ID # or EIN or Social Security #: \_\_\_\_\_

Call Dun & Bradstreet at 1-866-705-5711 Create a Marketing Partner ID # (MPIN): \_\_\_\_\_ *Must be PRECISELY 9 characters (letters AND numbers, NO spaces or special characters)*

Date Business Founded: \_\_\_\_\_ Fiscal Year Close Date: \_\_\_\_\_ Annual Revenue \$: \_\_\_\_\_  
(mm/dd/yy) (mm/dd) (Three-year average)

Type of Organization:  Corporate Entity (Not tax exempt)  Sole Proprietorship  U.S. Govt Entity:  Federal  State  Local  
 Corporate Entity (Tax exempt)  Partnership  Foreign Government  
Sub S Corporation  YES  NO  Limited Liability Company  International Org  
State of Incorporation: \_\_\_\_\_  Limited Liability Partnership  Other:  
Country: \_\_\_\_\_

Owner Information for Sole Proprietorship: Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Phone (U.S. only): \_\_\_\_\_ Fax (U.S. only): \_\_\_\_\_ Email: \_\_\_\_\_

Business Type(s) Check all that apply

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> White American Owned                   | <input type="checkbox"/> Large Business            | <input type="checkbox"/> Construction Firm         | <input type="checkbox"/> Educational Institution               |
| <input type="checkbox"/> 8(a) SBA Certified Program Participant | <input type="checkbox"/> Small Business            | <input type="checkbox"/> Manufacturer of Goods     | <input type="checkbox"/> Historically Black College/University |
| <input type="checkbox"/> Hub Zone Business                      | <input type="checkbox"/> Emerging Small Business   | <input type="checkbox"/> Wholesaler                | <input type="checkbox"/> Minority Owned                        |
| <input type="checkbox"/> SBA-Certified Small Disadv. Business   | <input type="checkbox"/> Nonprofit Institution     | <input type="checkbox"/> Retailer                  | <input type="checkbox"/> Municipality                          |
| <input type="checkbox"/> American Indian Owned                  | <input type="checkbox"/> Foreign Supplier          | <input type="checkbox"/> Service Location          | <input type="checkbox"/> Research Institution                  |
| <input type="checkbox"/> Woman Owned Business                   | <input type="checkbox"/> Sheltered Workshop (JWOD) | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Tribal Government                     |
| <input type="checkbox"/> Veteran Owned Business                 | <input type="checkbox"/> Labor Surplus Area Firm   |  | <input type="checkbox"/> Tribally Owned Business               |
| <input type="checkbox"/> Service-Disabled Veteran Owned         |  |  |  |

Minority Owned Business Must choose one below

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Subcontinent Asian (Asian-Indian) | <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Alaskan Native  | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Asian-Pacific American            | <input type="checkbox"/> Black American    | <input type="checkbox"/> Native American |  |
|  |  | Tribe: _____                             | Certificate of Indian Blood _____          |

Initial Counseling session:  
Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL INFORMATION (Electronic Funds Transfer)**

You will be asked to provide the following information, so please have this information available to do the registration:

- 1. Bank or Credit Union ABA Routing Number (must be nine digits)
- 2. Account Number (indicate type of account)
- 3. Lockbox Number (if your company uses a lockbox service.)

Type of Account:  Checking  Savings

Do you accept credit cards as a method of purchase or payment?  Yes  No

**Automated Clearing House (ACH Department at your financial institution) Must list at least one method of contact:**

ACH U.S. Phone #: \_\_\_\_\_ ACH Non-US Phone #: \_\_\_\_\_  
 ACH E-Mail: \_\_\_\_\_ ACH U.S. Fax #: \_\_\_\_\_

**Remittance Address: (What is the "Remit to" name and address on your invoice/bill?)**

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + Four: \_\_\_\_\_ Country: \_\_\_\_\_

**Accounts Receivable Point of Contact: (The person in your firm who does the receivables and bookkeeping)**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 U.S. Phone: \_\_\_\_\_ Ext #: \_\_\_\_\_ FAX (U.S. Only): \_\_\_\_\_

**Primary Point of Contact for CCR, Government Business, Electronic Business and Past Performance**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip + Four: \_\_\_\_\_ U.S. Phone: \_\_\_\_\_ FAX (U.S.): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip + Four: \_\_\_\_\_ U.S. Phone: \_\_\_\_\_ Ext #: \_\_\_\_\_ FAX (U.S.): \_\_\_\_\_

**MANDATORY FOR SBA PROFILE REGISTRATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Non-Federal Government Certifications:

**Product and Service Data**

Capabilities Narrative (what business does):

[Large text box for Capabilities Narrative]

NAICS Codes (North American Industry Classification System) identify what product or service your business provides. Find codes at <http://www.naics.com/search.htm>

Special Equipment/Materials: \_\_\_\_\_

Construction Bonding Level \$: \_\_\_\_\_ per contract \_\_\_\_\_ aggregate

Services Bonding Level \$: \_\_\_\_\_ per contract \_\_\_\_\_ aggregate

Percentage of Business Type: \_\_\_\_\_ % Construction \_\_\_\_\_ % Manufacturing \_\_\_\_\_ % R&D \_\_\_\_\_ % Service

Primary NAICS Code  Buy Green NAICS Codes

Quality Assurance Standards (check all that apply)  ISO-9000  ISO 10012-1  MIL-Q-9858  MIL-STD-45662  ANSI/ASQC Z1.4

Keywords or phrases:

[Large text box for Keywords or phrases]

Do you want to try our BidMatch service against the above listed keywords and NAICS codes?  Yes  No

Initial Counseling session:

Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Performance History/References**

List federal, state or local government agencies, prime contractors or customers for whom you have done work and who will give you good recommendations about our business to potential customers.

Agency/Company: _____	Contact #: _____
Dates Start: _____ End: _____	Value \$: _____
Contact Person: _____	Phone: _____
Agency/Company: _____	Contact #: _____
Dates Start: _____ End: _____	Value \$: _____
Contact Person: _____	Phone: _____
Agency/Company: _____	Contact #: _____
Dates Start: _____ End: _____	Value \$: _____
Contact Person: _____	Phone: _____

**GOVERNMENT CONTRACTOR REGISTRATION EVALUATION**

1. Have you registered your firm with any State Vendor Websites? : \_\_\_\_\_ (NO) \_\_\_\_\_ (YES), if yes, what States and/or websites?:  
\_\_\_\_\_
2. Have you registered your firm with any Tribal TERO offices? \_\_\_\_\_ (NO) \_\_\_\_\_ (YES), if yes, what TERO offices? \_\_\_\_\_

**MARKET READINESS**

1. Does the business have a Marketing Strategy: \_\_\_\_\_ (NO) \_\_\_\_\_ (YES), if yes, which marketing activities does the business perform\* (\*place a checkmark next to the activity):
  - i. Cold Calling: \_\_\_\_\_
  - ii. Advertising: \_\_\_\_\_
  - iii. Networking: \_\_\_\_\_
  - iv. E-mail blasts: \_\_\_\_\_
  - v. Other: \_\_\_\_\_
2. Does the business have marketing tools: \_\_\_\_\_ (NO) \_\_\_\_\_ (YES), if yes, which marketing tools does the business already have developed\* (\*place a checkmark next to the tool/ resource):
  - i. Business cards: \_\_\_\_\_
  - ii. Capability Statement: \_\_\_\_\_
  - iii. Website: \_\_\_\_\_
  - iv. Other: \_\_\_\_\_
3. Has the business performed market research? \_\_\_\_\_ (NO) \_\_\_\_\_ (YES), if yes, please explain the resources used to execute the research, as well as the outcome of the research: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Which agency(ies) or organizations are the business's target market:  
\_\_\_\_\_, and  
why: \_\_\_\_\_

Initial Counseling session:

Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_

5. Which activities does your firm execute to identify business opportunities? \_\_\_\_\_
- a. Is your firm registered in FedBizOpps? : \_\_\_\_\_ (NO) \_\_\_\_\_ (YES)
- b. Does your firm use a bid-matching service(s) : \_\_\_\_\_ (NO) \_\_\_\_\_ (YES), if yes, which service(s) does your firm use: \_\_\_\_\_
- c. Other Activities: \_\_\_\_\_

**Contract Agreement**

Our Program's motivation for working hard to help you sell to federal and local government is the sales and contract awards that result from our assistance. Our program's performance in helping you make sales is a major evaluation factor for future funding for our program. We will require your cooperation in this effort.

We are required by our funding sources to report any contract awards that we may have provided assistance with as part of our evaluation criteria. That assistance could be in the form of: assistance with SBA certifications (i.e. HUBZone, 8(a), SDB, etc. Because our assistance is available to you, and our overall efforts are to help you succeed as our client, we will expect you to report any contract wins that you receive. We are also required to survey clients yearly on the services we provide. This is an opportunity for you to evaluate our services and for us to improve our program. Your success is our success!

- I request procurement technical assistance from the Native American Development Corporation Procurement Technical Assistance Center. I understand the services are free of charge.
- I agree to cooperate should I be selected to participate in surveys designed to evaluate this service. I authorize NADC PTAC to furnish relevant information to the assigned consultant(s); I expect this information to be held in strict confidence by him/her. I further understand that any consultant has agreed not to: 1) recommend goods or services from sources in which he/she has an interest; and 2) accept fees or commissions developing from this consulting relationship. In consideration of NADC PTAC's furnishing technical assistance,
- I waive all claims against NADC PTAC and its host organization arising from this assistance. As part of my obligation to the Native American Development Corporation Procurement Technical Assistance Center in return for the services it has rendered to my/our business, I/we agree to report quarterly contract awards and respond to the annual end-of-year survey.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NADC PTAC Counselor

\_\_\_\_\_  
Date

**Any and all information you provide to us, will be kept strictly confidential.**

Please sign and fax to 406-259-4569, or return this form to NADC-PTAC, Attn: Mary Walks Over Ice, 2929 3<sup>rd</sup> Ave. N, Suite 300, Billings, MT 59101. If you have any questions, please call 406-294-7994. Thank you in advance for your cooperation.

1. **SAVE** your completed form to your computer. Save As --> Pick a folder --> Name your file
2. **EMAIL OR PRINT** (mail to: PTAC, Native American Development Corp. 2929 3<sup>rd</sup> Ave. N. Suite 300 Billings, MT 59101) Email is not a secured submission so you may prefer to print and mail.
3. We will contact you as soon as we receive your email/mail. If you have a problem with form or you do not hear from us within five business days, call 406-294-7994 and ask for a PTAC counselor.

Initial Counseling session:  
Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_