Procurement Technical Assistance CLIENT APPLICATION



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

Division Name: Contact Person: First Name Middle Initial Last Name Title Business Address: First Name Middle Initial Last Name Title Street FO Box City State Zip + 4 Middling Address: Street PO Box Street Fox Zip + 4 Middling Address: Street Zip + 4 Middling Address: Our part Division	D : D : 4 (DD4)				
Contact Person: First Name	Doing Business As (DBA)):			
First Name Middle Initial Last Name Title	Division Name:		,		
Business Address: Street	Contact Person:				
State		First Name	Middle Initial Last Nam	ne	Title
City State Zip + 4					
Mailing Address Construction From Construction Construction From Construction		Street		PO Box	
Company Website (URL):		City	State		Zip + 4
State FU BOX State FU BOX State Total Employees #: Full-time Part-time Par	Charle if mailing	<u> </u>		_	
Promote Fax: Email: Fax: Email:	address is same	-		РО Вох	
Company Website (URL):		City	State		Zip + 4
MANDATORY FOR SYSTEM OF AWARD MANAGEMENT (SAM) REGISTRATION	Phone:		Fax:	Email:	
SAM Registered? Yes No Ownership: Male Female Male/Female Company Particulars: Owner President MANDATORY FOR SYSTEM OF AWARD MANAGEMENT (SAM) REGISTRATION	Company Website (URL)			Total Employee	es#: Full-time Part-time
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 #:					
Businesses must provide Federal Tax ID Number (EIN) and individuals must provide a social security mumber if they do not have a Federal Tax ID number. Tax ID # or EIN or Social Security #: Coll Dun & Bradstreet at 1-866-705-5711 Create a Marketing Partner ID # (MPIN): Must be PRECISELY 9 characters (letters AND mumber. No apaces or special characters) Date Business Founded:		, , , , , , , , , , , , , , , , , , , ,	, , , , , ,		company randomass.
DUNS #:		The state of the N	ANDATORY FOR SYSTEM O	F AWARD MANAGE	MENT (SAM) REGISTRATION
DUNS #:	Businesses must provide	Federal Tax ID Number	(FIN) and individuals must provide a	social security number if	f they do not have a Federal Tay ID number
Create a Marketing Partner ID # (MPIN):					
Piscal Year Close Date:	-		Tax ID # or EIN or Socia	al Security #:	
Piscal Year Close Date:	Call Dun & Bradstreet at 1	1-866-705-5711 c	reate a Marketing Partner ID # (MF	PIN):	Must be PRECISELY 9 characters (letters AND numb
Imm/dd/yy) (mm/dd) (Three-year average)	Date Business Founded:				
Type of Corporate Entity (Not tax exempt)	7 m -			Aiiiuai	
Corporate Entity (Tax exempt) Partnership Foreign Government Sub S Corporation YES NO Limited Liability Company International Org					
Sub S Corporation YES NO Limited Liability Company International Org State of Incorporation: Cimited Liability Partnership Other: Country: Dwner Information for Sole Proprietorship: Name:	2ii			torship	U.S. Govt Entity: Federal State Lo
State of Incorporation: Limited Liability Partnership Other:	- (COID				C =
Country: Dame Dame			F	lity Company	
Address Phone (U.S. only): State Zip + 4 Fax (U.S. only): Business Type(s) Check all that apply White American Owned State Program Participant Hub Zone Business SBA-Certified Program Participant Hub Zone Business SBA-Certified Small Disadv. Business Hub Zone Business SBA-Certified Small Disadv. Business Hub Zone Business SBA-Certified Small Disadv. Business SBA-Certified Small Disadv. Business Nonprofit Institution American Indian Owned Woman Owned Business Sheltered Workshop (JWOD) Veteran Owned Business Service-Disabled Veteran Owned Minority Owned Business Must choose one below Subcontinent Asian (Asian-Indian) Asian-Pacific American Black American Native American	Sub	S Corporation YES	NO C Limited Liabi		← International Org
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You will be asked to provide the fol	lowing information, so please ha	ave this information	available to do i	the registration:		
 Bank or Credit Union ABA Routin Account Number (indicate type of 	g Number (must be nine digits)					
Account Number (Indicate type of a Lockbox Number (If your compared)	or account)	Type of Account:	Checking	Savings		
					or payment? Yes	No
Automated Clearing House (ACH Depo ACH U.S. Phone # :	artment at your finoncial institut	tion) Must list at leas ACH Non-US Pl	st one method o	of contact:		
ACH E-Mail:			CH U.S. Fax #:			
Remittance Address: (What is the "Rea Business Name:	mit to" name and address on you	ur invoice/hill3)				
Business Name:City:	State:	Zip + Four:	Address		Country:	
Accounts Receivable Point of Contact:	(The person in your firm who do	oes the receivables a				
Name:U.S. Phone:	Ext #:	E-mail: FAX (U.S.	Only):			
Primary Point of Contact for CCR, Gove						
Name:	ernment Business, Electronic Bu					
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Address:						
ip + Four:	U.S. Phone:			Ext #:	FAX (U.S.):	
ame: Non-Federal Government Certificati	ions			Title:		
Product and Service Data	OIIS.					
Capabilities Narrative (what busines	ss does):					
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NAICS Codes (North American Industr	y crossification system) identify	wnat product or ser	vice your busins	ess provides. Find o	codes at http://www.na	ics.com/search.htm
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you want to try our BidMatch service	against the above listed keywor	rds and NAICS codes		No		
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al Counseling session:			? Yes			
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Date	The state of the s		Contact #:
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<u>GOV</u> 1.		REGISTRATION EVALUATION REPORTED TO REPORT THE REPORT OF THE THE REPORT OF THE REPORT	ON Websites?: (NO) (YES), if yes, what States and/or websites?:
	RKET READINESS		ffices?{NO}(YES), if yes, what TERO offices?
heck	Does the business have a mark next to the activity):	Marketing Strategy:	(NO) (YES), if yes, which marketing activities does the business perform* (*place
neen	Cold Calling:		
	Advertising:	_	
i.	Networking:	_	
v.	E-mail blasts:	-	
	Does the business have n	narketing tools: (NO)	(YES), if yes, which marketing tools does the business already have developed* (*placetion)
heck	mark next to the tool/ reso	ource):	
	Business cards:	Contractions	
	Capability Statement:		
	Capability Statement: Website:	<u> </u>	
i.	NOTE OF THE PROPERTY OF THE PR	:	
i. <i>r</i> .	Website:	ned market research? (No	O) {YES), if yes, please explain the resources used to execute the research, as well a
i. <i>r</i> .	Website: Other: Has the business perform	ned market research? (No	
i. r. ne ou	Website: Other: Has the business perform	anizations are the business's t	
i.	Website: Other: Has the business perform stcome of the research: Which agency(ies) or orga	anizations are the business's t	target market:
i.	Website: Other: Has the business perform stcome of the research: Which agency(ies) or orga	anizations are the business's t	target market:
he ou	Website: Other: Has the business perform stcome of the research: Which agency(ies) or orga	anizations are the business's t	target market:

5.	Which activities does your firm execute to identify business	opportunities?	-
a.	Is your firm registered in FedBizzOpps? :(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:		
	gram's motivation for working hard to help you sell to fe	entract Agreement Ederal and local government is the sales and contract awards that result Esales is a major evaluation factor for future funding for our program.	from We w
available We are a	e to you, and our overall efforts are to help you succeed:	wards that we may have provided assistance with as part of our evalual SBA certifications (i.e. HUBZone, 8(a), SDB, etc. Because our assistance as our client, we will expect you to report any contract wins that you reprovide. This is an opportunity for you to evaluate our services and for	is
U	I agree to cooperate should I be selected to participate furnish relevant information to the assigned consultant further understand that any consultant has agreed as	Native American Development Corporation Procurement Technical of charge. e in surveys designed to evaluate this service. I authorize NADC PTAC to nt(s); I expect this information to be held in strict confidence by him/her to: 1) recommend goods or services from sources in which he/she has ping from this consulting relationship. In consideration of NADC PTAC's	n. I
L	I waive all claims against NADC PTAC and its host organ Native American Development Corporation Procureme to my/our business, I/we agree to report quarterly con	nization arising from this assistance. As part of my obligation to the ent Technical Assistance Center in return for the services it has rendered stract awards and respond to the annual end-of-year survey.	d
Signatur	е	Date	_
NADC P	TAC Counselor	Date	_
iease sig	, ou have sify questions, please call 406-294-7994. The	PTAC Attn: Mary Waller Over Les 2020 and a	īΤ
2. EMAI	your completed form to your computer. Save As> Pi L OR PRINT (mail to: PTAC, Native American Developm) Email is not a secured submission so you may prefer to	ick a folder> Name your file	
3. VVe w within	ill contact you as soon as we receive your email/mail. If y five business days, call 406-294-7994 and ask for a PTA	Counselor	
	unseling session:		
nducte	d By: Date:		Page 4