

Vetted Supplier – Growth Partnership Program

Supplier Application (Initial Intake)

Complete this brief application and attach requested supporting documents as available.

1) Company Overview

Legal Company Name		
DBA (if applicable)		
Website		
Headquarters Address		
Site Address where this capability is performed (if different from above)		
Primary NAICS Codes		
Brief Company Overview (products/services, key capabilities, facilities, capacity)		
What specific capability is being requested, and for what specific Tier (Pricing discounts apply for multiple capability requests for Tier 1 and Tier 2 access)	Capability (Reference Discrete Capability List**)	Tier requested
		<input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3
		<input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3

Yes No If the Tier I am applying for is no longer available, I am interested in participating at the next highest level Tier.

2) Contact Information

Name	Title	Email	Phone

3) Quality System & Certifications

Check all that apply

AS9100	<input type="checkbox"/> Yes <input type="checkbox"/> No
ISO 9001	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nadcap (specify)	_____
ITAR Registered	<input type="checkbox"/> Yes <input type="checkbox"/> No
CMMC / NIST 800-171 status (specify level/plan)	
Other (specify)	_____

4) Performance Ratings (Tier 1 and Tier 2 applications only)

Provide averages for the most recent 12-month period. Provide results for each capability being requested (if performance is tracked separately by capability) or for the company overall (if not tracked separately).

Rating Period Start Date	
Rating Period End Date	
12-Month Average Quality Rating (scale or %; define scale)	_____
12-Month Average Delivery Rating (scale or %; define scale)	_____

5) Attachments & Supplier Certification

Attachments (Optional)

Quality certifications (AS9100/ISO/Nadcap, etc.)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Customer scorecards (Quality/Delivery) or equivalent summary	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Capability statement / line card	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Past performance examples (Non-proprietary aerospace and defense-related customers or programs supported)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Other (specify)	

Supplier Certification: I certify that I am authorized to submit this application on behalf of the Company and, if accepted, to bind the Company to the applicable program requirements. I certify that the information provided is true, accurate, and complete to the best of my knowledge. I acknowledge that I have reviewed and that I understand the services, pricing, and performance reporting requirements for the Tier(s) requested and agree that the Company will comply if selected.

Authorized Representative Name	
Title	
Signature	
Date	

Return completed application and attachments, if applicable, to CoExcel at Supplierinfo@CoExcel-Solutions.com

Notes:

* 12-month trailing average delivery and quality performance reporting requirements are applicable to Tier 1 (bi-annually) and Tier 2 (annually).

** Capability Definitions can be found on the CoExcel Solutions website.