

Supplier/Subcontractor Profile Form

Basic Company Profile

DOCUMENTS EVIDENCING INCORPORATION MUST BE PROVIDED

Legal Company Name/Registered Business Name: _____

If applicable, "Doing Business As" (DBA) Name: _____

Address: _____

City: _____ State/Province _____

ZIP/ Postal Code: _____ Country: _____

Telephone Number: _____ Fax Number: _____

Technical/Sales Contact Name: _____

Technical/Sales Contact Title: _____

Technical/Sales Contact Phone #: _____

Technical/Sales Contact Email: _____

Financial/Business Contact Name: _____

Financial/Business Contact Title: _____

Financial/Business Contact Phone #: _____

Financial/Business Contact Email: _____

E-Mail Address for Purchase Order Transmittal: _____

Fax Number for Purchase Order Transmittal: _____

[D&B D-U-N-S Number](#): _____

Unique Entity Identifier (UEI) _____

Registered in U.S. Government's Central Contractor Registry ([CCR](#))? ☐ Yes ☐ No

If yes, CCR Registration valid until: _____

US Federal Tax Identification Number (TIN): _____

Corporate Website Address: _____

Supplier/Subcontractor Profile Form

Diversity and Business Size Status

Type of Organization:

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Government Entity (Federal, State, or Local) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Foreign Government |
| <input type="checkbox"/> Corporate Entity (not tax-exempt) | <input type="checkbox"/> International Organization per 26 CFR 1.6049-4 |
| <input type="checkbox"/> Corporate Entity (tax-exempt) | <input type="checkbox"/> Other _____ |

Business Size (<http://www.sba.gov/size>):

- ☐ Small
☐ Large

Business Classification (Check all that apply in accordance with FAR Part 19):

- | | |
|---|--|
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Small-Disadvantaged Business |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Veteran-Owned Small Business |
| <input type="checkbox"/> Foreign Entity | <input type="checkbox"/> Service-Disabled Veteran Owned Small Business |
| <input type="checkbox"/> Woman-Owned Small Business | <input type="checkbox"/> HUB Zone* |
| <input type="checkbox"/> Indian Tribe | <input type="checkbox"/> Alaska Native Corporation |

*Copy of certification must be submitted.

If Supplier is owned or controlled by a common parent:

Parent Name: _____

Parent EIN: _____

Approximately how many employees do you currently employ?

Full-time: _____ Part-time: _____

List all North American Industry Classification System Codes (NAICS) that apply to your company:
(<http://www.census.gov/epcd/www/naics.html>)

Supplier/Subcontractor Profile Form

In which geographic region(s) would you like to partner with DevTech Systems?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Africa | <input type="checkbox"/> Latin America & the Caribbean |
| <input type="checkbox"/> Asia | <input type="checkbox"/> North America |
| <input type="checkbox"/> Europe | <input type="checkbox"/> South America |

Please provide a representative sample of countries and/or states: _____

Please describe the service(s)/product(s) that you offer. _____

Financial Information

1. What are the beginning and ending dates of your organization's fiscal year?

From (month/day): _____ To (month/day): _____

2. What currency does your organization use to conduct its business activities? _____

3. Please provide the following financial information based on your organization's most recent completed fiscal year.

Revenues: USD \$ _____ Local Currency _____

Expenses: USD \$ _____ Local Currency _____

Assets: USD \$ _____ Local Currency _____

Liabilities: USD \$ _____ Local Currency _____

Exchange rate: _____ = USD \$1.00

4. Have you previously provided services on USAID-funded projects? Yes _____ No _____

If yes, please list up to three of your most recent projects, including project name, country, total contract value and if you were the subcontractor or prime contractor:

1. _____

2. _____

3. _____

5. Does your organization use indirect cost rates? Yes _____ No _____

If yes, please provide a copy of your indirect cost rate calculation.

Supplier/Subcontractor Profile Form

6. Do you have a Negotiated Indirect Cost Rate Agreement (NICRA)? Yes _____ No _____

If yes, please provide a current copy.

Financial Control and Accounting System

1. How are your transactions recorded?

Manual ledger system – indicate ledgers used: _____

Computerized system – indicate software used: _____

2. Is there a chart of accounts? Yes _____ No _____

3. Is a double entry accounting system used? Yes _____ No _____

4. Does your organization have a written accounting policies and procedures manual?

Yes _____ No _____

If yes, please provide a copy.

5. On what basis are your financial reports issued? Cash: _____ Accrual _____

6. How often are financial reports prepared:

Monthly _____ Quarterly _____ Annually _____ Not prepared (please explain) _____

7. Are timesheets used to record employees' total direct and indirect time charges?

Yes: _____ No _____

If yes, please attach a copy of the timesheet template.

8. Does your accounting system segregate direct costs from indirect costs?

Yes _____ No _____

9. Does your accounting system identify the receipt and expenditure of funds separately for each grant and/or contract?

Yes _____ No _____

10. Does the accounting system provide for the recording of grant/contract costs according to categories of the approved budget?

Yes _____ No _____

11. Are you familiar with the cost principles (Federal Acquisition Regulations Part 31.2, OMB Circular A-21, or A-122 as appropriate) and procedures for the determination and allowance of costs in connection with federal grants and contracts?

Yes _____ No _____

Supplier/Subcontractor Profile Form

12. Is a separate bank account maintained for grant/contract funds?

Yes _____

No _____

13. If a separate account is not maintained, can the grant/contract funds and related expenses be readily identified?

Yes _____

No _____

14. Is your institution's accounting system designed to detect errors in a timely manner?

Yes _____

No _____

15. Are reconciliations between bank statements and accounting records performed monthly and reviewed by an appropriate individual?

Yes _____

No _____

Internal Controls

Internal controls are procedures which ensure that: 1) financial transactions are approved by an authorized individual and are consistent with U.S. laws, regulations and your institution's policies; 2) assets are maintained safely and controlled; and 3) accounting records are complete, accurate and maintained on a consistent basis. Please complete the following questions concerning your institution's internal controls.

1. Does your institution maintain a record of how much time employees spend on different projects or activities? If yes, how?

Yes _____

No _____

2. Do you maintain inventory records for your institution's equipment? If no, explain.

Yes _____

No _____

3. How often do you check actual inventory against inventory records?

4. Are all financial transactions approved by an appropriate official?

Yes _____

No _____

5. Is the person(s) responsible for approving transactions familiar with U.S. Federal Cost principles as described in Federal Acquisition Regulations Part 31.2, OMB Circular A-21, or A-122 as appropriate?

Yes _____

No _____

7. Does your institution use a payment voucher system or some other procedure for the documentation of approval by an appropriate official?

Yes _____

No _____

Supplier/Subcontractor Profile Form

8. Does your institution require supporting documentation (such as original receipts) prior to payment for expenditures?

Yes _____

No _____

9. Does your institution require that such documentation be maintained over a period of time? If yes, how long are such records kept?

Yes _____

No _____

10. Are different individuals within your institution responsible for approving, disbursing, and accounting of transactions?

Yes _____

No _____

11. Are the functions of checking the accuracy of your accounts and the daily recording of accounting data performed by different individuals?

Yes _____

No _____

Audit

1. Is your organization audited on an annual basis? Yes _____ No _____

If yes, please attach a copy of the audited financial statements (including a Balance Sheet and Income Statement) for the last two fiscal years.

If no, has your organization ever been audited? _____

2. If you do not have a current audit of your financial statements, please provide this office with a copy of the following financial statements, if available:

- a. A Balance Sheet for the most current and previous year; and
- b. An Income Statement for the most current and previous year;
- c. A Cash Flow Statement for the most current and previous year.

6. Are there any circumstances that would prevent your institution from obtaining an audit?

Yes _____

No _____

If yes, please provide details: _____

Official Company Signatories

Please provide a list of your company's official signatories (name and title):

1.

2.

3.

4.

Supplier/Subcontractor Profile Form

Agreement

I have read, agree and affirm that all of my statements and information provided in this application are true and complete. I acknowledge that false, undisclosed, incomplete or misleading information herein may constitute grounds for disqualification as a supplier to DevTech Systems.

By agreeing, I understand that this application is for registration purposes only and does not constitute an offer to enter into an agreement. DevTech Systems reserves the right to reject all applications in whole or in part, and/or enter into negotiations with any party to provide goods or services, whether or not an application has been submitted. DevTech Systems will not have any obligation to an interested party unless and until it has entered into a written agreement or issued a valid purchase order with the interested parties on terms and conditions satisfactory to DevTech Systems. DevTech Systems entering into negotiations with an interested party with respect to any response or otherwise shall not be deemed to be an acceptance of such response or an agreement with an interested party.

Signed: _____

Name: _____

Title: _____

Date: _____