

**RTI INTERNATIONAL
SUPPLIER COMPANY PROFILE**

SUPPLIER INFORMATION					
COMPANY LEGAL NAME					
OFFICE ADDRESS					
CITY		STATE		ZIP	
NAICS CODE		DUNS #		TIN #	

PROPOSAL CONTACT INFORMATION			
TECHNICAL CONTACT		EMAIL	
		PHONE	
CONTRACTUAL/ADMINISTRATIVE CONTACT		EMAIL	
		PHONE	
BUDGET/FINANCE CONTACT		EMAIL	
		PHONE	

SMALL BUSINESS CLASSIFICATIONS (http://www.sba.gov/size/)	
<input type="checkbox"/> Small Business Concern (SB) <input type="checkbox"/> Small Disadvantaged Business or Minority-owned Business (SB + SDB)* (Eligibility: Self-certified Minority-owned business [African American, Asian American, Native American, or Hispanic American-owned firms], and/or 8(a) certified.) <input type="checkbox"/> Woman-Owned Small Business (SB+WOSB)*	<input type="checkbox"/> Veteran-Owned Small Business (SB+VOSB)* <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business (SB+SDVOSB)* <input type="checkbox"/> HUBZone (Historically Underutilized Business Zone) located firms (SB+HUBZone)**
If not a Small Business, check one.	<input type="checkbox"/> Large Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Foreign/Other
Federal Laws and Regulations provide penalties for vendor misrepresentation of size and status information. The applicable provisions can be found in 48 C.F.R. 52.219-1 and 15 U.S.C. 645(d). * 51% or more owned and daily-managed by the respective Minority-, Woman-, Veteran-individual(s) in accordance with Federal Acquisition Regulation 52.219-8 ** Valid certification required; HUBZone firms must be listed on http://web.sba.gov	

ORGANIZATIONAL INFORMATION				
Is the organization publicly listed and if so, where? _____				
Is it legal for the organization to enter into a relationship, to perform the services of the proposed agreement, and to participate as a partner with RTI? _____				
Has the supplier entered into a federal contract previously? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please provide the following information for the supplier's top five contracts/grants/cooperative agreements.				
Contract Type	Client	Project Name	Period of Performance	Project Value (USD)

Has the supplier received negative past performance ratings on a previous Federal contract? If yes, please provide a copy and describe the corrective action taken.

Does the supplier maintain organizational registration in the place of performance?

Does your company have a line of credit/loan agreement with a bank? _____ If yes, how much? _____

Is your company, any subsidiary or any key employee or senior management member, currently subject to any form of judgment, lien or pending lawsuit, including bankruptcy or reorganization proceedings? If so, please provide details regarding such, including but not limited to the name of the opposing party, the basis for the action and the current status of the matter (i.e. pending or resolved). _____

What federal agency has administrative cognizance over the supplier work?

Agency Name: _____
 ACO Name: _____
 Address: _____
 Phone: _____
 Email: _____

In what year was the organization established? _____

Please provide the number of employees within the organization. In addition, please provide a copy of the supplier's organizational chart.

Full-time: _____
 Part-time: _____
 Consultants: _____

POLICY INFORMATION

Does the supplier have an official timekeeping policy and approval process?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy.
Does the supplier have an official procurement policy and/or procurement manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy.
Does the supplier have an official travel policy, including per diem regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy.
Does the supplier have an official personnel policy (specifically regarding salary and wage scales, fringe benefits, merit increases, leave, and differentials)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy.
Please provide the number of hours and days and basis of calculation in a normal work day, both domestically and overseas, for both employees and consultants.	
Please provide the number of hours and days and basis of calculation in a normal work year, both domestically and overseas, for both employees and consultants.	
Please provide the number of paid absences (vacation, sick leave, holidays) provided to employees. Please describe how these paid absences are recovered (fringe benefits, wage calculation).	

FINANCIAL SYSTEMS

Does the supplier have a federally approved Cost Accounting System (FAR Part 30)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of last Federal audit:
Does the supplier have a federally approved Contractor Purchasing System (FAR Part 44)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of last Federal audit:
Does the supplier have a federally approved Government Property System (FAR Part 45)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of last Federal audit:
Does the supplier have a federally approved Negotiated Indirect Cost Rate Agreement (NICRA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy.
Does the supplier have an official policy for approval of financial transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy.

INSURANCE COVERAGE

Please indicate if the supplier maintains the following insurance policies at the minimum amount specified. Copies of current insurance certifications (or insurance policies) should be attached.

Worker's Compensation (in accordance with minimum statutory requirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, amount of coverage:
--	--

General Liability Insurance (at a minimum amount of \$1,000,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, amount of coverage:
Automobile Insurance (at a minimum amount of \$1,000,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, amount of coverage:
Please confirm that insurance policies are applicable in the country where work will be performed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event of an award, RTI requires the Supplier to add RTI as an additional insured for the life of the agreement. This protects RTI against any third party claims that may result from work performed by the Supplier. Please confirm this to be acceptable.	<input type="checkbox"/> Yes <input type="checkbox"/> No

ETHICS AND ANTI-CORRUPTION

Provide copies and/or descriptions of your Code of Ethics and Business Conduct, your anti-corruption compliance policies, your compliance and anti-corruption training activities and your whistle-blowing channels, if any.

Do you agree to abide by, the provisions of applicable laws, including but not limited to the Foreign Corrupt Practices Act in providing goods and services under the proposed agreement? _____

To the best of your knowledge, is any key employee or senior management member of your company or any of your company's subsidiaries a Public Official or related (by blood, marriage, current or past business association or otherwise) to a Public Official? If so, please provide the name and describe his/her association with your company. _____

Does a Public Official or a member of a Public Official's family have any interest or stand to benefit in any way as a result of this proposed transaction with RTI? _____

EVIDENCE OF RESPONSIBILITY

In accordance with the evidence of responsibility criteria of FAR 9.104-1 General Standards, Offeror represents that:

- (i) Offeror has adequate financial resources to perform the contract, or the ability to obtain them in accordance with FAR 9.104-3(a);
- (ii) Offeror is able to comply with the required or proposed delivery or performance schedule, taking into consideration all existing commercial and governmental business commitments;
- (iii) Offeror has a satisfactory performance record in accordance with FAR 9.104-3(b) and Subpart 42.15;
- (iv) Offeror has a satisfactory record of integrity and business ethics including satisfactory compliance with the law including tax laws, labor and employment laws, environmental laws, antitrust laws, and consumer protection laws;
- (v) Offeror has the necessary organization, experience, accounting and operational controls, and technical skills, or the ability to obtain them (including, as appropriate, such elements as production control procedures, property control systems, quality assurance measures, and safety programs applicable to materials to be produced or services to be performed by the prospective contractor and subcontractors) in accordance with FAR 9.104-3(a);
- (vi) Offeror has the necessary production, construction, and technical equipment and facilities, or the ability to obtain them; and
- (vii) Offeror is otherwise qualified and eligible to receive an award under applicable laws and regulations.

APPROVAL

The appropriate program and administrative personnel of the institution involved in this application are aware of the sponsoring agency's guidelines and are prepared to establish the necessary inter-institutional agreement(s). The institution makes all applicable assurances/certifications.

I certify that the information contained in this questionnaire is current, accurate and complete to the best of my knowledge and belief.

Authorized Representative:

Name:

Title:

Date