

# SUPPLIER SELECTION QUESTIONNAIRE

## Level 4

(Additional Information may be attached, as necessary)

### 1. GENERAL INFORMATION

1a) Supplier Name:		Website:	
Mailing Address:	City:	State:	Zip:
Remit To Address:	City:	State:	Zip:
Type of Product/Service:	Type of Ownership:		
1b) Billing Contact Name and Title:		Available hours:	
Fax No.:	E-mail address:	Telephone No.:	
1c) Customer Service Contact Name and Title:		Available hours:	
Fax No.:	E-mail address:	Telephone No.:	
1d) Primary Quality Contact Name and Title:		Cell Phone:	
Fax No.:	E-mail address:	Office Phone:	
Reports-to Name and Title:		Cell Phone:	
Fax No.:	E-mail address:	Office Phone:	
1e) Primary Sales Contact Name and Title:		Cell Phone:	
Fax No.:	E-mail address:	Office Phone:	
Reports-to Name and Title:		Cell Phone:	
Fax No.:	E-mail address:	Office Phone:	
1f) Is the supplier a division or Subsidiary of another corporation: <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 50px;">No</span> <span style="margin-left: 50px;">If marked "Yes" Name:</span>			

### 2. FINANCIAL INFORMATION

2a) Tax ID or EIN:	2b) Date Company Started/Founded:	2c) D-U-N-S (D&B) No.:	2d) Accept Payments via Credit Cards:  <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>
2e) Financial References:			
Name	Address	Contact	Phone No.
2f) Please provide any of the following optional documents: Company History, Mission/Vision/Guiding Principles/Quality Policy, List of available Products/Services, Locations, Org Chart, Company Brochures		2g) ARIBA Network ID (if available)	

### 3. SIGNATURE

The undersigned warrants and represents the data provided is accurate. Questionnaire prepared by:

Signature: _____	Print Name: _____
Title: _____	Date: _____
Phone: _____	E-Mail: _____

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<b>4. SMALL BUSINESS SELF-CERTIFICATION</b>		<input type="checkbox"/> <b>Not Applicable (Other Than Small Business/Non-Profit)</b>
<p>4a) I certify that my business is a(n) (you may check more than one): *</p> <p style="margin-left: 20px;">Small Business</p> <p style="margin-left: 20px;">Small Disadvantaged Business</p> <p style="margin-left: 20px;">Certified by SBA as a HUBZone Small Business</p> <p style="margin-left: 20px;">Women-Owned Small Business</p> <p style="margin-left: 20px;">Veteran-Owned Small Business</p> <p style="margin-left: 20px;">Service-Disabled Veteran-Owned Small Business</p> <p style="margin-left: 20px;">Historically Black College/University or Minority Institution</p> <p style="margin-left: 20px;">Alaskan Native Corporation</p> <p style="margin-left: 20px;">Indian Tribe</p> <p style="margin-left: 20px;">Other: Specify _____</p>	<p>4b) If you are self-certifying as a Small business, fill out the information below for the work you have been contracted to perform:</p> <p style="margin-left: 20px;">NAICS Code (for work being contracted): _____</p> <hr/> <p>4c) If you are self-certifying as a Small Disadvantaged Business, fill out the information below:</p> <p style="margin-left: 20px;">Primary NAICS Code: _____</p> <hr/> <p>* You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.7 or 52.219-8 (Acquisition.gov ). If you have difficulty ascertaining your size status, please refer to SBA's website at <a href="http://www.sba.gov/size">www.sba.gov/size</a> or contact your local SBA office.</p> <p>Under 15 U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.</p> <p>If your size status changes, you agree to notify LifeNet Health within thirty (30) days.</p>	
<p>4d)</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Title</p>		<p>_____</p> <p>Company Name</p> <p>_____</p> <p>Date</p>
<p>***** Internal Use Only*****</p> <p>HUBZone Status has been verified in the Central Contractor Registration (CCR) Dynamic Small Business Search Database or the System for Award Management (SAM)</p> <p>as of ___/___/____. LifeNet Health Representative Signature: _____</p>		