



SUPPLIER QUESTIONNAIRE AND ASSESSMENT FORM

SGT, Inc. has a requirement to procure products and/or services that the Addressee may provide. In order to evaluate a supplier for inclusion on the SGT Approved Supplier List, this questionnaire must be accurately and thoroughly completed, signed by a Duly Authorized Officer of the Company, and submitted to SGT. Please direct any questions to the sender.

GENERAL INFORMATION (REQUIRED)

Supplier Legal Name _____
DBA Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Facsimile Number: _____
Website _____
Business Contact: _____
Phone: _____ Email: _____
Quality Contact: _____
Phone: _____ Email: _____
Safety Contact: _____
Phone: _____ Email: _____
Export Contact: _____
Phone: _____ Email: _____
Property Contact: _____
Phone: _____ Email: _____
DUNS #: _____ CAGE code(s): _____

Supplier Statement of Capabilities

ORGANIZATIONAL STRUCTURE/OWNERSHIP STATUS (REQUIRED)

Federal Tax Identification Number

- ☐ American Owned ☐ Foreign Owned ☐ Cooperative
☐ Corporation ☐ Limited Liability Corporation ☐ Partnership ☐ Sole Proprietorship

Incorporated in (State or Country): _____

Subsidiary of: _____ Division of: _____

SMALL BUSINESS CLASSIFICATION (REQUIRED)

Please indicate all classifications that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Woman-Owned Small Business | <input type="checkbox"/> Service Disabled Veteran Owned Small Business |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Small Disadvantaged Business | <input type="checkbox"/> Veteran Owned Small Business |
| | <input type="checkbox"/> 8A Business | <input type="checkbox"/> HUBZone Business |
| <input type="checkbox"/> Non-Profit/Education | <input type="checkbox"/> Historically Black College/Univ. | <input type="checkbox"/> Tribal University/Minority Serving Institution |
| <input type="checkbox"/> International | <input type="checkbox"/> Other – Indicate classification: _____ | |

You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.7 (www.arnet.gov/far). If you have difficulty ascertaining your size status, please refer to SBA's website at www.sba.gov/size. 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.

TYPE OF BUSINESS (REQUIRED)

Please indicate all types that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Manufacturer - OEM | <input type="checkbox"/> Service Provider - Maintenance | <input type="checkbox"/> Distributor - Franchised |
| <input type="checkbox"/> Manufacturer - Build to Print | <input type="checkbox"/> Service Provider - Turn Key | <input type="checkbox"/> Distributor - Authorized |
| <input type="checkbox"/> Manufacturer - Turn Key | <input type="checkbox"/> Service Provider - Engineering | <input type="checkbox"/> Distributor - General |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Service Provider - General | <input type="checkbox"/> Distributor - Broker |
| <input type="checkbox"/> Other – Indicate type: _____ | | |

DELIVERABLES AND SERVICES PROVIDED (REQUIRED)

Please indicate primary (P) deliverable or service as well as all others (O) that are applicable.

- | P | O | | P | O | | P | O | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | EEE Parts - OEMs | <input type="checkbox"/> | <input type="checkbox"/> | Machining, Plating, and Special Processes | <input type="checkbox"/> | <input type="checkbox"/> | Calibration Services |
| <input type="checkbox"/> | <input type="checkbox"/> | EEE Parts - Authorized or Franchised distributors | <input type="checkbox"/> | <input type="checkbox"/> | Engineering Services (Other than Spaceflight or Information Technology) | <input type="checkbox"/> | <input type="checkbox"/> | Quality Assurance Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical Hardware - OEMs | <input type="checkbox"/> | <input type="checkbox"/> | Hardware Manufacturing Services (Other than Spaceflight) | <input type="checkbox"/> | <input type="checkbox"/> | Testing Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical Hardware - Authorized or Franchised Distributors | <input type="checkbox"/> | <input type="checkbox"/> | Software Product Development Services (Other than Spaceflight) | <input type="checkbox"/> | <input type="checkbox"/> | Packaging, Shipping, and Product Transport |
| <input type="checkbox"/> | <input type="checkbox"/> | Raw Materials | <input type="checkbox"/> | <input type="checkbox"/> | Spaceflight Hardware Manufacturing Services | <input type="checkbox"/> | <input type="checkbox"/> | Business Development Consultant |
| <input type="checkbox"/> | <input type="checkbox"/> | Materials other than EEE Parts, Raw Materials, and Mechanical Hardware | <input type="checkbox"/> | <input type="checkbox"/> | Spaceflight Software Product Development Services | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Printed Wiring Boards and/or Printed Wiring Assemblies | <input type="checkbox"/> | <input type="checkbox"/> | Spaceflight Hardware Engineering Design and Development Services | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Information Technology COTS Hardware and Software | <input type="checkbox"/> | <input type="checkbox"/> | Spaceflight Software Engineering Design and Development Services | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Information Technology Custom Hardware and Software | <input type="checkbox"/> | <input type="checkbox"/> | Information Technology Engineering Services | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Product or Services (Specify) _____ | | | | | | |

GOVERNMENT APPROVED SYSTEM STATUS (REQUIRED)

- | | | | | | |
|--|-----|--------------------------|----|--------------------------|-------------------------|
| Supplier has Approved Procurement System | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Date of Approval: _____ |
| Supplier has Approved Accounting System | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Date of Approval: _____ |
| Supplier has Approved Property Management System | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Date of Approval: _____ |
| Cognizant DCAA/DCMA Office: _____ | | | | | |

EXPORT COMPLIANCE INFORMATION / APPLICABLE? YES ☐ NO ☐ - IF YES COMPLETE ALL SECTIONS

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Supplier is registered with Directorate of Defense Trade Controls (DDTC) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Supplier will register with Directorate of Defense Trade Controls (DDTC) if required for this work | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Supplier is ITAR/EAR certified | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Supplier can comply with ITAR/EAR regulations | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Supplier has manufacturing facilities and/or business offices outside of the USA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, could these facilities/offices be used in fulfillment of SGT, Inc. contracts? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

SPECIAL PROCESS CAPABILITIES / APPLICABLE? YES ☐ NO ☐ - IF YES COMPLETE ALL SECTIONS

Please indicate all Special Process capabilities and the specification each process is compliant with

- | Process | Specification | Process | Specification | Process | Specification |
|--|---------------|--|---------------|--------------------------------------|---------------|
| Cable and Harness <input type="checkbox"/> | _____ | Magnetic Particle <input type="checkbox"/> | _____ | Plating <input type="checkbox"/> | _____ |
| Conformal Coating <input type="checkbox"/> | _____ | Painting <input type="checkbox"/> | _____ | Radiography <input type="checkbox"/> | _____ |
| Fiber Optics <input type="checkbox"/> | _____ | Passivation <input type="checkbox"/> | _____ | Welding <input type="checkbox"/> | _____ |
| Heat Treat <input type="checkbox"/> | _____ | Penetrant <input type="checkbox"/> | _____ | | |

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Neither this form nor its contents may be shared or distributed without the express written consent of the supplier and SGT, Inc.

QUALITY MANAGEMENT CERTIFICATIONS / APPLICABLE? YES ☐ NO ☐ - IF YES COMPLETE ALL SECTIONS

Standard	Compliant	Certified	Registrar & Certification Expiration Date
ISO 9001:2008	<input type="checkbox"/>	<input type="checkbox"/>	
AS9100C:2009	<input type="checkbox"/>	<input type="checkbox"/>	

SAFETY AND ENVIRONMENTAL MANAGEMENT SYSTEM CERTIFICATIONS

Supplier has a Safety Management System	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Certified, Date of Certification: _____
OSHA Challenge (or State Equivalent) Participant	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Certified, Date of Certification: _____
OSHA Voluntary Protection Program Participant	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Certified, Date of Certification: _____
ISO 14001:2012	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Certified, Date of Certification: _____

PARTS & MATERIAL CONTROL / APPLICABLE? YES ☐ NO ☐ - IF YES COMPLETE ALL SECTIONS

Compliant with AS5553 - <i>Counterfeit Electronic Parts</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Compliant with AS6081 - <i>Fraudulent/Counterfeit Electronic Parts - Distributors</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Included on DSCC Qualified Products List (QPL)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Included on DSCC Qualified Manufacturers List (QML)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Government-Industry Data Exchange Program (GIDEP) Membership	Yes <input type="checkbox"/> No <input type="checkbox"/>

SOFTWARE SPECIFIC CERTIFICATIONS / APPLICABLE? YES ☐ NO ☐ - IF YES COMPLETE ALL SECTIONS

Standard	Compliant	Certified	Registrar & Certification Expiration Date
CMMI for Development Version Maturity Level	<input type="checkbox"/>	<input type="checkbox"/>	
CMMI for Services Version Maturity Level	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 20000-1:2011	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 27001-2005	<input type="checkbox"/>	<input type="checkbox"/>	

HARDWARE SPECIFIC CERTIFICATIONS / APPLICABLE? YES ☐ NO ☐ - IF YES COMPLETE ALL SECTIONS

Standard	Compliant	Certified	Registrar & Certification Expiration Date
Calibration	<input type="checkbox"/>	<input type="checkbox"/>	
ANSI Z540.1	<input type="checkbox"/>	<input type="checkbox"/>	
ANSI Z540.3	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 17025:2008	<input type="checkbox"/>	<input type="checkbox"/>	
Workmanship	Compliant	Certified	If Certified, Certificate Expiration Date
IPC J-STD-001E:2010/ES	<input type="checkbox"/>	<input type="checkbox"/>	
NASA Workmanship 8739 Series	<input type="checkbox"/>	<input type="checkbox"/>	
Control of ESD Sensitive Devices/Product	Compliant	Certified	If Certified, Certificate Expiration Date
ANSI/ESD S20.20:2007	<input type="checkbox"/>	<input type="checkbox"/>	

ETHICS AND BUSINESS CONDUCT (REQUIRED)

Supplier has implemented an Ethics and Business Conduct Program	Yes <input type="checkbox"/> No <input type="checkbox"/>
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I am a Duly Authorized Officer of my company and I certify that the information in this questionnaire is accurate and complete:

Signature: _____

Printed Name: _____ Date: _____

Title: _____

FOR SGT USE ONLY

SUPPLIER INFORMATION

Supplier is in good standing and is not listed on the latest release of Debarred and Ineligible Suppliers issued by the U.S. General Services Administration Office of Acquisition Policy. Yes ☐ No ☐

FINANCIAL ASSESSMENT

Most recent Dun & Bradstreet (D&B) Financial Information was reviewed and found adequate. Yes ☐ No ☐ N/A ☐

Supplier has an adequate cost accounting system to collect and report costs under planned contract. Yes ☐ No ☐ N/A ☐

SUPPLIER CAPABILITY ASSESSMENT

Supplier is established and recognized appropriately for the scope of approval. Yes ☐ No ☐

Scope of approval represents the products or services normally offered by the Supplier. Yes ☐ No ☐

OVERALL SUPPLIER ASSESSMENT

Supplier has been evaluated and is recommended for placement on the Approved Supplier List. Yes ☐ No ☐

Approval Status: APPROVED ☐ CONDITIONALLY APPROVED ☐

Method of Approval:

☐ AS9100 ☐ ISO 9001 ☐ Industry ☐ Customer-Approved ☐ Verification Plan

☐ History ☐ Site Survey ☐ Customer-Designated ☐ Documentation Review

Scope Statement: _____

Authorized SGT Approver: _____ Date: _____