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| The requested information is for screening purposes only and does not constitute a commitment, implied or otherwise, that JPL will solicit you for such procurement in the future. Neither JPL nor the Government will be responsible for any costs incurred by you in furnishing this information.  Prospective subcontractors are advised that any information provided shall be deemed to be furnished with unlimited rights to JPL, with JPL assuming no liability for the disclosure, use, or reproduction of such data. JPL’s terms and conditions can be found: [http://www.jpl.nasa.gov/acquistion/terms-conditions/](http://www.jpl.nasa.gov/acquisition/terms-conditions/) |
| **Screening Application Instructions** *(read before proceeding)* |
| 1. The application should be completed by a person in the firm with thorough knowledge of past and present  operations of the firm and its policies.2. All questions must be answered completely and any Yes answers must be fully explained. Disclaimers, general statements with global qualifications, or notations are not acceptable.For questions call Adolfo Delgado – 818-394-28983. Email applications to: smallbusiness.programsoffice@jpl.nasa.gov, or send to:  Jet Propulsion LaboratorySmall Business Programs OfficeMail Stop 190-210 4800 Oak Grove DrivePasadena, CA 91109 |
| **Preliminary Information** |
| Name of Applicant Subcontractor:      License No. & Classification (Owner/Principal):      Date Submitted:      Preparer’s Name:       |
| **Section I – Identification of Applicant Subcontractor** |
| *Note: If doing business with JPL under a DBA or other name, include legal name of the company* |
|  *Applicant* | Name:       Address (include zip):      (Mailing Address, if different from above):       |
| *Applicant* *Contact Person:*  | *Name:*      *Position:*       |  *Ph. No.:*      *Email:* |
| *Primary Company Phone No.:*       |  *Fax. No.:*       | *Email:*       |
| Has the Applicant changed its address or has the Firm or its owner operated under any other name(s) including other DBA’s in the past five years? If yes, explain fully on a separate sheet of paper. [ ]  No [ ]  Yes  |
| *Year organization established:*       | *Number of current employees:*       |

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| **Section II – Contracting History, Project History, and References** |
|  | List the Applicant’s three largest contracts/subcontracts, or projects with either government, municipal, Research & Development, institutional or aerospace agency.

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|  | **Contract #1** | **Contract #2** | **Contract #3** |
| **Contractor/Subcontractor name** |       |       |       |
| * **Point of Contact**
 |       |       |       |
| * **Phone No.**
 |       |       |       |
| **Contract/Subcontract No.** |       |       |       |
| **Were you a prime or subcontractor?** |       |       |       |
| **Location of work** |       |       |       |
| **Contract Amount** |       |       |       |
| **Scheduled Start/Complete Dates** |       |       |       |
| **Actual Start/Complete Dates** |       |       |       |
| **Type of work performed** **(i.e., cleanroom, high tech, etc.)** |       |       |       |

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| **Section III – Business Size** *(Check all that apply)*  |
| ☐Large ☐Small Business ☐Non-Profit/Other ☐Small Disdavantaged ☐Small Woman-Owned ☐Small Veteran-Owned☐Foreign Business ☐Small Service-Disabled Veteran-Owned ☐HUBZone Business (must be☐Educational Institution certified by the SBA  |  |
| List all applicable: NAICS Code(s):       SIC Codes:        |  |
| **Section IV – Questionnaire** *(any “yes” answers must be fully explained on a separate sheet of attached paper)* |
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|  | Yes | No |
| 1. In the past 5 years has Applicant or any of its Key Persons had any certificates or certifications revoked or suspended?
 | **[ ]**  | **[ ]**  |
| *In the past five years has the Applicant Contractor or any Affiliate been the subject of any to the following:*  |  |  |
| 2. Been suspended, debarred, disqualified, or otherwise declared ineligible to bid? | **[ ]**  | **[ ]**  |
| 3. Failed to complete a contract for commercial or private owner? | **[ ]**  | **[ ]**  |
| 4. Had a contract terminated for any reason, including default? | **[ ]**  | **[ ]**  |

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| **Name of Authorized Representative:**      **Signature of Authorized Representative: Date Signed:**  |