

SIMPLIFIED SUPPLIER ANNUAL REPRESENTATIONS AND CERTIFICATIONS and

VENDOR PROFILE INFORMATION FORM

This form is to be completed by suppliers (e.g. Vendors, Consultants, Subcontractors, Subrecipients). The effective period of this document is one (1) year from the date of execution. The supplier is required to update their certification annually.

Complete all of the items in this table Supplier/Vendor Legal Business Name		SMALL BUSINESS PROGRAM REPRESENTATIONS (FAR 52.219-1, MAR 2020).
'Doing Business As' (dba) Name (if applicable, should match W-9)		The Offeror's Small Business Size Standard is The Table of Small Business Size Standards is found as either a PDF or an Excel file here: <u>SBA table-small-business-size-standards</u>
Business Street Address		Offeror represents that it (check only the applicable size):
City	State	is a large business
Zip	Country	is a small business (Individual Independent Contractors/Consultants must check here and also check any of the applicable following classifications)
Main Phone #	Main Fax #	Answer the Following only if classified as a Small Business above (check all that apply):
Remittance/Payment Address (if different from above)		is a disadvantaged small business (dsb)
·		is a women-owned small business (wosb)
City	State	is a veteran-owned small business (vosb)
Zip	Country	is a service disabled veteran-owned small business (sdvosb)(<i>must be certified by the VA</i>)
Contact Email Address		is a HUBZone small business (as certified by the SBA)
		is a HUBZone joint venture
Main Business Contact Name		Answer the following only if classified as Woman-Owned Small Business (WOSB) above (check all that apply):
Complete the following items, enter "none" where appropriate (i.e. DUNS, Website): Year Established Number of Employees		is a WOSB concern eligible under the WOSB Program (as certified by the SBA)
		is a WOSB joint venture (as certified by the SBA)
Annual Gross Revenue	DUNS Number (if applicable)	Answer the following only if classified as WOSB eligible under the WOSB Program above (check all that apply):
Website URL ☐ Yes, Covered by Liability and/or other Insurance (check all that apply) ☐ General/Commercial/Umbrella Type Liability, ☐ Professional Liability (Errors & Omissions), ☐ Cyber/Data Security, ☐ Auto, ☐ Other NAICS Code(s), these may be found on this website: http://www.naics.com/search.htm (enter all applicable)		☐ is an economically disadvantaged women-owned small business concern (EDWOSB) (as certified by the SBA) ☐ is an EDWOSB joint venture (as certified by the SBA) Other Classifications: ☐ is LGBTQ+ ☐ is a Disabled Person

Continued (FAR 52.219-1 MAR 2020).	form)
Check the category in which ownership falls if classified as a disadvantaged small business above:	☐ International organization (§31.3306(c)(16)-1)
☐ Black American. (AIR Code: BA)	Other
☐ Hispanic American. (AIR Code: HA)	REQUIRED: COMPLETE THE REPRESENTATION BELOW. The following must be completed regardless of the type of entity or the dollar value of the procurement in
☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians). (AIR Code: NA)	accordance with Public Law 115-232, section 889 [page 132 STAT. 1917], and FAR Subpart 4.21 Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment: 52.204-26 Covered Telecommunications Equipment or Services-Representation (Dec 2019) (a) Definitions. As used in this provision, "covered telecommunications equipment or services" has the meaning provided in the clause 52.204-25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment. (b) Procedures. The Offeror shall review the list of excluded parties in the System for Award Managemen (SAM) (https://www.sam.gov) for entities excluded from receiving federal awards for "covered telecommunications equipment or services".
Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru). (AIR Code: AP)	
☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal). (AIR Code: SA)	
☐ Individual/concern, other than one of the preceding (as certified by the SBA). (AIR Code: OT)	
TYPE OF BUSINESS ORGANIZATION: (must match IRS W9)	Government in the performance of any contract, subcontract, or other contractual instrument. (End
Check the applicable box:	of provision) Covered telecommunications equipment or services means—
☐ a C Corporation or ☐ an S Corporation, under the laws of the State of	1) Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities);
a limited liability company, with tax classification of:	2) For the purpose of public safety, security of Government facilities, physical security surveillance of
a C-Corp	critical infrastructure, and other national security purposes, video surveillance and telecommunications
an S-Corp	equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology
a Partnership	Company, or Dahua Technology Company (or any
a Disregarded entity	subsidiary or affiliate of such entities); 3) Telecommunications or video surveillance services
an Individual/Sole proprietor or Single-member LLC (Independent Contractor/Consultant) Please also check 'Small Business' above and any other applicable classifications (i.e.: Woman, Disadvantaged, Veteran, Disabled Veteran)	provided by such entities or using such equipment; or 4) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected
a Sole Proprietorship	
a Partnership	to, the government of a covered foreign country.
a Nonprofit Organization	
a Joint Venture	
an Educational Institution	
a Government Entity (Federal, State or Local)	

The following Affirmative Action and Equal Opportunity items shall be completed if the supplier's work is estimated to be \$10,000 or greater (aggregate estimated value of all	EQUAL OPPORTUNITY (Previous Contract and Compliance Reports)			
awards in any 12-month period) and funded by any U.S.	FAR 52.222-22 (FEB 1999)			
Government agency at any tier, the Equal Opportunity clause FAR <u>52.222-26</u> may be applicable.	The Supplier represents that:			
AFFIRMATIVE ACTION FAR 52.222-25 (APR 1984)	(a) it is exempt (less than 50 employees) or			
The Supplier represents that:	(b) (1) it ☐ has, ☐ has not participated in a previous contract or subcontract subject the Equal Opportunity Clause 52.222-26; and			
(1) it is exempt (50 employees and/or less than \$50,000 in Government contracts during the prior twelve (12) month period) or	(2) it ☐ has, ☐ has not filed all required compliance reports.			
(2)(i) it \(\sum \) has developed and has on file, \(\sum \) has not developed and does not have on file, at each establishment, affirmative action programs required by the rules and regulations of the Secretary of Labor (41 CFR 60-1) and 60-2)	If the representation indicates required reports have not been filed, supplier must submit said reports before delivering products or providing services to American Institutes for Research.			
or (ii) it ☐ has not previously had contracts/subcontracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor.	52.226-2 HISTORICALLY BLACK COLLEGE OR UNIVERSITY AND MINORITY INSTITUTION REPRESENTATION (Oct 2014) The Offeror represents that it: is is is not a historically black college or university; is is is not a minority institution.			
If you are registered in the System for Award Management (SA and proceed to sign and date this form. (Note: if you are not a prin SAM)	- · · <u></u>			
☐ The Offeror certifies that it has completed the annual Reps & Certs electronically via the SAM website at https://www.sam.gov/portal/public/SAM/ . The Offeror verifies by submission of this document that the Reps & Certs currently posted electronically have been entered or updated in the last 12 months, are current, accurate, and complete.				
SIGNATURE				
By signing below, the Supplier certifies that the information and and complete.	d representations provided on this form are accurate, current,			
As required under 15 U.S.C. 645(d), any person who misrepresents both; (2) be subject to administrative remedies; and (3) be ineligible the Small Business Act.				
Name and Title				
Signature				
Date				