

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
INDUSTRY LIAISON PROGRAM
VENDOR PROFILE

CONTACT INFORMATION

1. Business Name		2. Business Website Address		
3. Business Street Address		4. City	5. State	6. County
7. Zip Code				
8. Date of Incorporation/Inception	9. Point of Contact		10. Point of Contact Title	
11. Point of Contact E-mail Address			12. Phone Number	13. Fax Number
14. Alternate Point of Contact		15. Alternate Point of Contact Title		16. Phone Number
17. Fax Number				
18. Alternate Point of Contact E-mail Address				

Commercial and Government Entity (CAGE) Code: This code is assigned through System for Award Management (SAM). If you have not registered, please go to <http://www.sam.gov> to register prior to completing this form.

1. CAGE Code: _____	2. DUNS Number: _____
3. NAIC Code(s) Maximum of 5 _____	

4. Please check all the categories that apply to your company.

<input type="checkbox"/> 8(a) Certified	<input type="checkbox"/> Disadvantage/Minority	<input type="checkbox"/> HBCU/Minority Institution	<input type="checkbox"/> Historically Under Utilized Business Zone (HUB Zone)
<input type="checkbox"/> Native American	<input type="checkbox"/> Service Disabled Veteran Owned Small Business	<input type="checkbox"/> Small Business	<input type="checkbox"/> Small Disadvantaged Business
<input type="checkbox"/> Tribal	<input type="checkbox"/> Veteran Owned Small Business	<input type="checkbox"/> Women Owned Small Business	<input type="checkbox"/> Other _____

5. Is your product(s) or service currently on GSA schedule? <input type="checkbox"/> No <input type="checkbox"/> Yes	6. Does your company accept government purchase cards? <input type="checkbox"/> No <input type="checkbox"/> Yes
7. Is your company currently doing business with FEMA? <input type="checkbox"/> No <input type="checkbox"/> Yes	

If yes, please list the name of the FEMA office(s)/person(s):

8. Reason for contacting FEMA:

<input type="checkbox"/> General Inquiry	<input type="checkbox"/> Vendor Presentation Meeting	<input type="checkbox"/> Industry Day	<input type="checkbox"/> Other _____
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9. Have you previously met with a program office or FEMA representative in the last twelve (12) months? No Yes

If yes please provide that office(s)/person(s) name: _____

10. How did you find out about Industry Liaison? Website FEMA Small Business FEMA Representative Referral _____

Other _____

11. Please check applicable commodities(service)s your company provides:

<input type="checkbox"/> Water	<input type="checkbox"/> Food	<input type="checkbox"/> Medical Supplies	<input type="checkbox"/> Temporary Housing/Shelter	<input type="checkbox"/> Infant Toddler Products
<input type="checkbox"/> Generators	<input type="checkbox"/> Blankets	<input type="checkbox"/> Tarps	<input type="checkbox"/> Cots	<input type="checkbox"/> Other _____

12. Please provide a brief description of your commodity(service)s.

I hereby affirm that the above information is true to the best of my knowledge. I further acknowledge that I have registered my company in System for Award Management (SAM) prior to completing this form.

Signature _____

Date _____

NOTE: This correspondence or process does not promise, commit, or imply that a contract will be awarded.

PRIVACY ACT STATEMENT

AUTHORITY: 6 U.S.C § 796 "Registry of disaster response contractors"

Purpose: DHS/FEMA collects this information to facilitate communication between FEMA and the participants of FEMA's Industry Liaison Program.

Routine Use(s): This information is used for the principal purpose(s) noted above. The information on this form may be disclosed internally within DHS as generally permitted under 5 U.S.C. § 552a(b)(1) of the Privacy Act of 1974, as amended, and will not be shared outside of DHS.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent FEMA's sharing of information related to its Industry Liaison Program.