



Advancing Evidence.
Improving Lives.

Business Partner Request and Update Form

Please complete the form below for consideration and addition to the AIR Supplier List.

AIR.org

VENDOR INFORMATION

Please provide the following information:	
Organization Legal Name	
DBA – “Doing Business As” Name (if applicable) <i>Provide if the Business Legal Name is different than the name on the W-9.</i>	
Organization Registered Address <i>Provide the address given in your local registration filing.</i>	
Registered Street Address	
City	State
Zip Code	Country
Website	
Year Established	
Telephone Number	
Primary Contact and Title <i>Your organization’s business development representative.</i>	
Primary Contact’s Direct Email Address	
UEI Number	
SAM.gov Registered	
Yes, or No	

SERVICE CATEGORIES AND AREAS

Which category below best describes your organization’s service category?
<i>Select one.</i> Research and Development IT Services Professional Services Products (includes software) Other _____
Which of the service sectors below does your organization support?
<i>Select all that apply.</i> Health Human Services (includes Education and Workforce) International Technical Assistance
In which countries has your organization provided services/support?
In which languages does your organization offer its services/support?
Fluent/Native:
Intermediate:
Basic:
What type of clients has your organization supported?
Federal Government Agencies (U.S. and non-U.S.) U.S. State and Local Agencies Nonprofit Organizations (U.S. and non-U.S.) Commercial Organizations (U.S. and non-U.S.)
What was your organization’s last fiscal year receipts/net income?
How many direct employees do you have?

BUSINESS SERVICES CODES

Primary NAICS Code <i>Please provide your primary NAICS code as registered in SAM.gov.</i>	Commercial and Government Entity Code <i>Please enter the CAGE code your company has provided to SAM.gov.</i>
NAICS Code/s <i>Please cut and paste the complete list of the NAICS your entity has registered with SAM.gov.</i>	Product and Service Code/s <i>Please enter the complete list of PSCs your company has registered with SAM.gov.</i>

BUSINESS TYPE REPRESENTATION

- | | |
|---|-------------------------|
| For-Profit Organization | Sole Proprietorship |
| Educational Institution | Non-Profit Organization |
| Government Entity (Federal, State or Local) | Other _____ |
| Registered Outside U.S. Entity | |

ENTITY OWNERSHIP

Please check this box to indicate a minority (51+% ownership in your business.

- | | |
|-----------------------------------|-----------------------------------|
| Asian-Pacific American Owned | Service-Disabled Veteran Owned |
| Black American Owned | Subcontinent Asian-American Owned |
| Disability Owned | Veteran Owned |
| Hispanic or Latino American Owned | Woman Owned |
| LGBTQ+ Owned | Other Minority Owned _____ |
| Native American Owned | |

STATE, LOCAL OR FOREIGN GOVERNMENT CERTIFICATIONS

By checking this box, you represent that your organization has achieved the stated certification, and upon request, you may provide the certification details.

	State/Jurisdiction	Agency	Certificate Title



U.S. GOVERNMENT ORGANIZATIONAL CERTIFICATIONS

By checking this box, you represent that your organization has achieved this stated certification, and it is a designation in your business's current SAM.gov registration.

	U.S. Agency	Certificate Title
	Department of Transportation	DOT Certified Disadvantaged Business Enterprise
	Small Business Administration	Alaskan Native Corp, Native American Tribally Owned, or Native Hawaiian Organization
	Small Business Administration	SBA-Certified HUBZone Firm or Joint Venture
	Small Business Administration	SBA-Certified 8(a) Program Participant or Joint Venture
	Small Business Administration	Economically Disadvantaged Women Owned Small Business, Economically Disadvantaged Women Owned Joint Venture
	Veterans Administration	Veteran Owned
	Veterans Administration	Service-Disabled Veteran Owned
	Other Agency (Write in.)	

INDUSTRY CERTIFICATIONS

By checking this box, you represent that your organization has achieved the stated certification, and upon request, you may provide the certification details.

	Certifying Entity	Certificate Purpose	Certificate Title

CAPABILITIES STATEMENT

Provide us with your organization's capabilities statement/s:

SUBMISSION INSTRUCTIONS

Email completed form to PartnerSupplier@air.org.

