

CARLETON

Life Support Systems

To: Suppliers and Potential Suppliers of Carleton Life Support Systems Inc.

PARTICIPATION OF SMALL BUSINESS AND SMALL DISADVANTAGED BUSINESS IN CONTRACTS FUNDED BY U.S. GOVERNMENT FEDERAL AGENCIES

It is the policy of Carleton Life Support Systems Inc. that small business and small business concerns owned and controlled by socially and economically disadvantaged individuals have the maximum practicable opportunity to participate in the performance of contracts awarded by U.S. Government Federal agencies. In order to comply with this policy, it is requested that the below information be provided to us by your company.

Supplier Code: _____

Supplier Name				Telephone: _____	
Mailing Address	City	State	Zip	FAX: _____	
Delivery Address	City	State	Zip	E-Mail: _____	
				No. of Employees: _____	

This Company is:

<input type="checkbox"/> A Division of <input type="checkbox"/> A Subsidiary of <input type="checkbox"/> An Affiliate of <input type="checkbox"/> Independently Owned and Operated	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Cage Code	Name of Parent Company and Address: _____
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Consultant <input type="checkbox"/> Other _____	<input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> NAICS Code _____	Citizenship of Company: _____
<input type="checkbox"/> Small Business <input type="checkbox"/> Large Business <input type="checkbox"/> Non-Profit Business <input type="checkbox"/> Foreign Business (Non-U.S.) <input type="checkbox"/> Disadvantaged Business	<input type="checkbox"/> Woman-Owned Business <input type="checkbox"/> HUB Zone <input type="checkbox"/> Veteran-Owned Business <input type="checkbox"/> Service Disabled Veteran	Do you employ foreign nationals? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Identify Major Suppliers/Services: _____

Number of employees at your location.

Eligibility as a **small business** is based upon the regulations issued by the Small Business Administration, per Rev. 13, Part 121 of the SBA Rules and Regulations. (If in doubt, consult the Small Business Administration office in your area).

Eligibility as a **small disadvantaged business** is first based on eligibility as a small business, as noted above. Second, disadvantaged status consists of at least 51 percent ownership of a firm by a disadvantaged person(s) and daily management and control of the firm by such disadvantaged person(s). Disadvantaged are minority groups, specifically Black Americans, Hispanic Americans, Native Americans (Aleuts, Eskimos, American Indians and Hawaiians), Asian-Pacific Americans and firms which have been admitted to the SBA's 8(a) Program.

Notice: Under 15 U.S.C 645 (d), any person who misrepresents a firm's status as a small or small disadvantaged business concern in order to obtain a contract shall be punished by a fine, imprisonment, or both; and subject to other remedies under authority of the Act.

Signature: _____ Title: _____
 Typed: _____ Date: _____

We would appreciate your cooperation in completing and returning this questionnaire at your earliest convenience. Please fold, staple and return this form to Carleton Life Support Systems Inc. at the address on the reverse side.

Carleton Life Support Systems Inc.
Purchasing Department

**CARLETON LIFE SUPPORT SYSTEMS INC.
ATTN: PURCHASING DEPARTMENT
P.O. BOX 4508
DAVENPORT, IA 52808-4508**