

SUBCONTRACTOR/SUPPLIER BUSINESS SIZE SELF-CERTIFICATION

FAR 52.219-9 requires Grunley Construction to maintain annual records certifying the business size of our subcontractors, as well as at the time of each subcontractor offer. Please ensure that a corporate officer with knowledge of your firm's business size status fills out the attached completely and accurately to the best of their abilities. All information provided should be accurate for the indicated project as of the date this form is signed.

Please return via email to smallbusiness@grunley.com. If you have any questions regarding this form, please contact that same email address.

THIS SECTION FOR GRUNLEY USE ONLY				
Project #/Bid #:	Project Name:			
Added to . . .	<input type="checkbox"/> Sage	<input type="checkbox"/> Cosential	<input type="checkbox"/> P: Drive	<input type="checkbox"/> SB Database
Where applicable, HUBZone Status has been verified in DSBS/SAM as of ____ / ____ / ____ by (initial) _____				

YOUR FIRM'S INFORMATION	
Company Legal Name:	
Company Address:	
Name & Job Title of Primary Point of Contact (for business size-related concerns):	
Telephone Number:	Email Address:
NAICS Code (For This Contract): <small>(click to see list of NAICS codes)</small>	Corresponding Size Standard for NAICS Code:
Company's Unique Entity Identifier (UEI):	Company Commercial and Government Entity (CAGE) Code:
Federal Employer Identification No.:	

NON-FEDERAL SMALL/DIVERSE BUSINESS STATUS				
<small>Please indicate if your firm is certified or registered as any of the following, and please attach any relevant proof of certification documents.</small>				
<input type="checkbox"/> DOT-certified DBE State: _____	<input type="checkbox"/> MDOT MBE	<input type="checkbox"/> VA SWaM	<input type="checkbox"/> DC CBE	<input type="checkbox"/> AMTRAK- registered DBE
<input type="checkbox"/> SBE		<input type="checkbox"/> ACDBE		<input type="checkbox"/> MWAA SLBE
Other (please specify):				

COMPANY SIZE DETERMINATION	
<small>Please fill out this section if your firm is a small business, or has been in the last 5 years. If your firm is not a small business, skip ahead.</small>	
Has your company previously been the subject of a formal SBA size determination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when, and what SBA Office?	
Number of employees (include full-time, part-time, seasonal, temporary, and periodic employees):	
<input type="checkbox"/> If your firm desires assistance from Grunley's Small Business Compliance Team with understanding any of the Federal or non-Federal certifications, or how to register for them, please check this box.	

Initial _____

Date _____

Company's gross sales or annual receipts for each of the most recently completed five fiscal years as of the date of bid/offer:	
Year: _____	\$ _____
Year: _____	\$ _____
Year: _____	\$ _____
Year: _____	\$ _____
Year: _____	\$ _____
Average over last five most recently completed fiscal years: \$ _____	

COMPANY SIZE AND SOCIOECONOMIC CATEGORY STATUS

Under 15 USC 645(d), any person who misrepresents its size status shall (1) be punished by fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

Business Size of Company (check one):

Large Business

A company whose business is not classified as any other of the small business categories listed below.

Small Business

A company, including its affiliates, located in the United States, organized for profit, independently owned and operated, not dominant in its field of operations in which it performs work, and qualified as a Small Business under the criteria and size standards in 13 CFR, part 121. If you have difficulty ascertaining your size status, please refer to the SBA's website at www.sba.gov/size or contact your local SBA office.

If your company is a small business, please check any of the following socioeconomic classifications that apply.

Small Disadvantaged Business (to include 8(a) and Alaskan Native Corp. & Indian Tribes)

A Small Business as defined above, at least 51% owned and controlled by 1 or more socially and economically disadvantaged individual(s) who are in good character, and citizen(s) of the United States. **(Self-Certifiable)**

Women-Owned Small Business

A Small Business as defined above, at least 51% owned and controlled by 1 or more women who are in good character, and citizen(s) of the United States, and whose management and daily business operations are controlled by 1 or more women. **(Self-Certifiable)**

HUBZone Small Business

Must be SBA-Certified as a Historically Underutilized Business Zone Small Business. Principal office must be located in a HUBZone and at least 35% of employees must reside in a HUBZone. Not Self-Certifiable, please provide documentation of certification.

Veteran-Owned Small Business

A Small Business as defined above, Veteran-owned as defined in 38 USC 101(2), at least 51% owned and controlled by 1 or more Veterans, and whose management and daily business operations are controlled by 1 or more Veterans. **(Self-Certifiable)**

Service-Disabled Veteran-Owned Small Business

A Small Business as defined above, Veteran-owned as defined in 38 USC 101(2), at least 51% owned and controlled by 1 or more Service-Disabled Veterans, and whose management and daily business operations are controlled by 1 or more Service-Disabled Veterans, OR in the case of a Veteran with permanent and severe disability, the spouse or permanent caregiver of such Veteran, and with 0%-100% service-connected disability as defined in 38 USC 101(16) and documented on DD 214 or equivalent. **(Self-Certifiable)**

SIGNATURE

I hereby certify that all information contained above, and in exhibits and attachments, are true and correct to the best of my knowledge and belief.

Signature _____	Title _____	Date _____
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