



Vendor Engagement Questionnaire

Please complete the questions below and email this form/PDF file to cisaindustryengagement@cisa.dhs.gov.

Answer all questions as thoroughly as possible, as this information is used to help determine the suitability of your company's capabilities to future needs of CISA.

You may include a copy of your corporate capabilities statement as an Acrobat PDF, Microsoft Word, or Microsoft PowerPoint document.

Please limit the size of the attachments to no more than 5 MB.

(* Items appearing with a red asterisk are required for processing.)

SECTION 1: VENDOR BACKGROUND

1	Legal Business Name *		
2	DBA Name (If Applicable)		
3	Unique Entity Identifier (UEI)		
4	6-digit NAICS Code *		
5	Physical Address		
6	Website URL		
7	Primary Point of Contact	Name *	
		Title *	
		Phone *	
		Email *	
8	Is your organization incorporated with a presence or business partner located in the United States? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Business Size or Type *	For-Profit: Other-Than-Small Business	
		For-Profit: Small Business	
		DHS Center of Excellence	
		Federally Funded Research and Development Center (FFRDC)	
		Other Academic or University	
		Non-Profit Organization	
10	Socio-Economic Status *	State, Local, Tribal, and Territorial Governments	
		Woman-Owned	
		Veteran-Owned	
		Service-Disabled Veteran-Owned	
		Small Disadvantaged Business	
		8(a) Firm	
	HUBZone Firm		

SECTION 2: CAPABILITY SELECTION

11	Select up to five capabilities offered by your organization. Use the additional open spaces if you would like to suggest capabilities that are not listed.

Privacy Act Statement

Authority: 5 U.S.C. § 301 and 44 U.S.C § 3101 authorize the collection of this information.

Purpose: The primary purpose for the collection of this information is to determine the suitability of your company's capabilities to the future needs of CISA. **Routine Uses:** The information collected may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary and authorized by the routine uses published in DHS/ALL-002 - Department of Homeland Security (DHS) Mailing and Other Lists System November 25, 2008, 73 FR 71659.

Disclosure: Providing this information is voluntary, however, failure to provide this information will prevent CISA from processing this questionnaire.

Paperwork Burden Notice:

The public reporting burden to complete this information collection is estimated at 30 minutes per form response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. The collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHS/CISA/OCAE, 245 Murray Lane, SW, Mail Stop 0640, Arlington, VA 20598-0640 ATTN: PRA [OMB Control No. 1670-00XX].