

New Supplier Information and Qualification Form

Full Legal Name of Business: Bluedog Inc.

Trade Name (d/b/a) appearing on your invoices: Bluedog Inc.

Physical Address: 10936 Pebble Run Dr Mailing Address (if different): _____
Silver Spring, MD _____
20902 _____

Company Website: www.bluedog.net Company Phone Number: 301-649-5000

Name of Parent Company: n/a Tax ID of Parent Company: _____
(if applicable)

DUNS Number: 076881098 UEI Number: D6X8MKBA5CX6

Type of products/services provided:
Consulting, software

Primary NAICS Code: 518210 Are you Registered in SAM? ☐ Yes ☐ No Business Type: ☐ Large ☐ Small

Socioeconomic Status – Check all that apply

- | | |
|---|---|
| <input type="radio"/> Disadvantaged (certified) | <input type="radio"/> Service-Disabled Veteran Owned (Certified) |
| <input type="radio"/> Minority Owned (Small or Large) | <input type="radio"/> Non-Profit Organization |
| <input type="radio"/> Woman Owned | <input type="radio"/> Historically Black College/Minority Institution |
| <input type="radio"/> HubZone (Certified) | <input type="radio"/> Foreign Owned |
| <input type="radio"/> Veteran Owned | <input type="radio"/> None of the above |

Ownership Ethnicity (check one):

- | | |
|---|---|
| <input type="radio"/> Hispanic American | <input type="radio"/> Alaska Native Corporation |
| <input type="radio"/> African American | <input type="radio"/> Native American |
| <input type="radio"/> Asian Pacific American | <input type="radio"/> Other than those listed |
| <input type="radio"/> Subcontinent Asian American | |

Authorized Contracting Representative

Name of Authorized Representative: Tom Termini Phone Number: 301-649-5000

Email Address: termini@bluedog.net Alternate Phone Number: 410-575-3220

Mailing Address (if different from above): s/a

Account Contact

Name of Accounts Receivable Contact: Tom Termini Phone Number: 301-649-5000
Email Address: termini@bluedog.net Additional contact information: 301-649-5000

Has your accounting system been reviewed by DCAA? ☐ Yes ☐ No

If yes – was it deemed adequate? ☐ Yes ☐ No Date of Review: _____

If no – does your organization require all employees to record all time worked against well-defined project and indirect cost codes (total time accounting)? ☐ Yes ☐ No

Financial Responsibility

Years in business: 10

In the last 5 years, has your organization filed for bankruptcy or been a debtor in a bankruptcy case?
☐ Yes ☐ No

Is your organization presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal, State or Local government agency? ☐ Yes ☒ No

Required attachments:

- IRS Form W-9, Request for Taxpayer Information
- ACH Payment Agreement


Tom Termini (Aug 30, 2022 21:17 GMT+1)

Authorized Signature

Tom Termini

Authorized Name