

**TEXAS STATE UNIVERSITY**  
**Procurement Solicitation Questionnaire**

This questionnaire is to be completed and returned as part of your response to the solicitation. **Failure to furnish the requested information** with your response and/or upon request by TX-STATE's authorized representative(s) may be viewed as grounds for **rejection due to non-responsiveness** to the specification's requirements.

1. Company Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

3. Physical Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

4. Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

E-mail: \_\_\_\_\_

5. Secondary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

E-mail: \_\_\_\_\_

6. Additional Phone Numbers: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Toll-Free) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (FAX)

7. URL: \_\_\_\_\_

8. Business Type:  Corporation  Sole Proprietorship  Partnership  Other (Specify) \_\_\_\_\_

SIC Code: \_\_\_\_\_ DUNs Number: \_\_\_\_\_

9. Federal Employer Identification Number (FEIN)/Social Security Number (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

10. Texas Payee Identification Number: \_\_\_\_\_ CISV Number: \_\_\_\_\_

11. Years in Business: \_\_\_\_\_

12. Number of Permanent Employees: \_\_\_\_\_ FTE: \_\_\_\_\_

13. Are you a Texas certified "Historically Underutilized Business (HUB)"?  YES  NO

a. If yes, indicate HUB certification number: \_\_\_\_\_

b. If yes, indicate HUB categories: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

14. Has your company ever been debarred or suspended from contract awards by the Federal Government?

YES  NO If yes, please provide details and explanation for this action:

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15. Has your company ever been suspended or removed for any reason from the State of Texas "Centralized Master Bidders List (CMBL)" or the list of certified "Qualified Information Systems Vendor (QISV)"?

\_\_\_ YES      \_\_\_ NO      If yes, please provide details  
 and explanation for this action:

16. If requested, indicate required number of references for completed procurements/projects of a similar size, scope and nature completed within the time specified (attach additional sheets if furnishing more references):

	Reference I	Reference II	Reference III
Organization's Name			
Contact Name			
Telephone Number			
E-mail			
Address			
Project Name			
Date Completed			
Contractor's Project Manager's Name			

17. List of key Contractor personal (if applicable) who are proposed to be assigned to the project in the event of an award:

Name	Position	Years Related and/or Relevant Experience	Education	Certifications
	Project Manager/Supr.			
	Business/Contract Mgr.			
	Project Engineer/Tech.			
	Design Mgr./Supr.			

(Attach copies of résumés/vitas of all key personnel listed)

18. Inventory (if applicable):

Location: \_\_\_\_\_

Est. \$ Value: \_\_\_\_\_

19. Repair/Warranty:

a. Indicate who will perform warranty work: \_\_\_ Contractor      \_\_\_ To be subcontracted to:

\_\_\_\_\_

b. Indicate location where offsite warranty work to be performed: \_\_\_\_\_

\_\_\_\_\_