

Commitment to Small Business

SSR is committed to providing an equitable opportunity for Small Business, Small Disadvantaged Business, Woman-Owned Small Business, HUBzone Small Business, and Veteran Owned Small Business and Service Disabled Veteran Owned Small Business Concerns to participate in subcontracting opportunities on our contracts. SSR is dedicated to the programs described in Federal Acquisition Regulation Part 19. We will continually seek diverse subconsultants to increase our small business participation on our contracts as we strive to provide value-added services in support of Government objectives.

At SSR, we recognize that the government's small business subcontracting programs require the promotion of equitable opportunities for all small businesses to compete for contracts. We recognize that small businesses are a vital part of our economy. We strive to promote the participation of Small Business, Small Disadvantaged Business, Woman-Owned Small Business, HUBzone Small Business, and Veteran Owned Small Business and Service Disabled Veteran Owned Small Business Concerns, in support of the delivery of products and services to the government.

If you would like to partner with us please fill out the prequalification and self-certification form and submit it to workwithus@ssr-inc.com and someone will be in contact with you shortly.

Prequalification Form

SMITH SECKMAN REID, INC. / SSRcx

Firm Background

Firm Name	Contact Name	
	Address	
	Phone	
Firm Address	Fax	
	E-Mail	
	Website	
Branch Offices (address, phone, fax):		
DUNS No.		
CAGE Code		
Do you have a FAR compliant accounting system?		
Do you have an approved audited OH & GA rate?		
Year Founded		
Services Offered		
Firm History		

Prequalification Form

SMITH SECKMAN REID, INC. / SSRcx

Company / Agency	
Phone	
Name of Project(s)	
Services Provided on Project(s)	
<hr/>	
Contact	
Company / Agency	
Phone	
Name of Project(s)	
Services Provided on Project(s)	
<hr/>	
Contact	
Company / Agency	
Phone	
Name of Project(s)	
Services Provided on Project(s)	

Prequalification Form

SMITH SECKMAN REID, INC. / SSRcx

Staff Resumes *(Duplicate as Necessary)*

Basic Information	
Name:	
Education:	
Registration / Certifications:	
Years with Firm:	
Years of Experience:	
Project Experience	
Project Name	
Project Location	
Project Description	
Project Name	
Project Location	
Project Description	
Project Name	
Project Location	
Project Description	
Project Name	
Project Location	
Project Description	
Project Name	
Project Location	
Project Description	
Project Name	
Project Location	
Project Description	

Prequalification Form

SMITH SECKMAN REID, INC. / SSRcx

Firm Project Experience *(Please provide at least 10 projects)*

Project Name		Owner	
Construction Cost		Year Completed	
Design Fee		Firm Role	
Project Description			
Contact Name			
Firm:			
Title			
Phone			

Project Name		Owner	
Construction Cost		Year Completed	
Design Fee		Firm Role	
Project Description			
Contact Name			
Firm:			
Title			
Phone			

Project Name		Owner	
Construction Cost		Year Completed	
Design Fee		Firm Role	
Project Description			
Contact Name			
Firm:			

Prequalification Form

SMITH SECKMAN REID, INC. / SSRcx

Title	
Phone	

Project Name		Owner	
Construction Cost		Year Completed	
Design Fee		Firm Role	
Project Description			
Contact Name			
Firm:			
Title			
Phone			

Project Name		Owner	
Construction Cost		Year Completed	
Design Fee		Firm Role	
Project Description			
Contact Name			
Firm:			
Title			
Phone			

Project Name		Owner	
Construction Cost		Year Completed	
Design Fee		Firm Role	
Project Description			

Prequalification Form

SMITH SECKMAN REID, INC. / SSRcx

Contact Name	
Firm:	
Title	
Phone	

Project Name		Owner	
Construction Cost		Year Completed	
Design Fee		Firm Role	
Project Description			
Contact Name			
Firm:			
Title			
Phone			

Project Name		Owner	
Construction Cost		Year Completed	
Design Fee		Firm Role	
Project Description			
Contact Name			
Firm:			
Title			
Phone			

Prequalification Form

SMITH SECKMAN REID, INC. / SSRcx

Project Name		Owner	
Construction Cost		Year Completed	
Design Fee		Firm Role	
Project Description			
Contact Name			
Firm:			
Title			
Phone			

Small Business Self-Certification Form

SMITH SECKMAN REID, INC. / SSRcx

Company Name:

Street:

City:

State:

Zip:

Phone Number:

Fax Number:

Cage Code:

Primary NAICS Code:

DUNS Number:

Number of Employees:

Business Size: *(Please check all that apply)*

Small Business

- Certified by SBA as Small Disadvantaged Business**
- Certified by SBA as HUBZone Small Business**
- Women Owned Small Business**
- Veteran Owned Small Business**
- Service Disabled Veteran Owned Small Business**
- Minority Owned Small Business** *(Please specify Minority)*

Large Business

You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.7 or 52.219- 8 (<https://www.acquisition.gov/far/>). If you have difficulty ascertaining your size status, please call 1-800-U-ASK-SBA or refer to the SBA's website at www.sba.gov.

Under 15 U.S.C. 645(d), any person who misrepresents company size status shall (1) be punished by a 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.

Signature

Title

Date

This self-certification is good for one year. It is your responsibility to notify us if your size or ownership status changes during that period. After one year, you are required to re-certify with us. Please e-mail this completed document to workwithus@ssr-inc.com.