



APPLIED RESEARCH ASSOCIATES, INC.

4300 San Mateo Blvd NE, Suite A-220; Albuquerque, NM 87110 Supplier.Compliance@ARA.com

1. Taxpayer Information - Name as shown on your Income Tax Return **2. Taxpayer Identification Number(TIN) or Social Security Number(SSN)¹**

Will Provide Tax ID # by Alternate Means

see page 3

DBA

Physical Address; City, State Zip + 4

Physical & Payment Address

Number Must match the name given on this form to avoid backup withholding

Check Appropriate Boxes**Resident Alien or Permanent Resident****U.S. Citizen/Partnership, Corporation, Company, or Association created/organized in the USA**

Payment Address; City, State Zip

Congressional District

C Corporation

Individual / Sole Proprietor

S Corporation

Trust / Estate

Non-Profit

Government

LLC Limited Liability Company - MUST Select Tax Classification

LLC, If blank form will be returned

Payment Terms: Net 30

Do you need a 1099 for Tax Reporting?

Yes

No

2. Authorization Agreement for Automated Deposits (ACH Credit)

Email address for Remittance

n/a Credit Card Only

ADD - New Automatic Credit Participant

CHANGE - Financial Institution and/or Account #

DELETE - Cancel Electronic Deposits

VERIFICATION - Information on this form is subject to additional verification, including confirmation via phone call. CHANGES - For ACH Changes, Vendor may be asked to provide the last Invoice Number and/or Purchase Order Number in order for Change to be processed. It is understood that I (we) may terminate this agreement at any time by written notification to ARA or BANK. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and in reasonable time to act on it.

Bank
NameRouting #
(ABA#)Depositor
Account #

Checking

Savings

I (we) hereby authorize Applied Research Associates, Inc. - hereinafter called ARA, to make payments of any amounts owing to me (us) by initiating credit entries in my (our) account indicated above in the Bank - Financial Institution named above, hereinafter called BANK, AND I (we) authorize and request BANK to accept any credit entries initiated by ARA to such account and to debit for corrections without responsibility for the correctness thereof.

3. Accounting Point of Contact Information**4. Size Classification - MUST select at least one Size**

Name

Title

Phone #

Fax#

Email

Web

UEI Unique Entity ID

Do Not Have UEI

NAICS Code

DUNNS/D&B

of Employees

Business Description - Provide a brief description of your products or services, or email to sblo@ara.com:**Other than Small****Large Business**

Historically Black Colleges & Universities

Alaska Native Corporation and/or Indian Tribe - Large Business

Small Business - check all subcategories that apply

Individual Consultant

Small Disadvantaged Business - SDB

Woman Owned - WOSB

Economically Disadvantaged Woman Owned - EDWOSB

HUBZone SB - Certified by SBA - **Attach SBA Certification Letter****Veteran Owned Small Business - VOSB****Service Disabled Veteran Owned Small Business - SDVOSB** (see page 3)

Alaska Native Corporation and/or Indian Tribe - Small Business

Other - Please specify

Government Agency (Federal, State, or City)

Non-Profit or Trade Association

University or Educational Institution

Direct Affiliate or Interviewee

Minority Owned - **MUST** also select Other Than Small, Large, or Small Business

If you have difficulty ascertaining your size status, please call 1-800-827-5722, or refer to Small Business Administration's website at <https://www.sba.gov/>. Under 15 U.S.C. 645(d), any person who misrepresents its 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. Some definitions from FAR, Part 19 and Part 26 are provided on the reverse side of this form. The business size selected is for all locations associated with the Federal ID Number on this form.

5. Certification**Vendor/subcontractor certifies, their size and socioeconomic status above and in SAM (if applicable) are current, accurate, and complete as of the date of the offer.**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Name & Title of Authorized Representative**Signature of Authorized Representative****Date**

**6. Declarations****Name as shown on your income tax return****Business Name / DBA - if different****a. Active Exclusions in System for Award Management (SAM)**

1. Do you have any **Active Exclusions** in SAM (System for Award Management)?
- Yes No

An Active Exclusion in SAM means that you are currently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any federal agency.

b. Reporting Executive Compensation

1. In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which the DUNS number provided belongs) receive:

- a. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and
- b. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Yes No

If Yes, proceed to question #2.
If No, skip #2 and go to Section C

2. Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which the DUNS number provided belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes No

c. Covered Telecommunications Equipment/Services - Representation

1. Definitions. As used in this provision, "Covered Telecommunications Equipment or Services" has the meaning provided in the clause FAR 52.204-25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment (Aug 2020).

2. Representation. Seller represents that it:

Does

Does not

Provide Covered Telecommunications Equipment or Services to Applied Research Associates, Inc. in the performance of any contract or other contractual instrument.

Name & Title of Authorized Representative**Signature of Authorized Representative****Date**



DEFINITIONS

¹TAXPAYER IDENTIFICATION NUMBER / SOCIAL SECURITY NUMBER

Enter your TIN in the box provided. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity refer to the instructions on the W-9 form. For other entities, it is your employer identification number (EIN). If you do not have a number, see "How to get a TIN" on the W-9 form: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

PERSONALLY IDENTIFIABLE INFORMATION PII

When PII is lost, stolen, or compromised, the potential exists that the information may be used for unlawful purposes such as identity theft or fraud. If you are uncomfortable submitting your Taxpayer Identification Number by email, please leave this portion blank, download a W-9 form, and mail it to the address at the top of this form.

SIZE CLASSIFICATION

The Table of Small Business Size Standards lists size standards matched to industries described in the North American Industry Classification System (NAICS). SBA has established numerical definitions, or "size standards" for all for-profit industries. Size standards represent the largest size that a business (including its subsidiaries and affiliates) may be to remain classified as a small business concern.

NAICS CODE

The NAICS, or North American Industry Classification System, provides a method for describing the industries to which organizations belong. The NAICS replaced SIC codes in 1997.

SMALL BUSINESS

"Small business concern" means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on government contracts, and qualified as a small business under the criteria and size standards in 13 CFR Part 121 (see FAR 19.102).

WOMAN OWNED SMALL BUSINESS - WOSB

"Women-owned business concern" means a concern that is at least 51 percent owned by one or more women; or in the case of any publicly owned business, at least 51 percent of its stock is owned by one or more women; and whose management and daily business operations are controlled by one or more women.

ECONOMICALLY DISADVANTAGED WOMAN OWNED SMALL BUSINESS - EDWOSB

"Economically disadvantaged women-owned small business concern" means a small business concern that is at least 51 percent directly and unconditionally owned by, and the management and daily business operations of which are controlled by, one or more women who are citizens of the United States and who are economically disadvantaged in accordance with 13 CFR part 127. It automatically qualifies as a women-owned small business concern eligible under the WOSB Program.

VETERAN OWNED SMALL BUSINESS - VOSB

"Veteran-owned small business concern" means a small business concern that is at least 51 percent owned by one or more veterans (as defined at 38 U.S.C. 101 (2)) or, in the case of any publicly owned business, at least 51 percent of the stock is owned by one or more veterans. In addition, one or more veterans must control the management and daily business operations.

SERVICE DISABLED VETERAN OWNED SMALL BUSINESS - SDVOSB

"Service disabled veteran owned small business concern" means a small business concern that is at least 51 percent owned by one or more service-disabled veterans (as defined in 38 U.S.C. 101 (16)), or in the case of any publicly owned business at least 51 percent of the stock is owned by one or more service-disabled veterans. In addition, the management and daily business operations must be controlled by one or more service-disabled veterans. In the case of a permanent and severe disability, the spouse or caregiver of such service disabled veteran may control the management and daily operations.

Effective December 22, 2024 - Section 864 of the NDAA for FY2024 eliminated the self-certification for SDVOSBs. After this date, you must provide us your SBA Notification Letter. Please proactively seek certification prior to this date.

For More Information: <https://www.sba.gov/brand/assets/sba/resource-partners/Preparing-for-certification-VetCertFactSheet-508c.pdf>

HUBZone SMALL BUSINESS - HUBZone

"HUBZone small business concern" means a small business concern that has been certified by SBA as a HUBZone Small Business, is located in a Historically Underutilized Business Zone and hires employees who live in a HUBZone. If a business certifies that it is a HUBZone small business, we must verify it in a list of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration. **You must provide us with your HUBZone Notification Letter.**

SMALL DISADVANTAGED BUSINESS - SDB

"Small disadvantaged business concerns" means a small business concern that has received certification as a small disadvantaged business concern consistent with 13 CFR 124, Subpart B; No material change in disadvantaged ownership and control has occurred since its certification; Where the concern is owned by one or more individuals, the net worth of each individual upon whom the verification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and It is identified, on the date of its representation, as a certified small disadvantaged business in the database maintained by the Small Business Administration.

ALASKA NATIVE CORPORATION - ANC

"Alaska Native Corporation" means any Regional Corporation, Village Corporation, Urban Corporation, or Group Corporation organized under the laws of the State of Alaska in accordance with the Alaska Native Claims Settlement Act, as amended (43 U.S.C. 1601, et seq.) and which is considered a minority and economically disadvantaged concern under the criteria at 43 U.S.C. 1626(e)(1). This definition also includes ANC direct and indirect subsidiary corporations, joint ventures, and partnerships that meet the requirements of 43 U.S.C. 1626 (e)(2).

INDIAN TRIBE

"Indian tribe" means any Indian tribe, band, group, pueblo, or community, including native villages and native groups (including corporations organized by Kenai, Juneau, Sitka, and Kodiak) as defined in the Alaska Native Claims Settlement Act (43 U.S.C.A. 1601 et seq.), that is recognized by the Federal Government as eligible for services from the Bureau of Indian Affairs in accordance with 25 U.S.C. 1452(c). This definition also includes Indian-owned economic enterprises that meet the requirements of 25 U.S.C. 1452(e)