Alabama Procurement Technical Assistance Center Program

Your Resource to Winning Government Contracts.

www.al-ptac.org

Introduction to Government Contracting

Monday, 11 July 2011

9:00 Registration, Networking, coffee and pastries
9:30 AM –11:30 Presentation

The Wynfrey Hotel

1000 Riverchase Galleria
Birmingham, AL 35244

Workshop Description: This 2-hour seminar is a must for anyone who is considering doing business with the government. The workshop will include a general overview of how the government buys goods and services and the 10 Step Approach to Government Contracting. Additional topics will include governmental registrations, market research on what the government buys, how government agencies advertise their procurements, understanding "ads" from sources like Fed Biz Ops , introduction to the Federal Acquisition Regulations (FAR), how to find internet marketing opportunities, how to locate subcontracting opportunities with government "prime" contractors, bidding, and much more.

Major Topics: Central Contractor Registration, HUB Zones, Marketing/Sales, Mentor-Protégé, Procurement/Purchasing, Selling to Government, Small Disadvantaged Businesses, Subcontracting, Woman-owned Businesses.

This workshop is open to the public and there is no fee for this workshop

ADVANCE REGISTRATION REQUIRED

Seating is limited

To register now for the event or to receive an information packet containing contracting and procurement information please fill out the form below and send to Lindsey Hammel:

1) Scan/Email to ptac@ua.edu
2) Fax to 205-348-6974
3) Mail to: Alabama PTAC Program
University of Alabama
Box 870396
Tuscaloosa, AL 35487

The Alabama SBDC Network is funded in part through a cooperative agreement with the U.S. Small Business Administration. Reasonable accommodations for persons with disabilities will be made if requested at least two weeks in advance. Contact Lindsey Hammel, Box 870396, Tuscaloosa, AL 35487-0396 or 1-877-825-7232.

July 11, 2011 Introduction to Government Contracting

Alabama SBDC Network

Alabama Procurement Technical Assistance Center Program

THE UNIVERSITY OF ALABAMA

OMB Approval No.:3245-0324
Expiration Date: 11/30/2013

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service _____1a. Type of Client: ☐ Face to Face ☐ Online ☐ Telephone
2. City/State of Office Location_____

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)	**4. Email** **Website**
5. Telephone Primary Secondary	**6. Fax**
7. Street Address/PO Box (Give business address if currently in business) **8. City** **9. State** **10. Zip** +4	

11. I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes ☐ No ☐). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. Please note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.

12. Preferred date & time for appointment Date: Time:	**13. Client Signature** **Date:**

PART II: Client Intake (To be completed by all Clients)

14. Race (Mark one or more)
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ White
☐ Black or African American

15. Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

16.Gender
☐ Male
☐ Female

17. Do you consider yourself a person with a disability? ☐ Yes ☐ No

18. Veteran Status: ☐ Non-Veteran ☐ Veteran ☐ Service-Disabled Veteran

18a. Military Status ☐ Member of Reserve or National Guard ☐ On Active Duty

19. Referred by? (Mark all that apply)
☐ SBA District Office ☐ SBDC ☐ Other Client ☐ Magazine/Newspaper ☐ Other (specify) _____
☐ Lender ☐ USEAC ☐ Educational Institution ☐ Word of Mouth
☐ Business Owner ☐ SCORE ☐ Local Economic Development Official ☐ Television/Radio
☐ SBA Web site ☐ WBC ☐ Chamber of Commerce ☐ Internet (please indicate website)_____

20a. Are you currently in business? ☐ Yes ☐ No **(if no, skip to 30)**
20b. If yes, are you currently exporting? ☐ Yes ☐ No
If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

21. Name of Business

22. Type of Business (choose primary category)
☐ Mining ☐ Manufacturing ☐ Real Estate & Rental & Leasing ☐ Professional, Scientific & Technical Services
☐ Utilities ☐ Finance & Insurance ☐ Health Care & Social Assistance ☐ Management of Companies & Enterprises
☐ Information ☐ Wholesale Trade ☐ Accommodation & Food Services ☐ Agriculture, Forestry, Fishing & Hunting
☐ Construction ☐ Public Administration ☐ Arts, Entertainment & Recreation ☐ Administrative & Support
☐ Retail Trade ☐ Educational Services ☐ Transportation & Warehousing ☐ Waste Management & Remediation Services
☐ Other Services (except Public Administration)

23. Business Ownership What percentage of your business is male or female owned?
_____% Male_____% Female

24. Date Business Started?(MM/YYYY)

25. Do you conduct business online? ☐ Yes ☐ No

26a. Are you a home based business? ☐ Yes ☐ No
26b. Are you 8(a) certified? ☐ Yes ☐ No

27a. Total No. of Employees (Full & PT)_____
27b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT)_____

28a. For your most recent full business year, what were your: Gross Revenues/Sales $_____
+Profits/-Losses $_____
28b. Amount of your Gross Revenues/Sales related to exporting $_____

29. What is the legal entity of your business?
☐ Sole Proprietorship ☐ Corporation ☐ LLC
☐ S-Corporation ☐ Partnership
☐ Other (specify) _____

30. What is the nature of counseling you are seeking? (Choose primary category)
☐ Start-up Assistance (How do I start a small business?)
☐ Business Plan
☐ Financing/Capital (such as applying for a loan, building equity capital)
☐ Managing a Business
☐ Human Resources/ Managing Employees
☐ Customer Relations
☐ Business Accounting/ Budget
☐ Cash Flow Management
☐ Tax Planning
☐ Marketing/Sales (promotion, market research, pricing, etc.)
☐ Government Contracting (including certifications)
☐ Franchising
☐ Buy/Sell Business
☐ Technology/Computers
☐ eCommerce (using the Internet to do business)
☐ Legal Issues (such as, Should I incorporate?)
☐ International Trade

☐Describe specific assistance requested in the space provided_____