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| 1. **Online Representations & Certifications Application** | | | | | | | | | | | | | | |
| For Federal tax reporting purposes, Oak Ridge Associated Universities (ORAU) requires that each supplier provide a current IRS Form W-9, *Request for Taxpayer Identification Number and Certification* and that each supplier maintains a current W-9 on file with ORAU. The complete From W-9 with instructions is available at [**www.irs.gov/pub/irs-pdf/fw9.pdf?porlet=3**](http://www.irs.gov/pub/irs-pdf/fw9.pdf?porlet=3)**.** ORAU reserves the right to make payment withholdings for failure to provide tax reporting information.  The Offeror verifies the representations and certifications are current, accurate, complete, and applicable to this solicitation (including the business size standard applicable to the NAICS code referenced in this RFP), as of the date of this offer. The representations and certifications are incorporated in this offer by reference (see [**FAR 4.1201**](http://www.acquisition.gov/far/05-35/html/Subpart%204_12.html)). | | | | | | | | | | | | | | |
| **Offeror Name:** | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | |
| **Offeror Address:** | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | |
| **Remit to Address:** | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | |
| **Legal Name of Business Organization:**  (*if different from Offeror Name)* | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | |
| **Telephone #** | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | |  | **Fax #:** | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | |
| 1. **Offeror Small Business Representation** | | | | | | | | | | | | | | |
| The Offeror represents that it is a (*based upon the NAICS Code & Size Standard shown below, specific to this RFP):* | | | | | | | | | | | | | | |
| **NAICS Code:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | **Size Standard:** | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **Check all that apply:** | | | | | | | | | | | | | | |
| **SB** Small Business | | **8(a)**  8(a) Participant | | | | | | | | | **VO** Veteran-Owned SB | | | |
| **LB**  Large Business | | **WO**  Women-Owned SB | | | | | | | | | **SDB**  Small Disadvantaged | | | |
| **SDVO** Service-Disabled Veteran Owned Small Business | | | | | | | **HUBZone** Historically Underutilized Business Zones SB | | | | | | | |
| 1. **Unclassified Foreign Visits and Assignments (FV&A) Certification** | | | | | | | | | | | | | | |
| *Certification is required if work under any resulting Agreement will require Subcontractor Employees to work on-site either on DOE Property or in facilities where DOE work is being performed.* | | | | | | | | | | | | | | |
| The Offeror certifies that: | | | | | | | | | | | | | | |
| the Offeror to work under the proposed RFP is a U.S. Citizen; or | | | | | | | | | | | | | | |
| A Foreign National whom will work under the proposed RFP as listed below: | | | | | | | | | | | | | | |
| **Name of Foreign National** | | **Country of Citizenship** | | | | | | | | | **Country of Birth** | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | |
|  | | | | | | | | | | | | | | |
| 1. **Certification** | | | | | | | | | | | | | | |
| By signing below, the Offeror certifies, under penalty of law (15 U.S.C. 645(d)), that these representations are accurate, current, and complete. | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | | | | |
| ***Signature*** | | | | |  | ***Printed Name of Signer*** | | | | | | | | |
|  | | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | |
| ***Title*** | | | | |  | ***Date*** | | | | | | | | |