



**DTE Energy®**

# **Contracted Labor and Services Prequalification Questionnaire**

**Note: It is imperative that this questionnaire be completed in its entirety to be considered for review.**

# Prequalification Questionnaire



## GENERAL

<b>1.</b>	Company Name			Duns No.		Telephone No. (    )	
	Street Address			City		State	ZIP Code
<b>2.</b>	President	Yrs. w/Co.	Vice-President	Yrs. w/Co.	Treasurer	Yrs. w/Co.	Telephone No. (    )
	Request for Quote Contact Person			Title		Co. E-mail Address and Fax No.	
<b>3.</b>	Contract Mailing Address					Federal Tax ID No.	
	City					State	ZIP
<b>4.</b>	Invoice Mailing Address						
	City					State	ZIP

## ORGANIZATION

<b>5.</b>	Business Type (Check One)						
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____						
State of Registration			Date of Registration		No. of Yrs. in Business		

Please respond to all questions (Please see Business "Type" Definitions)

<b>6.</b>	<p> <input type="checkbox"/> Large Business                      <input type="checkbox"/> Small Business  <input type="checkbox"/> Small Disadvantaged Business  <input type="checkbox"/> Women-Owned Business  <input type="checkbox"/> Minority Owned Business  <input type="checkbox"/> Veteran-Owned Small Business      <input type="checkbox"/> Service-Disabled Veteran-Owned  <input type="checkbox"/> Historically Underutilized Business Zone Small Business  <input type="checkbox"/> Other _____                 </p> <p><u>Certification</u>                  Supplier must forward a copy of its U.S. Small Business Administration ("SBA") SDB and/or HUBZone Certification along with this questionnaire; if you have not received certification from the SBA, please consult the SBA's website for the certification process and forward a copy upon completion.                  In addition, if business is certified by a local or regional certifying agency please identify.</p> <p>Agency Name: _____</p>
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<b>7.</b>	Other Names Your Company Has Operated Under
	Under Current Management Since (Date)

<b>8.</b>	Parent Company Name			Duns No.	
	Street Address		City	State	ZIP Code

<b>9.</b>	Subsidiary Name			Duns No.	
	Street Address		City	State	ZIP Code

# Prequalification Questionnaire



### Foreign Corrupt Practices Act (FCPA)

<b>10.</b>	Are you a foreign entity, individual residing outside of the US, foreign government or foreign state-owned or affiliated company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11.</b>	Is your Company acting as an agent (including any sales or purchasing agent), partner, co- or joint-venturer, or consultant of DTE in a foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12.</b>	Will this contract have a foreign element (such as a supplier that has foreign ownership or foreign subcontractors or subvendors) that is not otherwise covered by questions 10 and 11 above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13.</b>	If yes to #12, please specify if you are selling to DTE out of its inventory or if the goods are being made to order. a. ____ Inventory                      b. ____ Made to Order		
<b>14.</b>	Are you providing customs brokering freight-forwarding, logistical support, or import/export services or are you contracting with others for such services on DTE's behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### SERVICES PERFORMED

<b>15.</b>	Are you a General Contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>16.</b>	If not a General Contractor, Identify Major Specialities Performed		
<b>17.</b>	Other Major Types of Work Performed	% Direct Hire	% Subcontract
	A.		
	B.		
	C.		
	D.		

(Use Additional Sheets if Necessary)

<b>18.</b>	Do you have a written QA/QC Program <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a brief description of your company's QA/QC program. (Do not include the manual.) Please check the applicable box <input type="checkbox"/> ISO 90000 Certified <input type="checkbox"/> ISO 14000 Certified
<b>19.</b>	<p>Construction Industry Cost Effectiveness Program (CICE)</p> <p><b>We are particularly interested in knowing your effectiveness in eliminating inefficient work practices, innovative construction techniques, worker motivation and training programs. Who is specifically accountable and responsible for cost saving in your chain of command, and documentable results of your program?</b></p> <p>On a separate sheet, please describe the program followed by your company to maximize cost effectiveness. (If you desire more information about CICE, contact your local Associated General Contractors (AGC), Associated Builders and Contractors (ABC), or other contractor association, or the Michigan Construction Users Council.)</p>

### WORK CLASSIFICATIONS

<b>20.</b>	<p>Check Those Classes of Work in Which You Would be Interested in Bidding and Can Perform as a Single Complete Job</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Electrical</td> <td><input type="checkbox"/> Heavy Hauling-Rigging</td> <td><input type="checkbox"/> Structural</td> <td><input type="checkbox"/> Fire Protection</td> <td><input type="checkbox"/> Insulation-Thermal</td> </tr> <tr> <td><input type="checkbox"/> Mechanical</td> <td><input type="checkbox"/> Underground</td> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Civil</td> <td><input type="checkbox"/> Roofing</td> </tr> <tr> <td><input type="checkbox"/> Architectural</td> <td><input type="checkbox"/> Overhead Construction</td> <td><input type="checkbox"/> Instrumentation</td> <td><input type="checkbox"/> Controls</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>Work Categories: Check the categories in which you are interested in bidding and in which you are qualified to perform work. Feel free to attach additional information clarifying your capabilities and specialties.</p>	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heavy Hauling-Rigging	<input type="checkbox"/> Structural	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Insulation-Thermal	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Underground	<input type="checkbox"/> Demolition	<input type="checkbox"/> Civil	<input type="checkbox"/> Roofing	<input type="checkbox"/> Architectural	<input type="checkbox"/> Overhead Construction	<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Controls	<input type="checkbox"/> Other
<input type="checkbox"/> Electrical	<input type="checkbox"/> Heavy Hauling-Rigging	<input type="checkbox"/> Structural	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Insulation-Thermal												
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Underground	<input type="checkbox"/> Demolition	<input type="checkbox"/> Civil	<input type="checkbox"/> Roofing												
<input type="checkbox"/> Architectural	<input type="checkbox"/> Overhead Construction	<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Controls	<input type="checkbox"/> Other												

(Continued on next page)

# Prequalification Questionnaire



**WORK CLASSIFICATIONS (cont'd)**

**20.**  
*Cont'd*

*(C) denotes work done by company employees*

*(S) denotes work done by subcontractors*

- |  |  |   |
|--|--|---|
| <p><b>1. Air Conditioning/Refrigeration</b><br/> <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> S Comfort Cooling/HVAC<br/> <input type="checkbox"/> <input type="checkbox"/> Process Refrigeration</p> <p><b>2. Buildings</b><br/> <input type="checkbox"/> <input type="checkbox"/> Remodeling<br/> <input type="checkbox"/> <input type="checkbox"/> New (steel, brick, blocks, other)</p> <p><b>3. Cleaning</b><br/> <input type="checkbox"/> <input type="checkbox"/> Industrial<br/> <input type="checkbox"/> <input type="checkbox"/> Janitorial</p> <p><b>4. Civil</b><br/> <input type="checkbox"/> <input type="checkbox"/> Concrete<br/> <input type="checkbox"/> <input type="checkbox"/> Excavation/Grading Paving<br/> <input type="checkbox"/> <input type="checkbox"/> - Asphalt<br/> <input type="checkbox"/> <input type="checkbox"/> - Concrete</p> <p><b>5. Demolition/Dismantling</b></p> <p><b>6. Electrical</b><br/> <input type="checkbox"/> <input type="checkbox"/> General<br/> <input type="checkbox"/> <input type="checkbox"/> High Voltage/High-line<br/> <input type="checkbox"/> <input type="checkbox"/> Heat Tracing<br/> <input type="checkbox"/> <input type="checkbox"/> Cathodic Protection<br/> <input type="checkbox"/> <input type="checkbox"/> Grounding Systems</p> <p><b>7. Inspection &amp; Testing</b><br/> <input type="checkbox"/> <input type="checkbox"/> General NDT<br/> <input type="checkbox"/> <input type="checkbox"/> Infrared Scanning<br/> <input type="checkbox"/> <input type="checkbox"/> Eddy Current Testing<br/> <input type="checkbox"/> <input type="checkbox"/> Acoustic Emission<br/> <input type="checkbox"/> <input type="checkbox"/> Column Scanning<br/> <input type="checkbox"/> <input type="checkbox"/> Civil/Soils<br/> <input type="checkbox"/> <input type="checkbox"/> High Voltage Electrical<br/> <input type="checkbox"/> <input type="checkbox"/> Electrical Ground Inspection<br/> <input type="checkbox"/> <input type="checkbox"/> Fiberglass Inspection<br/> <input type="checkbox"/> <input type="checkbox"/> X-Ray<br/> <input type="checkbox"/> <input type="checkbox"/> Hydro Test<br/> <input type="checkbox"/> <input type="checkbox"/> Other</p> | <p><b>8. Instrumentation</b><br/> <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> S</p> <p><b>9. Insulation</b><br/> <input type="checkbox"/> <input type="checkbox"/> General<br/> <input type="checkbox"/> <input type="checkbox"/> Asbestos Abatement</p> <p><b>10. Linings/coatings for:</b><br/> <input type="checkbox"/> <input type="checkbox"/> Metal<br/> <input type="checkbox"/> <input type="checkbox"/> Concrete</p> <p><b>11. Transmission Pipeline</b> ____ Sizes ____<br/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>12. Distribution Pipeline</b> ____ Sizes ____<br/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>13. Pipeline Inspections/Cleaning/Locating</b><br/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>14. Pipeline Maintenance</b><br/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>15. Welding</b><br/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>16. Excavating</b><br/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>17. Field Maintenance</b><br/> <input type="checkbox"/> <input type="checkbox"/> General<br/> <input type="checkbox"/> <input type="checkbox"/> Hot Tap/line stops<br/> <input type="checkbox"/> <input type="checkbox"/> Leak Sealing (online)<br/> <input type="checkbox"/> <input type="checkbox"/> Field Machining<br/> <input type="checkbox"/> <input type="checkbox"/> Tank/Vessel Code<br/> <input type="checkbox"/> <input type="checkbox"/> Boiler Code<br/> <input type="checkbox"/> <input type="checkbox"/> Exchanger Retubing<br/> <input type="checkbox"/> <input type="checkbox"/> Rotating Equipment<br/> <input type="checkbox"/> <input type="checkbox"/> Valve<br/> <input type="checkbox"/> <input type="checkbox"/> Cooling Tower<br/> <input type="checkbox"/> <input type="checkbox"/> High Alloy Welding (list type)<br/> <input type="checkbox"/> <input type="checkbox"/> Lead Lining<br/> <input type="checkbox"/> <input type="checkbox"/> Glass Lining</p> | <p><b>17. Field Maintenance (continued)</b><br/> <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> S<br/> <input type="checkbox"/> <input type="checkbox"/> Heat Treating<br/> <input type="checkbox"/> <input type="checkbox"/> Nonmetallic materials<br/> <input type="checkbox"/> <input type="checkbox"/> Pipe Fabrication<br/> <input type="checkbox"/> <input type="checkbox"/> Mobile Equipment Repair</p> <p><b>18.</b> <input type="checkbox"/> <input type="checkbox"/> New Construction</p> <p><b>19.</b> <input type="checkbox"/> <input type="checkbox"/> Painting</p> <p><b>20.</b> <input type="checkbox"/> <input type="checkbox"/> Refractory/Acid Brick</p> <p><b>21.</b> <input type="checkbox"/> <input type="checkbox"/> Rigging/Equipment Erection</p> <p><b>22.</b> <input type="checkbox"/> <input type="checkbox"/> Scaffolding</p> <p><b>23.</b> <input type="checkbox"/> <input type="checkbox"/> Scale Maintenance</p> <p><b>24.</b> <input type="checkbox"/> <input type="checkbox"/> Structural Steel Fab/Erection</p> <p><b>25.</b> <input type="checkbox"/> <input type="checkbox"/> Tanks – Field Erection</p> <p><b>26.</b> <input type="checkbox"/> <input type="checkbox"/> Other</p> <p><b>27. Consulting</b><br/> <input type="checkbox"/> <input type="checkbox"/> Mechanical<br/> <input type="checkbox"/> <input type="checkbox"/> Electrical<br/> <input type="checkbox"/> <input type="checkbox"/> Chemical<br/> <input type="checkbox"/> <input type="checkbox"/> Metallurgical<br/> <input type="checkbox"/> <input type="checkbox"/> Controls<br/> <input type="checkbox"/> <input type="checkbox"/> Other</p> |
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**WORKFORCE DEVELOPMENT**

**21.** Please identify 2–3 initiatives that your company is currently undertaking to promote workforce development.

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**MINORITY AND WOMEN OWNED BUSINESS UTILIZATION**

**22.** Please describe your company's past and current utilization of Minority and Women Owned Businesses, as subcontractors, in awarded service contracts.

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# Prequalification Questionnaire



**23.** As a supplier, what plans would you implement to ensure the meaningful participation of Minority and Women Owned Businesses in our projects?


**SALES VOLUME**

<b>24.</b>	Annual Dollar Volume Past Three Years	\$	Yr.	\$	Yr.	\$	Yr.
<b>25.</b>	Largest single contract received in each of the Past Three Years	\$	Yr.	\$	Yr.	\$	Yr.
<b>26.</b>	Desired Project Size	Minimum \$					

**CUSTOMER REFERENCES**

**27.** List three (3) Current Major Customers other than MichCon and/or Detroit Edison

Client's Name		Active Supplier Since Year _____	
Street Address		City	State ZIP
Contact Person	Title	Telephone No. (     )	
Type of Contract	Type of Service Performed	Total Amount Invoiced	Date of Completion
Client's Name		Active Supplier Since Year _____	
Street Address		City	State ZIP
Contact Person	Title	Telephone No. (     )	
Type of Contract	Type of Service Performed	Total Amount Invoiced	Date of Completion
Client's Name		Active Supplier Since Year _____	
Street Address		City	State ZIP
Contact Person	Title	Telephone No. (     )	
Type of Contract	Type of Service Performed	Total Amount Invoiced	Date of Completion

(On a Separate Sheet, List Other References as Desired)

**SERVICES PERFORMED (Cont'd)**

**28.** Indicate geographic areas where your company wishes to work.


# Prequalification Questionnaire



**FINANCES**

<b>29.</b>	Bank Name (Reference)			
	Street Address	City	State	ZIP
	Contact Person		Telephone No. (      )	
	Amount of Bank Line of Credit		Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**30. Attach Audited Balance Sheet for the Last Two Years or Annual Report**

**WE GENERALLY REQUIRE COMPREHENSIVE GENERAL LIABILITY INSURANCE COVERAGE OF \$5 MILLION (\$10 MILLION IF WORKING ON ENERGIZED EQUIPMENT).**

<b>31.</b>	(Surety Company) Name			
	Street Address	City	State	ZIP
	Contact Person		Telephone No. (      )	

**SAFETY**

**32. Please include a letter from your liability insurance agent or carrier listing your applicable worker's compensation Experience Modification Rate (EMR) for the past three (3) years, and for easy reference, list the EMR below.**

**A. SAFETY & HEALTH PERFORMANCE**

1. Workers Compensation Experience Modification Rate (EMR) Data

a. EMR is: <input type="checkbox"/> Interstate rate <input type="checkbox"/> Intrastate rate <input type="checkbox"/> Monopolistic State rate <input type="checkbox"/> Dual rate	b. EMR for last three years: _____ YR _____ YR _____ YR _____ YR
c. State of Origin: _____	d. EMR Anniversary Date _____

2. Provide the following data (excluding subcontractor) using your OSHA 300 and 300A Forms from the past three (3) years:  
*Notes: (1) Data should be the latest available data applicable to the work in this region or area. (2) If your company is not required to maintain OSHA 300 or 300A forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years (3) if data is being provided after July 31st please include current YTD commutative.*  
**(Attach OSHA 300 and 300A Log)**

3. Have you received any regulatory (EPA, MIOSHA, OSHA, etc.) citations in the last three years?  
 If yes, please briefly indicate what was the violation and the citation number:  Yes       No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. SAFETY & HEALTH MANAGEMENT**

1. Safety/health professional in the company:

Title	Contact	Telephone (      )	Fax: (      )
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2. Do you have or provide:

a. Full Time Safety/Health Director, Supervisor or Coordinator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. What professional safety and health certification does this person hold (e.g., CSP, PE, CHI)? _____		

3. Do you have or provide:

a. Safety/Health program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Company paid Safety/Health training	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# Prequalification Questionnaire



**SAFETY (continued)**

**32.**  
*Cont'd*

**B. SAFETY & HEALTH MANAGEMENT (cont'd.)**

4. How many other full-time safety and health representatives are employed by your company? \_\_\_\_\_
5. Name of Safety Representative proposed for this project: \_\_\_\_\_  
Title: \_\_\_\_\_  
What percent of this person's time will be spent on safety and health related matters? \_\_\_\_\_  
Submit copy of Safety Representatives' qualifications with completed questionnaire.

**C. SAFETY & HEALTH PROGRAMS & PROCEDURES**

1. Do you have a written Safety and Health Program?  Yes  No
2. Does your company actively participate in the Safe 2 Work™ Program?  Yes  No
3. Do you have a substance abuse program?  Yes  No
  - a. Does your company have a written drug free workplace program that includes drug testing?  Yes  No  
If yes, submit a copy with your completed questionnaire.
  - b. If the answer to question (a.) is yes, does your written drug free workplace program include the following:
 

Pre-employment drug and alcohol testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post accident drug and alcohol testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For cause drug and alcohol testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Random drug and alcohol testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor and employee training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have a corrective action process for addressing individual safety and health performance deficiencies?  Yes  No
5. If your company is applying to work on gas handling systems, can you comply with the Department of Transportation (DOT) Drug and Alcohol Testing Program and Operator Qualified?  Yes  No
6. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter?  Yes  No  
If no, provide a description of your plan to assure that they can safely perform their jobs.
7. Does your company have a written safety incentive program that will be implemented on this project? If yes, submit a copy with the completed questionnaire or reference page number in the SP.  Yes  No  
\_\_\_ Page No.
8. Does your company have a written procedure to audit projects to ensure all projects are in compliance with applicable laws, requirements, etc.? If yes, submit a copy with the completed questionnaire or reference page number in the SP.  Yes  No  
\_\_\_ Page No.
9. Does your company have a written procedure to screen subcontractors based on their past safety performance? If yes, submit a copy with the completed questionnaire or reference page number in the SP.  Yes  No  
\_\_\_ Page No.
10. Is there any additional information you feel we need to properly evaluate your company's safety and health program? If yes, please explain or attach additional sheets.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. PLEASE ATTACH THE FOLLOWING INFORMATION AS MARKED:**

- Experience Modification Rate on Insurance Carrier's Letterhead
- OSHA 300 / 300A Log
- Drug and Alcohol Policy

# Prequalification Questionnaire



**SAFETY (continued)**

**33. ENVIRONMENTAL**

1. Has your company or any of its officers, directors, managers or employees been found guilty or responsible for violating any environmental laws or regulations? If the answer is yes, the Supply Chain Buyer must contact Environmental Audit Program Coordinator Kathy Shields at 313-235-8226.
2. Does your company have an environmental management system?
3. Does your company take steps to prevent pollution through waste and toxicity reduction, reuse, recycling or purchase of recycled content material?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

**LABOR**

**34.** Do you operate union and/or open shop?

**35.** List union crafts with whom you have local and/or national agreements


**36.** List all Contractor Association/Affiliations (i.e., NECA,ABC, AGC, SMACMA, MCA, USA, etc.)

**37.** List National Maintenance Agreements Policy Committee (NMAPC) Agreements to which your company's signatory

Title of Agreement	Number of Manhours Worked in Last 5 Years

**38.** Collective Bargaining Agreements you are Signatory to:

Craft	Local Number	Holder of your Bargaining Rights

**39.** Labor Relations Manager's Information

Labor Relations Manager Name	Telephone No.
	(    )

**CLAIMS**

**40.** Are there any claims against your company or material/service litigations which would hamper your ability to supply product/service under quoted circumstances?  Yes  No

If yes, please explain




# Prequalification Questionnaire



On behalf of the company identified herein, I certify that the statements and all answers to questions on this form are true and correct.

Name/Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Officer responsible for assuring the accuracy of this document)

**Unless directed otherwise, return completed questionnaire to:**

DTE Energy  
Supply Chain Management  
One Energy Plaza  
Detroit, MI 48226-1279  
ATTN: \_\_\_\_\_

## **BUSINESS “TYPE” DEFINITIONS**

### **1. LARGE BUSINESS**

A business that exceeds the small business size code standards established by the U.S. Small Business Administration as set forth in code of Federal Regulation, Title 13, Part 121.

### **2. SMALL BUSINESS**

A business, qualified as a small business under the criteria in 13 CFR Part 121.

### **3. SMALL DISADVANTAGED BUSINESS**

A small business that is at least fifty-one percent (51%) owned by one or more individuals who are both socially and economically disadvantaged and control the management and daily business operations. African American, Hispanic American, Asian Pacific American, Subcontinent Asian American and Native American (American Indian, Eskimo, and Aleut) are presumed to qualify and others may qualify if they can show they are disadvantaged as provided in FAR 52.219-8, 13 CFR Part 124.

### **4. WOMAN-OWNED BUSINESS**

A business owned, controlled and managed by one or more women as defined in FAR 52.219-8, 48 CFR 2. 101.

### **5. MINORITY OWNED BUSINESS**

A business that is at least fifty-one percent (51%) or more minority-owned, operated and controlled by a United States citizen.

### **6. VETERAN-OWNED SMALL BUSINESS**

A small business that is at least fifty-one percent (51%) owned by one or more veterans (as defined at 38 U.S.C. 101(2)) who control its management and daily business operations as defined in FAR 52.219-8, 48 CFR 2. 101.

### **7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS**

A small business that is owned, controlled and managed by one or more service-disabled veterans (as defined in 38 U.S.C. 101(2)), with a disability that is service-connected, (as defined at 38 U.S.C. 101(16)) (or, in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran) as defined in FAR 52.219-8, 48 CFR 2. 101.

### **8. HISTORICALLY UNDERUTILIZED BUSINESS ZONE SMALL BUSINESS**

A small business that appears on the list of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration pursuant to 13 CFR Part 126.

## **Other**

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