

CFPB Small Business Intake Form

Date Received: _____ (To be filled out by Office of Procurement)

I. Procurement Information

A.) VENDOR NAME:

D.) TELEPHONE NUMBER

B.) POC:

E.) EMAIL ADDRESS:

C.) ADDRESS:

(Street)

F.) OFFICE/DIVISION:

(City, State, Zip)

BRIEF DESCRIPTION OF SPECIALTIES:

NAICS CODE(S):

VENDOR WEBSITE:

SB CLASSIFICATION (PLEASE CHECK ALL THAT APPLY):

- 8(A)
- WOMAN OWNED
- MINORITY OWNED
- VETERAN OWNED
- HUBZONE
- SMALL DISADVANTAGED BUSINESS
- OTHER _____

Please attach your capabilities statement or email to CFPB_Procurement@cfpb.gov

