

## 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](mailto:CFPB_Procurement@cfpb.gov)

