PLEASE COMPLETE AND FORWARD TO DISA'S <u>CORPORATE CONNECTIONS</u> OFFICE SUBJECT LINE FORMAT: DISA INQUIRY – COMPANY NAME (DATE)

INDUSTRY – INQUIRY FORM				
Clearly state your question				
Contact Information for request POC				
Name/Title				
Phone				
E-mail				
Company Information	1			
Company Name/Sector	or:			
Company Website:				
Business Type	Reseller	Service Provider	Integrator	OEM
ls your company a sn	nall business?		Yes	No
If yes, have you met with DISA's Office of Small Business Programs?			Yes	No
Acquisition Data				
Does your company/sector have any ongoing bids or source selections submitted?				
			Yes	No
If yes, please list:				
Does your company have current contracts with DISA?			Yes	No
If yes, please list:				
Is/has your company responding/ed to any current RFIs or RFPs?			Yes	No
If yes, please list:				
Does your company work with DISA through sub contractors?			Yes	No
If yes, please list:				