



## Development Alternatives, Inc. Supplier Profile Form

### Supplier Enrollment Package

All new suppliers who wish to work with DAI are required to fill out the Supplier Enrollment Package. The information provided will be stored in DAI's Supplier Database and will be used for PO creation, invoice payment and general procurement activities

### Instructions

Please note, DAI will not accept incomplete or hand written forms. If a field doesn't apply to your company please insert NOT APPLICABLE or N/A.

All invoices must be submitted directly to DAI accounts payable. DAI prefers that invoices be transmitted electronically. Suppliers who are unable to transmit their invoice/s electronically, should mail the invoice/s to DAI at the address specified below, NOT to the DAI requestor. Suppliers that do not comply with the instructions risk rejection of invoices or payment delays.

Please submit invoices for payment via one of the following:

Email:

[accountspayable@dai.com](mailto:accountspayable@dai.com).

Mailing Address:

Development Alternatives, Inc.  
Attn: Accounts Payable  
7600 Wisconsin Avenue  
Suite 200  
Bethesda, MD 20814

**Checklist** (Check that you have completed and returned the following):

- Supplier Profile Form
- Electronic Fund Transfer Form
- W-9 or W-8 Form



# VENDOR / SUBCONTRACTOR/IC WIRE INFORMATION REQUEST

FILL OUT ALL FIELDS BELOW UNLESS OTHERWISE NOTED

Date \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

*(Exactly as it appears on bank account)*

## BENEFICIARY BANK INFORMATION

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country \_\_\_\_\_

Account # \_\_\_\_\_

SWIFT # \_\_\_\_\_

Routing # \_\_\_\_\_

\* IBAN # \_\_\_\_\_

## CORRESPONDENT / INTERMEDIARY BANK INFORMATION

*(Required for ALL International Wires in USD except wires to  
Canada and Mexico)*

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country \_\_\_\_\_

Account #  
(optional) \_\_\_\_\_

SWIFT # \_\_\_\_\_

Additonal Instructions/comments: \_\_\_\_\_

*Enter 18-digit CLABE # here if  
wiring to Mexico*

\_\_\_\_\_



Development Alternatives, Inc.
Supplier Profile Form

Basic Company Profile

Legal Company Name/Registered Business Name: \_\_\_\_\_

If applicable "Doing Business As" DBA Name: \_\_\_\_\_

Supplier Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province \_\_\_\_\_

ZIP/ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Sales Contact Name: \_\_\_\_\_

Sales Contact Title: \_\_\_\_\_

Sales Contact email: \_\_\_\_\_

Financial Contact Name: \_\_\_\_\_

Financial Contact Title: \_\_\_\_\_

Financial Contact email: \_\_\_\_\_

E-Mail Address for Purchase Order Transmittal: \_\_\_\_\_

Fax Number for Purchase Order Transmittal: \_\_\_\_\_

D&B D-U-N-S Number (if registered): \_\_\_\_\_

US Federal Tax Identification Number (TIN): \_\_\_\_\_

Corporate Website Address: \_\_\_\_\_

Diversity and Business Size Status

Type of Organization:

- Checkboxes for Sole Proprietorship, Partnership, Corporate Entity (not tax-exempt), Corporate Entity (tax-exempt), Government Entity (Federal, State, or Local), Foreign Government, International Organization per 26 CFR 1.6049-4, and Other.

Business Size (http://www.sba.gov/size):

- Checkboxes for Small and Large.

Business Classification (Check all that apply in accordance with FAR Part 19):

- Checkboxes for Nonprofit, Educational Institution, Foreign Entity, Woman-Owned, Small-Disadvantaged\*, Veteran Owned, Service-Disabled Veteran Owned\*, and HUB Zone.

\*Copy of certification must be submitted.



**Development Alternatives, Inc.  
Supplier Profile Form**

If Supplier is owned or controlled by a common parent:

Parent Name: \_\_\_\_\_

Parent EIN: \_\_\_\_\_

Listed on SBA PRONET:

Approximately how many employees do you currently employ?

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

List all North American Industry Classification System Codes (NAICS) that apply to your company:  
(<http://www.census.gov/epcd/www/naics.html>)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In which geographic region(s) would you like to partner with DAI?

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Africa | <input type="checkbox"/> Latin America & the Caribbean |
| <input type="checkbox"/> Asia   | <input type="checkbox"/> North America                 |
| <input type="checkbox"/> Europe | <input type="checkbox"/> South America                 |

Please provide a representative sample of countries and/or states: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the service(s)/product(s) that you offer. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information**

1. What are the beginning and ending dates of your organization's fiscal year?

From (month/day): \_\_\_\_\_ To (month/day): \_\_\_\_\_

2. What currency does your organization use to conduct its business activities? \_\_\_\_\_



**Development Alternatives, Inc.  
Supplier Profile Form**

3. Please provide the following financial information based on your organization's most recent completed fiscal year.

Revenues:           USD   \$ \_\_\_\_\_           Local Currency           \_\_\_\_\_

Expenses:           USD   \$ \_\_\_\_\_           Local Currency           \_\_\_\_\_

Assets:             USD   \$ \_\_\_\_\_           Local Currency           \_\_\_\_\_

Liabilities:         USD   \$ \_\_\_\_\_           Local Currency           \_\_\_\_\_

Exchange rate: \_\_\_\_\_ = USD \$1.00

4. Have you previously provided services on USAID-funded projects?   Yes            No

If yes, please list up to 3 of your most recent projects, including project name, country, total contract value and if you were the subcontractor or prime contractor:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5. Does your organization use indirect cost rates?   Yes            No

If yes, please provide a copy of your indirect cost rate calculation.

6. Do you have a Negotiated Indirect Cost Rate Agreement (NICRA)?   Yes            No

If yes, please provide a current copy.

**Fund Control and Accounting System**

1. How are your transactions recorded?

Manual ledger system – indicate ledgers used: \_\_\_\_\_

Computerized system – indicate software used: \_\_\_\_\_

2. Is there a chart of accounts?                   Yes            No

3. Is a double entry accounting system used?   Yes            No

4. Does your organization have a written accounting policies and procedures manual?

Yes     No

5. On what basis are your financial reports issued?   Cash            Accrual

6. How often are financial reports prepared:

Monthly     Quarterly     Annually     Not prepared (please explain)

\_\_\_\_\_



**Development Alternatives, Inc.  
Supplier Profile Form**

7. Are timesheets used to record employees' total direct and indirect time charges?

Yes  No

If yes, please attach a copy of the timesheet.

8. Does your accounting system segregate direct costs from indirect costs?

Yes  No

9. Does your accounting system identify the receipt and expenditure of funds separately for each grant and/or contract?

Yes  No

10. Does the accounting system provide for the recording of grant/contract costs according to categories of the approved budget?

Yes  No

11. Are you familiar with the cost principles (Federal Acquisition Regulations Part 31.2, OMB Circular A-21, or A-122 as appropriate) and procedures for the determination and allowance of costs in connection with federal grants and contracts?

Yes  No

12. Is a separate bank account maintained for grant/contract funds?

Yes  No

13. If a separate account is not maintained, can the grant/contract funds and related expenses be readily identified?

Yes  No

14. Is your institution's accounting system designed to detect errors in a timely manner?

Yes  No

15. Are reconciliations between bank statements and accounting records performed monthly and reviewed by an appropriate individual?

Yes  No



## Development Alternatives, Inc. Supplier Profile Form

### Internal Controls

Internal controls are procedures which ensure that: 1) financial transactions are approved by an authorized individual and are consistent with U.S. laws, regulations and your institution's policies; 2) assets are maintained safely and controlled; and 3) accounting records are complete, accurate and maintained on a consistent basis. Please complete the following questions concerning your institution's internal controls.

1. Does your institution maintain a record of how much time employees spend on different projects or activities? If yes, how?

Yes  No

2. Do you maintain inventory records for your institution's equipment? If no, explain.

Yes  No

3. How often do you check actual inventory against inventory records?

4. Are all financial transactions approved by an appropriate official?

Yes  No

5. Is the person(s) responsible for approving transactions familiar with U.S. Federal Cost principles as described in Federal Acquisition Regulations Part 31.2, OMB Circular A-21, or A-122 as appropriate?

Yes  No

6. Does your institution use a payment voucher system or some other procedure for the documentation of approval by an appropriate official?

Yes  No

7. Does your institution require supporting documentation (such as original receipts) prior to payment for expenditures?

Yes  No

8. Does your institution require that such documentation be maintained over a period of time? If yes, how long are such records kept?

Yes  No

9. Are different individuals within your institution responsible for approving, disbursing, and accounting of transactions?

Yes  No

10. Are the functions of checking the accuracy of your accounts and the daily recording of accounting data performed by different individuals?

Yes  No



Development Alternatives, Inc.
Supplier Profile Form

Audit

1. Is your organization audited on an annual basis? Yes [ ] No [ ]

If yes, please attach a copy of the audited financial statements (including a Balance Sheet and Income Statement) for the last two fiscal years.

If no, has your organization ever been audited? \_\_\_\_\_

2. If you do not have a current audit of your financial statements, please provide this office with a copy of the following financial statements, if available:

- a. A Balance Sheet for the most current and previous year; and
b. An Income Statement for the most current and previous year;
c. A Cash Flow Statement for the most current and previous year.

3. Are there any circumstances that would prevent your institution from obtaining an audit?

Yes [ ] No [ ]

If yes, please provide details:

Agreement

I have read, agree and affirm that all of my statements and information provided in this application are true and complete. I acknowledge that false, undisclosed, incomplete or misleading information herein may constitute grounds for disqualification as a supplier to Development Alternatives, Inc.

By agreeing, I understand that this application is for registration purposes only and does not constitute an offer to enter into an agreement. DAI reserves the right to reject all applications in whole or in part, and/or enter into negotiations with any party to provide goods or services, whether or not an application has been submitted. DAI will not have any obligation to an interested party unless and until it has entered into a written agreement or issued a valid purchase order with the interested parties on terms and conditions satisfactory to DAI. DAI entering into negotiations with an interested party with respect to any response or otherwise shall not be deemed to be an acceptance of such response or an agreement with an interested party.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_





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Supplier Profile Form

Representations and Certifications of Compliance

- 1. Federal Excluded Parties List - The Supplier is not presently debarred, suspended, or determined ineligible for an award of a contract by any Federal agency.
2. Certification and Disclosure Regarding Payment to Influence Certain Federal Transactions - The Supplier certifies that it currently is and will remain in compliance with FAR 52.203-11, Certification and Disclosure Regarding Payment to Influence Certain Federal Transactions.
3. Organizational Conflict of Interest - The Supplier certifies that will comply FAR Part 9.5, Organizational Conflict of Interest. The Supplier certifies that is not aware of any information bearing on the existence of any potential organizational conflict of interest. The Supplier further certifies that if the Supplier becomes aware of information bearing on whether a potential conflict may exist, that Supplier shall immediately provide DAI with a disclosure statement describing this information.
4. Business Size and Classification(s) - The Supplier certifies that is has accurately and completely identified its business size and classification(s) herein in accordance with the definitions and requirements set forth in FAR Part 19, Small Business Programs.
5. Drug-Free Workplace - The Supplier certifies that it complies with the Drug-Free Workplace Act of 1988 (45 CFR Part 76, Subpart F) and, further, understands that any violation of the prohibitions of this Act is a breach of contract and can result in default action.
6. Federal Civil Rights Act - The Supplier certifies that it conforms to the provisions of the Federal Civil Rights Act of 1964, as amended and does not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, or disabilities.
7. Americans with Disabilities Act - The Supplier certifies that it complies with the Americans with Disabilities Act.
8. Equal Opportunity - The Supplier certifies that it does not discriminate against any employee or applicant for employment because of age, sex, religion, handicap, race, creed, color or national origin.
9. Federal Acquisition Regulation (FAR) - The Supplier certifies that it is familiar with the Federal Acquisition Regulation (FAR) and is in not in violation of any certifications required in the applicable clauses of the FAR, including but not limited to certifications regarding lobbying, kickbacks, equal employment opportunity, affirmation action, and payments to influence Federal transactions.

The information contained in this offer is current, accurate and complete to the best of my knowledge and belief.

Name of Authorized Official Title Signature Date