



Supplier Evaluation Questionnaire

Version 1.0

Released September 2022

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PART A: SUPPLIER INFORMATION

1. Company Name: _____
2. What products/services does the company offer: _____
3. Type of Business (select one):

A U.S. Corporation, incorporated under state laws in _____

U.S. Government Agency

U.S. Partnership

U.S. Individual

U.S. Non-Profit subject to OMB A-133

Foreign Individual

Foreign Partnership

Foreign Corporation

Foreign Government Agency

4. Existing Supplier New Supplier

5. Company Address: _____

6. Remit to Address: _____

7. Supplier Website: _____

8. Phone Number: _____

9. Fax Number: _____

10. Number of Employees: _____

11. Contacts

Person Completing Form

Name: _____ Phone: _____

Title: _____ Email: _____

Customer Service

Name: _____ Phone: _____

Title: _____ Email: _____

Outside Sales

Name: _____ Phone: _____

Title: _____ Email: _____

Engineering

Name: _____ Phone: _____
Title: _____ Email: _____

Quality

Name: _____ Phone: _____
Title: _____ Email: _____

Accounts Receivable

Name: _____ Phone: _____
Title: _____ Email: _____

Compliance Specialist

Name: _____ Phone: _____
Title: _____ Email: _____

Export Specialist

Name: _____ Phone: _____
Title: _____ Email: _____

PART B: FINANCIAL STATUS

1. When was your company formed? _____
2. How long has your company been at their current location _____
3. How long has your company been under its present name? _____
Previous name? _____
4. Bank Information, for the purpose of financial reference:
 - Name of Bank _____
 - Address of Bank _____
 - Account number(s) _____
 - Name on Account _____
 - Email address for Remittance _____
 - Telephone Number _____
 - Contact Name and contact phone number (if different) _____
5. VAT:
 - Federal Taxpayer Identification Number _____
 - Tax Location _____
6. Or Social Security Number of Holder and Name of Holder _____
7. Dun & Bradstreet Number _____
8. Unique Entity Identifier (UEI) Number _____

PART C: INSURANCE INFORMATION

Insurance (Submit with Certificate of Insurance Documentation)

1. Employers Liability Insurance

Name of Insurer _____

Address _____

Type of Insurance _____

Policy Numbers _____

Expiration Date _____

Limits of Indemnity _____

Excess (if any) _____

2. Public Liability/Product Liability Insurance

Name of Insurer _____

Address _____

Type of Insurance _____

Policy Numbers _____

Expiration Date _____

Limits of Indemnity _____

Excess (if any) _____

3. Other Insurance (I.E. Workers Compensation Insurance)

Name of Insurer _____

Address _____

Type of Insurance _____

Policy Numbers _____

Expiration Date _____

Limits of Indemnity _____

Excess (if any) _____

PART D: BUSINESS PROBITY

Do any of the following criteria apply:

- Is the organization bankrupt or being wound up, having its affairs administered by the court, or have you entered an arrangement with creditors, suspended business activities or any analogous situation arising from similar proceedings under national laws or regulations? _____
- Is the organization the subject of proceedings for a declaration of bankruptcy, for compulsory winding-up or administration by the court or for an arrangement with creditors or of any other similar proceedings under national laws or regulations?

PART E: EXPORT COMPLIANCE

Supplier shall comply with all applicable United States export/import control laws and regulations, including, but not limited to, the requirements of the U.S. Customs and Border Protection; the Arms Export Control Act (22 U.S.C. §§ 2778 et seq.), and the International Traffic in Arms Regulations (22 C.F.R. Parts 120-130); the Export Control Reform Act of 2018 and the Export Administration Regulations (15 C.F.R. Parts 730-734.); the U.S. anti-boycott Laws administered by the U.S. Department of Commerce's Bureau of Industry and Security ("BIS") and the U.S. Department of the Treasury's International Revenue Service; and any law, executive order or implementing regulations of the U.S. Department of the Treasury Office of Foreign Assets Controls ("OFAC") (31 C.F.R. Parts 500-599). Supplier shall obtain all required export licenses or agreements necessary to perform Supplier's Work, as applicable. Seller acknowledges that any person who engages in the United States in the business of manufacturing, exporting, or brokering of defense articles or furnishing defense services is required to register with the Directorate of Defense Trade Controls. Manufacturers who do not engage in exporting must nevertheless register. This registration requirement is in accordance with the ITAR 22 CFR 122.1. <http://www.pmdtc.state.gov/registration/index.html> _____ initial

Supplier represents that they and any of its subsidiaries or, any director, officer, manager, or employee of Supplier are not (1) included on any of the restricted party lists maintained by the U.S. Government, including the Specially Designated Nationals List administered by OFAC, Denied Parties List, Unverified List or Entity List maintained by BIS, or the List of Statutorily Debarred Parties maintained by the U.S. State Department's Directorate of Defense Trade Controls. BIS maintains the list at <http://www.bis.doc.gov/index.php/policy-guidance/lists-of-parties-of-concern>; (2) directly or indirectly owned or controlled 50% or more by any person currently included on any of the sanctions lists in (1); and (3) directly or indirectly owned or controlled 50% or more by any person who is located, organized, or resident in a country or territory that is, or whose government is, the target of sanctions imposed by OFAC or any other governmental entity. _____ initial

Do you design work outside of the United States? _____

Do you have a manufacturing facility outside of the United States? _____

Do you ship from a facility located outside the United States? _____

Do you employ foreign nationals (i.e., non-U.S. persons) in the United States? _____

If you design work from outside the United States, have a manufacturing facility outside the United States, ship from outside of the United States, or employ foreign nationals in the United States, please identify the relevant country/countries and/or nationalities:

Commercial and Government Entity Code (CAGE Code) (note N/A if not applicable): _____

North American Industry Classification System (NAICS) Code: _____

Provide the export control codes (whether a Commerce Control List (“CCL”) Export Control Classification Number (“ECCN”) or United States Munitions List (“USML”) classification) for each export-controlled deliverable (including codes from sub-tier suppliers) and for all export-controlled content:

PART F: SERVICE OPERATION & QUALITY SYSTEMS

1. Does your company have a defined and documented Quality policy statement? _____
2. What is the company's retention period for documents? _____
3. Does your company have a Quality Manual? (Please share) _____
4. Please provide details of all Quality Assurance Certifications (e.g. ISO 9001, AS9100, etc.) _____
5. Is your organization in the process of attaining further certifications? _____
6. Please describe your management review process, including frequency of management reviews.
7. Please describe your Corrective Action Preventive Action (CAPA) process.
8. Please outline your company's internal quality audit process.
9. Please outline your incoming and in-process inspection process.
10. Are applicable drawings and specifications referenced or included on purchase orders to lower-tier sources? _____
11. Please outline the process for Supplier Management, including selection, approval, scope of approval, monitoring, and change control.

12. Please describe your processes for screening parts, components and materials to ensure substandard, defective, and counterfeit parts do not enter the supply chain.
13. Does your company offer the right of access to customers and regulatory authorities to the applicable areas in all facilities? _____
14. Provide details of plant, technical equipment, and floor space available for producing applicable Hidden Level products.
15. What plans or goals do you have to expand manufacturing capabilities and/or invest in capital improvement?
16. Where will Hidden Level products be manufactured and shipped from?

17. What is the current level of applicable capacity? _____
18. What Contingency Plans (Disaster Recovery Plans) are in place to ensure continuity of service in the event of a fire, flood, epidemic, or another disruptive event?

PART G: HEALTH & SAFETY INFORMATION

Please provide a copy of your company's Health and Safety Policy

PART H: EQUALITY & DIVERSITY INFORMATION

1. Does your company have a written equality and diversity policy? _____
 - o If yes, please provide a copy.

2. Is your company a:
 - Small Business
 - Woman-Owned Small Business (WOSB)
 - Veteran-Owned Small Business
 - Service-Disabled Veteran-Owned Company
 - Certified Small Disadvantaged Business (includes Minority-Owned) by the Small Business Administration
 - Certified HUBZone Small Business by the Small Business Administration

3. Are you a Historically Black College or University (HBCU), Minority Institution (MI), or Tribal College or University (TCU)? _____ if Yes, identify which one:

4. If yes to any of the above, please identify your certifying agency or agencies:

5. If Minority-Owned, please check

Black/African American	Native American/Alaskan Native
Latino/Hispanic	Asian
Native Hawaiian/Pacific Islander	Other_____

PART I: ENVIRONMENTAL INFORMATION

1. Does your company/facility have a written and approved Environmental policy statement? _____ (If yes, please provide a copy)

2. Does your company/facility have an Environmental Management System (EMS) in operation? _____

3. Is your company/facility currently registered to ISO 14001 or other standard? _____

PART J: CONFLICT MINERALS QUESTIONNAIRE

1. Do you supply Hidden Level with products containing gold, tin, tantalum, tungsten and their derivatives (“Conflict Minerals”) that are not derived from (1) recycled metals, which are reclaimed end-user or post-consumer products, or (2) scrap processed metals created during product manufacturing, including excess, obsolete, defective, and scrap metal materials which contain refined or processed metals that are appropriate to recycle in the production of tin, tantalum, tungsten and/or gold, but excluding minerals partially processed, unprocessed or a bi-product from another ore? _____

2. Does your company have a Conflict Minerals Policy? _____

3. Is your Policy Publicly available? _____
 - URL: _____
 - If no, please provide a copy

****Please communicate changes back to us**