Global Management Investments, LTD

1629 k Street NW
Washington DC 20006
2029938514

By selecting "I Agree" below you agree for Global Management Investments, LTD to set up and maintain a SAM email address that will be used to filter the emails that are sent to your SAM Point of Contact. This will eliminate the spam email being sent to the company and only the pertinent email regarding your registration will be forwarded to the Government Business Point of Contact listed in the worksheets.

☐ I Agree

Personal Information

DUN's Number (If Applicable): _____

Legal Business Name: _____

DBA: _____

Website _____

Business Physical Address _____

City/State _____

Zip Code: _____ Zip Plus 4: _____

Mailing Address: ☐ Check if same as physical address

Mailing Address (PO Box is acceptable): _____

City/State _____ Zip Code + 4 _____

Tax Information

Tax Payer Name (if sole proprietor provide full name as listed on Social Security Card) _____

EIN/TIN: _____

SSN (If sole proprietor): _____

Current Contracts

Do you currently have a contracting officer that you are working with? Please provide their contact information so we can keep them up to date on your registration process.

Name: _____

Phone: _____

Email: _____

General Information

Check only those which apply currently to your Company or Organization

Type of Corporation:

- □ Corporation (non tax exempt)
- □ S Corp
- □ Corporation (tax exempt)

State of Corporation Or County (if other than the US)

- □ Sole Proprietorship
- □ Partnership or Limited Liability Partnership
- □ Limited Liability Corporation
- □ Manufacturer of Goods
- □ Small Agricultural Coop
- □ For Profit Organization
- □ Nonprofit Organization
- □ U.S Government Entity
  - □ Federal
  - □ State
  - □ Local
- □ Foreign Government
  - □ International Organization
  - □ Foreign Owned and Located
  - □ Other

Business Type(s) Check all that apply if any:

- □ Self-Certified Small Disadvantage Business
- □ Veteran Owned Business
  - □ Service Disabled Veteran Owned Business
- □ Woman Owned Business
- □ Minority Owned Business
  - □ Asian-Pacific American Owned
  - □ Subcontinent Asian (Asian Indian) American Owned
  - □ Black American Owned
  - □ Hispanic American Owned
  - □ Native American Owned
  - □ Other _____

If your organization is Federally Recognized Native American Entity, check all that apply:

- □ Alaskan Native Corporation Owned Firm
- □ Indian Tribe (federally recognized)
- □ Tribally Owned Firm
- □ Community Development Corporation
- □ American Indian Owned
- □ Native Hawaiian Organization Owned Firm
- □ Domestic Shelter

Educational Institution

- □ 1862 Land Grant College
- □ 1890 Land Grant College
- □ 1994 Land Grant College
- □ Historical Black College/University
- □ Minority Installation
- □ School of Forestry
- □ Tribal College
- □ Native Hawaiian Servicing Institution
- □ Hispanic Servicing Institution
- □ Veterinary College
- □ Private University or College
- □ State Controlled Institution of Higher Learning
- □ Alaskan Native Servicing Institution

- □ Foundation
- □ Hospital
- □ Veterinary Hospital
- □ YES- Certified DBE (Disadvantaged Business Enterprise)

Ownership Information

Are you owned or controlled by a parent company? Yes No
If yes, does the parent company do business with the government? Yes No
Parent Companies DUNS:_____

Parent Companies CAGE Code:_____

Address:_____

City:_____State:_____Zip Code + 4_____

Tax ID:_____Number of Employees:_____

- □ Woman Owned Business
- □ SBA Certified Small Disadvantaged Business?
- □ Other Small Disadvantaged Business?

Parent Companies Point of Contact:_____

Email: _____

Financial Information

This information is required for the SAM registration. The application cannot be completed without it. This is for SAM input only (attaching a voided check is Recommended.

Do you accept Credit Cards as a method of payment? Yes No

Electronic Funds Transfer Information (EFT)

ABA Routing Number (first 9 digits):_____

Account Number: _____

- □ Checking
- □ Savings

Bank Phone:_____Bank Fax: _____

Business Remittance Address (business payment address):

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code + 4 _____

Please attach a copy of a voided check for verification

Please sign as an authorized officer of your company and attest to the truthfulness of this information:

Print Name: _____

Signature: _____

Date: _____

Executive Compensation

If your company receives more than $25,000,000.00 in gross revenues from government grants, loans, and contracts and 80% or more of your total company revenue is from government grants, loans, or contracts, you must list the top 5 wage earners, their salaries, and titles ***unless that information is already publicly published.***

1. Name: _____

   Title: _____ Salary: _____

2. Name: _____

   Title: _____ Salary: _____

3. Name: _____

   Title: _____ Salary: _____

4. Name: _____

   Title: _____ Salary: _____

5. Name: _____

   Title: _____ Salary: _____

Proceedings Questions

Is your business or organization currently a party to any "proceedings"?

(1) criminal proceeding resulting in a conviction or other acknowledgment of fault;
(2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than $5,000, or other acknowledgment of fault; and/or
(3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than $5,000 or reimbursement, restitution, or damages greater than $100,000, or other acknowledgment of fault YES NO

Does your business or organization have total active grants or contracts greater than $10,000,000? Yes NO

Goods and Services

SAM uses NAICS Codes North American Industrial Classification Code to identify what product or service your business proves. If you know which codes apply to your business please list them here:

Primary NAICS Code: NAICS Code:_____

NAICS Code: _____NAICS Code: _____

NAICS Code: _____NAICS Code: _____

NAICS Code: _____NAICS Code: _____

NAICS Code: _____NAICS Code:_____

Otherwise please write a brief description of your business goods or services here:

Please explain:

Your business size will be determined by your NAICS Codes and your number of employees or annual revenue.

Number of Employees: _____Average Annual Revenue:_____

Please sign as an officer of the company to attest to the truthfulness of this information.

Print Name: _____

Signature: _____

Representations & Certifications

The Yellow boxes delineate answers that would require additional information that we need to gather in order to finish submitting your ORCA information. These boxes are not preselected for you. They are simply color coded to let us know that more information may be required. Someone will be contacting you for this information.

1. Who is responsible for determining prices offered on bids/proposals? (There can be multiple)

   Name/Title:_____

   Name/Title:_____

2. Does your company have other plants/facilities used to perform on contracts? (Please provide address, owner name, and owner address on a separate sheet for all additional locations.) Yes No Not Sure
   Please provide address; if applicable:_____

3. Does your company have any recovered material content?
   Yes No Not Sure

   If yes, does it meet EPA Guidelines? Yes No Not Sure

4. Is your company owned or controlled by a common parent company that files its taxes on a consolidated basis? Yes No Not Sure

   If yes, Company Name:_____

5. Is anyone affiliated with your company currently debarred, suspended, proposed for debarment, or declared ineligible for contract awards?
   Yes No Not Sure

6. In the past three years, has anyone affiliated with your company been convicted or had a civil judgment rendered against for fraud or criminal offense in connection with obtaining or performing public contracts, subcontracts, or violation of federal or state antitrust statues relating to embezzlement, theft, forgery, bribery, destruction of records, making false statements, tax evasion, violating tax laws, or receiving stolen property?
   Yes No Not Sure

7. Is anyone affiliated with your company indicted or charged by a governmental entity for the offenses mentioned above? Yes No Not Sure

8. In the past three years has your company been notified of more than $3000 in delinquent taxes that have not been paid? Yes No Not Sure

9. Within the past three years has your company been terminated from government contracts?

Yes No Not Sure

10. Is your company working in a joint venture with any companies that are HUBZone or Small Disadvantaged business, Yes No Not Sure
    If yes, Company Name: _____

11. Do you provide any DATA to the government that qualifies as limited rights data or restricted computer software? Yes No Not Sure

12. Have you submitted a Small Disadvantaged Business Concern application to the SBA and a decision is pending? Yes No Not Sure

13. Does your company deliver any end products that are on the list of products requiring Federal Contractor Certification as to Forced or Indentured Child Labor under Executive order? Yes No Not Sure

14. Has your company held previous contracts or subcontracts subject to Equal Opportunity Act? Yes No Not Sure

15. Are any end products delivered to the government by your company considered foreign end products? Yes No Not Sure

16. Have you filed all required Equal Employment Opportunity compliance reports (Applicable to Non--Construction companies with over 50 employees only)? Yes No Not Sure

17. Have you held previous contracts subject to affirmative action program requirements? Yes No Not Sure

18. Have you developed and have on file affirmative action programs required by Secretary of Labor? Yes No Not Sure

19. Does your company provide Maintenance, calibration, or repair of information technology, scientific and medical and/or office and business equipment? Yes No Not Sure
    a. If yes does your company sell the equipment or service to the general Public? Yes No Not Sure
    b. Does your company sell the services furnished based on established market prices or catalog prices? Yes No Not Sure
    c. Does your company offer the same wage and fringe benefits for employees servicing government contracts as commercial contracts Yes No Not Sure

20. Does your business provide services pertaining to vehicle repair, hotel/motel services financial services involving cards, transportation of persons, relocation services, real estate services, or maintenance, calibration, repair, and/or installation of equipment performed by the manufacturer or supplier of the equipment? Yes No Not Sure

a. If yes does your company sell the equipment or service to the general Public?
Yes No Not Sure

b. Does your company sell the services furnished based on established market prices or catalog prices? Yes No Not Sure

c. Does your company offer the same wage and fringe benefits for employees servicing government contracts as commercial contracts
Yes No Not Sure

d. Does your company ensure that each employee performing these services will only spend a small portion of their time (average of 20% or less, either monthly or throughout the duration of the contract) servicing the Government contract?
Yes No Not Sure

21. Does your company wish to bid on, or currently hold any DoD-issued or DoD-funded contracts? Yes No Not Sure
If yes do you anticipate that supplies will be transported by sea in the performance of any contract or subcontract? Yes No Not Sure

22. Are your prices set by a foreign government? Yes No Not Sure

23. Is your company a foreign entity in which the government of a covered foreign country has an ownership interest that enables the government to affect satellite operations?
Yes No Not Sure

24. Is your company a foreign entity that plans to provide or use launch or other satellite services under the contract from a covered foreign country?
Yes No Not Sure

25. Is your company offering commercial satellite services provided by a foreign entity in which the government of a covered foreign country has an ownership interest that enables the government to affect satellite operations? Yes No Not Sure

28. Is your company offering commercial satellite services provided by a foreign entity that plans to or is expected to provide or use launch or other satellite services under the contract from a covered foreign country? Yes No Not Sure

There may be additional information that we need to gather in order to finish submitting your Representations and Certifications. Someone will be contacting you for this information. Please provide the best phone number to reach you if different from that at the beginning of the worksheet.

Phone: _____

Global Management Investments LTD requires an officer of the company to sign with the submittal of this information. I attest the above information is true and legally binding:

Print Name:_____

Signature:_____ Date:_____

Accounts Receivable Contact

Name: _____

Email: _____

U.S. Phone:_____ Ext:_____ Fax:_____

Primary Electronic Business Point of Contact

Name: _____

Address_____

City_____ State _____ Zip Code _____

Email:_____

Phone: _____ Fax: _____

Alternate Electronic Business Point of Contact

Name: _____

Address_____

City_____ State _____ Zip Code _____

Email:_____

Phone: _____ Fax: _____

Primary Government Business Point of Contact

Name: _____

Address_____

City_____ State _____ Zip Code _____

Email:_____

Phone: _____ Fax: _____

Alternate Government Business Point of Contact

Name: _____

Address_____

City_____State _____Zip Code _____

Email:_____

Phone: _____Fax: _____

By signing below I authorize Global Management Investments LTD to submit and maintain my SAM registration as outlined in the terms and conditions of our agreement. I agree not to change for modify any information in the SAM registration for the duration of our agreement without consulting with Global Management Investments LTD first.

Print Name: _____

Signature:_____

Date: _____