



RUFFIN CONSULTING

7(j) Federal Contracting Readiness (FCR) Program Small Business Initial Assessment Form A

Business Name: _____

Owner Name: _____, _____
(Last Name) (First Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

1. At Least Two (2) Years in Business: Yes No Date Established: _____

2. Two (2) Years Tax Return: Yes No (Please send with Initial Assessment Form)

3. System Award Management (SAMs) Registration: Yes No

a. If yes, please provide: DUNS Number: _____ Cage Number: _____

4. Completed SBA Form 413: Yes No (Please send with Initial Assessment Form)

5. How did you learn about Ruffin Consulting's 7(j) FCR Program?

6. Does your firm have a Capability Statement? Yes (Please send with Initial Assessment Form)

No (Please complete data below:)

- Primary NAICS Code: _____

- Secondary NAICS Code(s): _____

- Business Narrative: _____

- Small Business Certifications: _____

If you have any questions and/or concerns, please feel free to contact our office at 615.528.1110.