



DTE Energy®

Materials/Equipment Supplier Prequalification Questionnaire

Note: It is imperative that this questionnaire be completed in its entirety to be considered for review.

Prequalification Questionnaire



GENERAL

1.	Company Name			Duns No.	Telephone No. ()		
	Street Address		City		State	ZIP Code	
2.	President	Yrs. w/Co.	Vice-President	Yrs. w/Co.	Treasurer	Yrs. w/Co.	Telephone No. ()
	Request for Quote Contact Person			Title	Co. E-mail Address and Fax No.		
3.	Contract Mailing Address					Federal Tax ID No.	
	City					State ZIP	
4.	Invoice Mailing Address						
	City					State ZIP	

ORGANIZATION

5.	Business Type (Check One)					
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____					
State of Registration			Date of Registration		No. of Yrs. in Business	

Please respond to all questions (Please see Business "Type" Definitions)

6.	Business Status (Check One)					
	<input type="checkbox"/> Large Business <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Women-Owned Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Veteran-Owned Small Business <input type="checkbox"/> Service-Disabled Veteran Owned Small Business <input type="checkbox"/> Historically Underutilized Business Zone Small Business <input type="checkbox"/> Other _____					
Certification						
Supplier must forward a copy of its U.S. Small Business Administration ("SBA") SDB and/or HUBZone Certification along with this questionnaire; if you have not received certification from the SBA, please consult the SBA's website for the certification process and forward a copy upon completion. In addition, if business is certified by a local or regional certifying agency please identify.						
Agency Name: _____						

7.	Other Names Your Company Has Operated Under					
	Under Current Management Since (Date)					

8.	Parent Company Name				Duns No.	
	Street Address		City		State	ZIP Code

9.	Subsidiary Name				Duns No.	
	Street Address		City		State	ZIP Code

Prequalification Questionnaire



Foreign Corrupt Practices Act (FCPA)

10.	Are you a foreign entity, individual residing outside of the US, foreign government or foreign state-owned or affiliated company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Is your Company acting as an agent (including any sales or purchasing agent), partner, co- or joint-venturer, or consultant of DTE in a foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Will this contract have a foreign element (such as a supplier that has foreign ownership or foreign subcontractors or subvendors) that is not otherwise covered by questions 10 and 11 above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	If yes to #12, please specify if you are selling to DTE out of its inventory or if the goods are being made to order. a. ____ Inventory b. ____ Made to Order		
14.	Are you providing customs brokering freight-forwarding, logistical support, or import/export services or are you contracting with others for such services on DTE's behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MATERIAL/EQUIPMENT OFFERED

15.

16.	Plant and/or shop locations					
	Street	City	State	Zip	Number of Employees	Physical Size (Square Footage)
	Street	City	State	Zip	Number of Employees	Physical Size (Square Footage)
	Street	City	State	Zip	Number of Employees	Physical Size (Square Footage)

17. Do you have a written QA/QC Program? Yes No If yes, Please Attach a Brief Description of Your Company's QA/QC Program. (Do not include the manual.) Please check applicable box ISO 9000 Certified ISO 14000 Certified

18.	Annual Dollar Volume Past Three Years			
	\$	Yr.	\$	Yr.
	\$	Yr.	\$	Yr.

MINORITY AND WOMEN-OWNED BUSINESS UTILIZATION

20. Please describe your Company's past and/or current utilization of Minority and Women Owned Business, as subcontractors, in awarded service contracts.

21. As a supplier, what plans would you implement to ensure the meaningful participation of Minority and Women-Owned Businesses in MichCon and/or Detroit Edison contracts?

Prequalification Questionnaire



FINANCES

22.	Bank Name (Reference)			
	Street Address	City	State	ZIP
	Contact Person	Telephone No. ()		
	Amount of Bank Line of Credit	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No		

23. Attach Audited Balance Sheet for the Last Two Years or Annual Report

CUSTOMER REFERENCES

24. List three (3) Current Major Customers other than MichCon and/or Detroit Edison

Client's Name		Active Supplier Since Year _____		
Street Address	City	State	ZIP	
Contact Person	Title	Telephone No. ()		
Type of Contact	Type of Service Provided	Total Invoiced Amount	Date of Completion	
Client's Name		Active Supplier Since Year _____		
Street Address	City	State	ZIP	
Contact Person	Title	Telephone No. ()		
Type of Contact	Type of Service Provided	Total Invoiced Amount	Date of Completion	
Client's Name		Active Supplier Since Year _____		
Street Address	City	State	ZIP	
Contact Person	Title	Telephone No. ()		
Type of Contact	Type of Service Provided	Total Invoiced Amount	Date of Completion	

(On a Separate Sheet, List Other References as Desired)

CLAIMS

25. Are there any claims against your company or material litigations which would hamper your ability to supply product under quoted circumstances? Yes No

If yes, please explain _____

Prequalification Questionnaire



On behalf of the company identified herein, I certify that the statements and all answers to questions on this form are true and correct.

Name/Title _____

Signature _____ Date _____

(Officer responsible for assuring the accuracy of this document)

Unless directed otherwise, return completed questionnaire to:

DTE Energy
Supply Chain Management
One Energy Plaza
Detroit, MI 48226-1221
ATTN: _____

BUSINESS “TYPE” DEFINITIONS

1. LARGE BUSINESS

A business that exceeds the small business size code standards established by the U.S. Small Business Administration as set forth in code of Federal Regulation, Title 13, Part 121.

2. SMALL BUSINESS

A business, qualified as a small business under the criteria in 13 CFR Part 121.

3. SMALL DISADVANTAGED BUSINESS

A small business that is at least fifty-one percent (51%) owned by one or more individuals who are both socially and economically disadvantaged and control the management and daily business operations. African American, Hispanic American, Asian Pacific American, Subcontinent Asian American and Native American (American Indian, Eskimo, and Aleut) are presumed to qualify and others may qualify if they can show they are disadvantaged as provided in FAR 52.219-8, 13 CFR Part 124.

4. WOMAN-OWNED BUSINESS

A business owned, controlled and managed by one or more women as defined in FAR 52.219-8, 48 CFR 2. 101.

5. MINORITY OWNED BUSINESS

A business that is at least fifty-one percent (51%) or more minority-owned, operated and controlled by a United States citizen.

6. VETERAN-OWNED SMALL BUSINESS

A small business that is at least fifty-one percent (51%) owned by one or more veterans (as defined at 38 U.S.C. 101(2)) who control its management and daily business operations as defined in FAR 52.219-8, 48 CFR 2. 101.

7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS

A small business that is owned, controlled and managed by one or more service-disabled veterans (as defined in 38 U.S.C. 101(2)), with a disability that is service-connected, (as defined at 38 U.S.C. 101(16)) (or, in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran) as defined in FAR 52.219-8, 48 CFR 2. 101.

8. HISTORICALLY UNDERUTILIZED BUSINESS ZONE SMALL BUSINESS

A small business that appears on the list of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration pursuant to 13 CFR Part 126.

Other
