



For Internal Use Only:

CAPS Approval: _____

Finance Approval: _____

Legal Approval: _____

Provider Summary Form

The purpose of this form is to collect basic information from a Provider of services or goods. **Please complete the fields and questions below as accurately as possible.** Pew recognizes the information contained herein is business sensitive and will treat all information provided in this form as confidential. Please contact procure@pewtrusts.org or your contract liaison with questions regarding this form. Sections A and B must be completed by all entities, along with sections F and G; Sections C, D, and E must only be completed by certain entity types, as described.

A. Legal Entity Information¹

Organization/Entity Name: _____

Address: _____

State of Incorporation or Legal Organization (if international, specify country): _____

Point of Contact

Name, Pronouns, Title: _____

Email Address / Phone: _____

Legal Notices Recipient

Name, Pronoun, Title: _____

Email Address / Phone: _____

Authorized Signatory

Name, Pronouns, Title: _____

Email Address: _____

Number of Employees: _____ DUNS/UEI Number (if applicable): _____

List any parent entities or affiliates, including state/country of incorporation: _____

Type of Provider (select one):

☐

Nonprofit

☐

For-Profit

☐

Government/
Tribe

☐

Inter-governmental/Multi-lateral/
Regional Org.

Type of Entity (select one):

☐

LLC

☐

501(c)(3)

☐

501(c)(4)

☐

501(c)(6)

☐

Corporation

☐

Other, Describe:
(e.g. "Individual")

¹ As of 2020, payees that are subject to withholding and receive at least \$600 in reportable payments from The Pew Charitable Trusts in a calendar year will be issued a Form 1099 which includes all payments made. Non-reportable portions of payments will not be excluded. Payees subject to withholding include domestic individuals, sole proprietors, single member LLCs, partnerships, and LLC Partnerships, as classified on the IRS Form W-9.

B. Questions for ALL PROVIDER TYPES (including Individuals)

- (1) Will you or your organization be able to meet all operational financial obligations in a timely manner throughout the term of this agreement? Exclude revenue received under this proposed agreement and, if applicable, revenue with donor restrictions when considering your response to this question. ☐ Yes ☐ No

If no, please explain:

- (2) During the past two fiscal years, have you or your organization been involved in any active or threatened litigation or government investigation that may negatively affect your/its ability to perform or fulfill your/its obligations under this proposed agreement? ☐ Yes ☐ No

If yes, please explain:

- (3) During the past two fiscal years, have you or any principal, officer, or other person publicly associated with your organization either (a) been the subject of any negative publicity about his/her/its financial, personal, and/or management integrity, or (b) been the focus of any other public scrutiny that either (1) negatively affects your ability to perform or fulfill your obligations under this proposed agreement, or (2) would be a potential concern to Pew? ☐ Yes ☐ No

If yes, please explain:

- (4) Do you know of any actual or potential conflicts of interest in connection with you, your organization's, or your organization's personnel's performance under this proposed agreement? (Note: A conflict of interest may arise in any situation in which the Organization or its personnel have a personal, financial, or other business relationship with Pew or its personnel or board.) ☐ Yes ☐ No

If yes, please explain:

- (5) Will you or your organization compensate (either directly or indirectly) any government officials or government employees in connection with any of its work funded by Pew? ☐ Yes ☐ No

If yes, please explain:

C. Questions for NONPROFIT ORGANIZATIONS ONLY

- (6) If you are a nonprofit entity, do you have any related entities? ☐ Yes ☐ No
If yes, please provide the names and descriptions of the related entities
(for example: (c)(3) public charity, (c)(4) social welfare organization, (c)(6) association, or a Political Action Committee):

- (7a) If you are a nonprofit entity, does an external auditor perform an independent annual audit of your organization's financial statements? ☐ Yes ☐ No

- (7b) If an external audit has been performed, did the organization's two most recent audits receive unqualified (i.e., favorable) opinions? ☐ Yes ☐ No

If no, please explain:

- (7c) If no external audit has been performed, has the organization undergone an independent financial review? ☐ Yes ☐ No

- (8) If you are a nonprofit entity, has your organization experienced more than a 15% fluctuation in its total annual revenue in either of its past two fiscal years? ☐ Yes ☐ No

If yes, please identify the fluctuation (increase or decrease) and explain:

- (9) If you are a nonprofit entity, has your organization experienced an operating deficit (i.e., total operating expenses exceeded total operating revenue/income) in either of its past two fiscal years? ☐ Yes ☐ No

If yes, please explain:

- (10a) If you are a nonprofit and/or charitable entity, please provide a link to the government website confirming your organization's nonprofit and/or charitable status:

- (10b) If no website is available, describe the process your organization went through to establish your charitable status:

D. Questions for ORGANIZATIONS ONLY (including nonprofit and for-profit entities)

(Individuals, sole proprietors, and companies composed of only one employee do not need to complete this section.)

Fiscal Year Start Date: _____ Fiscal Year End Date: _____

Most Recently Completed Fiscal Year's Gross Revenue*: FY: _____ Revenue: _____

Current/Next Fiscal Year's **Projected** Gross Revenue*: FY: _____ Revenue: _____

**Please do not include expenses for which your organization was reimbursed in your gross revenue.*

E. Questions ONLY FOR PROVIDERS WHO ARE INDIVIDUALS

(Individuals, sole proprietors, and companies composed of only one employee must complete this section.)

- (11) Have you ever been an employee of Pew? ☐ Yes ☐ No
If yes, please provide date employment ended _____

- (12a) If you are working in your individual capacity, are you also legally considered an employee of another entity? ☐ Yes ☐ No

If yes, please provide name of the entity who employs you _____

If yes, please acknowledge your agreement with the following statement:

I understand that if I am employed by another organization, I am responsible for following the policies and procedures of my employer with respect to performing work outside the duties of my employment with the that organization. ☐ Yes ☐ No

- (12b) How many clients (excluding Pew) have you had in the prior 12 months? _____

- (12c) How many clients (excluding Pew) do you expect to have in the next 12 months? _____

- (12d) Are you currently offering/advertising your services to other clients or the public? ☐ Yes ☐ No

- (13) Please estimate what percentage of revenue Pew funds (including this proposed contract and any additional open contract(s) you have with Pew) will contribute to your or your entity's gross revenue* during the current or next calendar year. _____ %

** Please do not include expenses for which you were reimbursed in your gross revenue.*

F. Vendor Data Privacy Notice

(14) Do you acknowledge receipt of the accompanying Vendor Data Privacy Notice?

☐

Yes

☐

No

Please note that the Vendor Data Privacy Notice does not form a part of the contract with Pew and does not require agreement or signature. It is being shared in order to notify you about how Pew will process, protect and use the personal data about you or your company's employees that may be received by Pew for the purposes of undertaking contract negotiation, execution, and payment processing, such as the information being shared in this Provider Summary.

G. Certification

As an official representative of the above-named entity, by signing below I certify that, to the best of my knowledge and belief, all of the information above is complete and accurate.

Signature: _____

Title: _____

Name: _____

Date: _____