



STATE OF TEXAS FEDERAL SURPLUS

NARRATIVE FOR VETERAN OWNED SMALL BUSINESSES

Questions? Contact us at (512) 962-4167 or federal.surplus@tfc.texas.gov

NAME OF APPLICANT ORGANIZATION:

1) Description of services provided and/or products sold:

2) Description of customers served (i.e., direct to consumer, business to business, government):

3) Address of primary location/headquarters:

4) Do you have other locations (including outside of the State of Texas)? Yes No

5) If yes, please list and describe those locations below. Attach additional sheet if necessary.

DESCRIPTION	ADDRESS

6) Number of employees:

7) List of key staff and job title/role(s):

- a)
- b)
- c)
- d)

8) Website/social media (optional)