VENDOR INFORMATION AND CERTIFICATION

Please complete this form to the best of your knowledge. Please indicate all those that apply to your company. In completing this form be aware that federal, state, and local governments may impose penalties against any firm misrepresenting its business size, disadvantaged status, or any other characteristic for the purpose of obtaining a subcontract. **(Items marked with an asterisk * are required)**

Name of Business Concern*: _____ (*must match Line 1 on W-9*)

DBA/Disregarded Entity *(if different than above)*:_____*(must match line 2 on W-9)*

Mailing Address*:_____

City, State*:_____ **Zip Code*** (9 digit)[1]: _____ - _____

Remit To Address *(if different than above)*:_____

City, State: _____ **Zip Code** (9 digit)[1]_____- _____

Operations Contact* (Name & Title): _____

Telephone*: _____ **Email***: _____

Accounting Contact* (Name & Title): _____

Telephone*: _____ **Email***: _____

Federal Tax ID Number*: _____ **DUNS Number***[2]:_____

UEI Number[3]: _____ **NAICS Code**[4]: _____

Congressional District[5]: _____ **State**: _____

Contractor License Number*: _____ **License Class**: _____

☐ **EFT/ACH** (Check here if company is interested in being paid via EFT/ACH) ☐ **E-Verify** (Check here if enrolled in program)

1. ***Please indicate each of the following that apply to your business concern*** *(Must select either Large or Small Business)*.

☐ **Large Business (LB)**

☐ **Small Business (SB) Concern**

Small Business Concern means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is working on Government Contracts.

Further information regarding size standards can be obtained from www.sba.gov/size.

If a Small Business Concern, please indicate which, if any, of the following apply:

☐ **Minority Owned Small Business (MOSB) Concern**

A small business that is at least 51% owned and controlled by a socially and economically disadvantaged individual or individuals. African Americans, Hispanic Americans, Asian Pacific Americans, Subcontinent Asian Americans, and Native Americans are presumed to qualify.

☐ **Women Owned Small Business (WOSB) Concern**

A small business that is at least 51% owned by one or more women. The management and daily operations are controlled by one or more women.

☐ **Veteran Owned Small Business (VOSB) Concern**

A small business that is at least 51% owned and controlled by one or more veterans. The management and daily operations are controlled by one or more veterans.

☐ **Service-Disabled Veteran Owned Small Business (SDVOSB) Concern**

A small business that is at least 51% owned by one or more service-disabled veterans. The management and daily operations are controlled by one or more service-disabled veterans.

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[1] To find your 9-digit zip code (the Zip +4) go to https://tools.usps.com/zip-code-lookup.htm

[2] If your firm does not have a DUNS Number, you may request one from Dun & Bradstreet, Inc. at https://www.dnb.com/en-us/smb/duns/get-a-duns.html

[3] Unique Entity ID (UEI) Number required for any vendors working on federal projects: https://sam.gov/entity-registration

[4] You can find your NAICS (North American Industry Classification System) code here: https://www.census.gov/naics/

[5] Your Congressional District Number can be located by 9-Digit Zip Code at this website: https://www.census.gov/mycd/

2. Please indicate if your firm is registered with the following small business Government programs *(Please attach the certification issued by the Government)**:***

☐ **8(a) Certification Program**, if so, please list 8(a) Certification Number: _____

☐ **Small Disadvantaged Business (SDB) Concern,** a small business that is at least 51% owned and controlled by a socially and economically disadvantaged individual or individuals. Native Americans (Alaska Natives, Native Hawaiians, or enrolled members of a Federally or State recognized Indian Tribe); Asian Pacific Americans (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China (including Hong Kong), Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Fiji, Tonga, Kiribati, Tuvalu, or Nauru); Subcontinent Asian Americans (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands or Nepal); and members of other groups designated from time to time by SBA are presumed to qualify. All individuals must have a net worth of less than $850,000, excluding the equity of the business and primary residence. *The firm has registered as a small, disadvantaged business by the Small Business Administration (SBA).*

☐ **Historically Underutilized Business Zone (HUBZone),** a small business, whose principal office is located within a HUBZone and 35% of its employees are also located in a HUBZone. *The firm has received its certification from the SBA*.

☐ **State-Specific Certification for Small, Disadvantaged, Woman-Owned, Minority-Owned, and/or Veteran-Owned Business** (such as CBE, DBE, HUB, MBE, SBE, SWaM, VOSB, WBE, WMBE).

State : _____ Certification: _____ Certification Number: _____

State : _____ Certification: _____ Certification Number: _____

State : _____ Certification: _____ Certification Number: _____

☐ **Not Applicable**

3. Certification regarding debarment, suspension, and proposed debarment.

a. I certify that the above-named business concern is ☐ is not ☐ presently debarred, suspended, proposed for debarment, or declared ineligible for award of contracts by any Federal, State, or local agency.

b. I certify that the above named business concern has ☐ has not ☐ , within the past three years, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property.

c. I certify that the above-named business concern is ☐ is not ☐ presently indicted for, or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses listed in the above certification.

d. I certify that the above named business concern has ☐ has not ☐ , within the past three years, relative to tax, labor and employment, environmental, antitrust or consumer protection laws, been convicted of a Federal or state felony (or has any Federal or state felony indictments currently pending against them); had a Federal court judgment in a civil case brought by the United States rendered against them; or had an adverse decision by a Federal administrative law judge, board or commission indicating a willful violation of law.

e. I certify that the above-named business concern has ☐ has not ☐ within the past three years had one or more contracts terminated for default by any Federal, State, or local Agency.

4. Please indicate which business structure applies to the above-named business concern:

☐ **Sole Proprietorship** ☐ **Partnership** ☐ **Corporation**

☐ **Limited Liability Corporation** ☐ **Limited Partnership** ☐ **Limited Liability Partnership**

☐ **Business Trust**

***State of Formation and/or Domestic Registration**:* _____

NOTE: *In order to receive payment under any purchasing agreement entered between Contractor and Vendor, the Vendor shall submit current Internal Revenue Service W-9 Forms, as necessary. Please complete and attach a current Form W-9 for the Business Concern named above.*

Vendor acknowledges and agrees that for good and valuable consideration, the value of which is hereby acknowledged, Vendor shall resubmit and recertify this form to Contractor each and every time any information contained herein changes. Vendor further acknowledges that Contractor relies on the information contained herein for Contractor's internal and external reporting and may submit this information to the Owner or federal, state, or local government agency.

This Form must be signed by a person who has an ownership interest in the company listed below.

_____ _____

(Signature) *(Date)*

_____

(Name and Title - Printed)

Subcontractor Supplemental Information

Please complete the following to the best of your ability and submit to our office to perform work for Centennial or its JV Partners. Evaluation of your firm cannot be completed without this information.

Company Information:

Company Name: _____

Primary Trade: _____ **(Mark Secondary/Additional Trades on Page 3)**

Number of Employees: _____ Number of Years in Business: _____ Annual Volume: $_____

Union(s) your firm is signatory with, if any? Union Name and Local Number _____

☐ Apprentice Program Participant

Program Name: _____ No. of Apprentices: _____

Bonding

Do you have the ability to bond a project over $100k or more? ☐ Yes ☐ No

If Yes, please complete the below information:

Bonding Company Name: _____

Bonding Agent Name: _____

Project Bond Limit $_____ Aggregate Bond Limit $_____ Bond Rate_____%

HSEQ (Health, Safety, Environment and Quality)

A Safety orientation must be scheduled with a Project Safety Manager prior to starting work on our project sites. This includes submitting a written Company Safety Program and Accident Prevention Plan (APP).

- Has your company been cited by OSHA/State for a safety violation within the last five (5) years? ☐ Yes ☐ No
- Please list your firm's Experience Modification Rate for the most recent three years:

Year			
EMR			

Experience - Identify contract and building types that your firm has performed on or in:

☐ Athletic	☐ Correctional	☐ Cultural/Museum	☐ Educational	☐ Design/Build
☐ Government	☐ Transportation	☐ High Tech/Labs	☐ Office	☐ Design Assist
☐ Parking Facilities	☐ Renovation	☐ Industrial	☐ Healthcare	

Has your company worked in active Healthcare facilities? ☐ Yes ☐ No

Which facilities: _____

Attach a separate page or list below at least three (3) completed projects with the following:

(1) Project Name: _____ Location: _____

Point of Contact: _____ Phone: _____

Year work was completed: _____ $ Value: _____

Scope of Work performed: _____

(2) Project Name: _____ Location: _____

Point of Contact: _____ Phone: _____

Year work was completed: _____ $ Value: _____

Scope of Work performed: _____

(3) Project Name: _____ Location: _____

Point of Contact: _____ Phone: _____

Year work was completed: _____ $ Value: _____

Scope of Work performed: _____

Credit References

Supplier/Vendor Name	Contact Name	Phone	Email

Additional Information Please attach additional information about your company (optional).

_____ _____ _____

Completed by (Print Name) Title Date

Check all that apply:

- ☐ 01 56 Traffic Control
- ☐ 02 41 Whole Building Demolition
- ☐ 02 65 Underground Storage Tank Removal
- ☐ 02 82 Asbestos/Lead/Mold Remediation
- ☐ 03 31 Structural Concrete (For Sidewalks see 32 16)
- ☐ 03 48 Precast Concrete
- ☐ 03 81 Concrete Cutting
- ☐ 04 05 Masonry
- ☐ 04 01 Restoration Masonry
- ☐ 05 05 Mobile Welding
- ☐ 05 58 Metal Fabrication
- ☐ 06 05 Wood Framing & Sheeting
- ☐ 07 05 Waterproofing Systems
- ☐ 07 21 Building Thermal Insulation
- ☐ 07 22 Roof & Deck Insulation
- ☐ 07 23 Siding (RS Means 07 46)
- ☐ 07 24 EIFS Systems
- ☐ 07 31 Roofing - Composition
- ☐ 07 33 Roofing - Green Roof Systems
- ☐ 07 52 Roofing – Built Up
- ☐ 07 53 Roofing – EPDM
- ☐ 07 61 Roofing - Sheet Metal
- ☐ 07 81 Applied Fireproofing
- ☐ 08 13 Doors
- ☐ 08 34 Special Function Doors
- ☐ 08 51 Windows
- ☐ 08 62 Skylights
- ☐ 08 71 Door Hardware
- ☐ 08 81 Glazing
- ☐ 09 29 Gypsum Board (Drywall)
- ☐ 09 30 Tiling
- ☐ 09 51 Acoustical Ceilings
- ☐ 09 64 Wood Flooring
- ☐ 09 65 Resilient Flooring
- ☐ 09 68 Carpeting
- ☐ 09 91 Painting
- ☐ 09 97 Special Coatings
- ☐ 10 28 Toilet, Bath Accessories
- ☐ 10 75 Flagpoles
- ☐ 11 41 Food Service Equipment
- ☐ 11 66 Special Athletic Equipment & Surfaces
- ☐ 11 68 Play Field Equipment & Structures
- ☐ 12 35 Specialty Casework, Cabinets & Countertops
- ☐ 13 34 Prefabricated Engineered Structures
- ☐ 14 05 Conveying Equipment
- ☐ 21 05 Fire Suppression Systems
- ☐ 22 05 Plumbing, General Purpose
- ☐ 22 10 Hydronic/Steam Piping Systems & Boilers (RS Means 23 21)
- ☐ 22 15 Fuel Piping (RS Means 23 11)
- ☐ 23 05 HVAC Systems
- ☐ 23 31 HVAC Duct & Accessories
- ☐ 23 35 Instrumentation & Control for HVAC (RS Means 23 09)
- ☐ 26 09 Instrumentation & Control for Electrical Systems
- ☐ 26 12 Medium/High Voltage Electrical Gear & Systems
- ☐ 26 27 Low Voltage Electrical Systems
- ☐ 26 51 Lighting Systems
- ☐ 27 05 Communications
- ☐ 28 16 Intrusion Detection/Video Surveillance Systems
- ☐ 28 31 Fire Detection Systems & Mass Notification Systems
- ☐ 31 26 Clearing, Grading, Excavation & Fill
- ☐ 32 12 Paving, Asphalt Systems
- ☐ 32 14 Porous Paving Systems
- ☐ 32 16 Sidewalks & Driveways
- ☐ 32 17 Pavement Markings (Striping)
- ☐ 32 31 Fencing & Gates
- ☐ 32 84 Irrigation Systems
- ☐ 32 92 Grasses, Hydroseeding & Sod
- ☐ 32 93 Landscaping & Plants
- ☐ 33 05 Utilities – Water, Sewer, Storm
- ☐ 33 51 Utilities - Natural Gas & Propane
- ☐ 33 71 Utilities – Electrical (Overhead or Underground)
- ☐ 33 81 Utilities – Communications (Overhead or Underground)
- ☐ 34 11 Rail Track Systems
- ☐ 35 20 Waterway & Marine Construction
- ☐ Other _____