

Community Action Opportunities
25 Gaston Street, Asheville, NC 28801
Phone: 828 252-2495

Material Supplier (“Vendor”) Information/Application Form

Please Note: If applicable, copies of your local tax licenses must accompany this application. If qualified, also include a copy of your certificate from a minority/women business program. Please ask your insurance agent to submit a copy of your Certificate of Insurance and Bonding.

Please Print or Type

DATE: _____

Business Name: _____

Owner/Representative: _____

Business Address: _____
Number Street City State Zip Code

Mailing Address: _____
Number Street City State Zip Code

Area Code/Phone Numbers: _____
Office Fax Mobile

Federal I.D. #: _____

If not incorporated, Social Security #: _____

Local Tax License #: _____ Expiration Date: _____

Are you registered with a minority/women’s business enterprise program or LSA? Yes No

If your answer is “YES,” please submit a copy of certification.

Primary type of business: _____

List two major supplier references:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Area Code/Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List two financial institutions (banks, savings and loan association, etc.) with whom you have established credit:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Area Code/Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How long have you been in business? _____
Years *Months*

How many employees do you employ full-time? _____

THE UNDERSIGNED VENDOR CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

- The Vendor will abide by the federal regulations pertaining to equal employment opportunity.
- Materials and supplies provided must meet the standards provided in Appendix A of 10 CFR 440 except for those purchased for incidental repairs as defined in 10 CFR 440.3.
- Upon acceptance of proposal, Vendor will execute a Vendor Agreement with Community Action Opportunities (agreement will be furnished by the agency).

Vendor's Signature: _____ Date: _____

VENDOR

VENDOR'S NAME: _____

**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

1. The prospective vendor certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offense enumerated in paragraph (1)(b) of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Name _____ Title _____

Signature _____ Date _____