



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Skokie School District 69 encourages participation in its contracting by all members of the community including Minority Business Enterprises (MBE), Women Business Enterprises (WBE), Disadvantaged Business Enterprises (DBE), Disabled Veterans Business Enterprises (DVBE), and Small Business Enterprises (SBE). Although such participation is encouraged, award of a contract is not based on race, gender, disabled, disadvantaged, or small business status. **Prior to processing a payment for goods and/or services this form must be completed and submitted.** Completed forms provide the necessary information for use internally by District personnel, as well as for federal and state reporting purposes.

Vendor Information

Type of Vendor: Business Small Business
 Government Agency Other Not for Profit Organization

Name: _____

Phone Number: _____

Email: _____

Business Classification (if applicable)*: Minority Owned Female Owned
 Owned by Persons with Disabilities Veteran Owned

*In accordance with Illinois School Code (105 ILCS 5/10-17), schools are required to publish an annual report identifying the total number of contracts awarded to minority, female, veteran, small business, or disabled contractors/vendors, as certified by a certifying agency (e.g. Cook County, State of Illinois, U.S. Small Business Association) in accordance with the definitions provided in 30 ILCS 5/2.

Mailing Address

Street: _____

City: _____ State: _____ Zip: _____

Remittance Mailing Address (if different from above):

Street: _____

City: _____ State: _____ Zip: _____

Taxpayer Identification

Please attach a copy of your current W-9. Please refer to IRS form W-9 for guidance if necessary.

Approval

Under penalties of perjury, I certify that the information provided on this form is complete and accurate. I understand that this information will be utilized for local, federal, and state reporting purposes. I further certify that I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Printed Name of Vendor Representative: _____

Vendor Representative Signature: _____ Date: _____