



## SOUTH BEND COMMUNITY SCHOOL CORPORATION

### Suspension / Debarment Vendor Certification

- i) By signing below, \_\_\_\_\_ (*company name*) certifies that it, its principals and/or sub-recipients, are not suspended or debarred by the federal government, nor is any known suspension or debarment procedure pending.
- ii) \_\_\_\_\_ (*company name*) to notify SBCSC in writing of any suspension or debarment, or potential suspension or debarment proceeding.
- iii) Failure to report any suspension or debarment, or any potential suspension or debarment will be sufficient cause to terminate any agreement and report such termination to federal authorities.
- iv) The \_\_\_\_\_ (*company name*) representative certifies that he/she has authorization to make such certification and to bind the contractor to all representations herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company / Vendor Name



# SOUTH BEND COMMUNITY SCHOOL CORPORATION

## New Vendor Registration

Vendor Name: \_\_\_\_\_

Vendor Mailing Address: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Vendor Tax Information:**

*Remember to attach your W-9!*

SSN #: \_\_\_\_\_ ~or~ FEIN #: \_\_\_\_\_

**Name(s) of Owners** (at least one owner is required):

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Number of Years in Present Business?** \_\_\_\_\_

**Minority or Women's Business Enterprise Indicator:**

Minority Business Enterprise (MBE)? ☐ Yes ☐ No

Women Owned Business Enterprise (WBE)? ☐ Yes ☐ No

If yes for either, what is the Business Certification Date? \_\_\_\_\_

**Type of Business** (check all applicable): ☐ Manufacturer ☐ Construction ☐ Wholesale Dealer ☐ Retail Dealer

☐ Other business type (define): \_\_\_\_\_

☐ Service establishment (define): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company / Vendor Name

**Purchasing Department, South Bend Community School Corporation,  
737 Beale Street, South Bend, IN 46616**