Richmond Public Schools
Procurement & Property Management
2325 Maury Street
Richmond, Virginia 23224
(804) 780-6110

VENDOR APPLICATION

Failure to accurately complete and return this form may result in delayed payment processing and remittance.
Purpose of this form: ☐New Vendor ☐Update Vendor Information ☐Remove Vendor

***Required Field**

COMPANY INFORMATION

*Company Name (as shown on income tax return) _____
*Contact Name:_____
*Street Address_____
*City_____ *State_____ *Zip_____
*Phone Number_____ *Email Address_____
*Are you a current Richmond Public School employee/employee relative or a retiree? Yes ☐ No ☐

*NINE (9) DIGIT TAXPAYER IDENTIFICATION NUMBER
Social Security Number: _____ or Federal Employer Number:_____

BUSINESS DESIGNATION STATUS *(Check appropriate box for federal tax classification of the person whose name is entered as Individual Owner. Check nothing if you are an individual not operating a business)*

☐ Individual/Sole Proprietor	☐ Governmental Entity	☐ Estate/Trust
☐ Single-member LLC	☐ Non-Profit Organization	☐ Partnership
☐ Limited Liability Corporation (LLC)	☐ Sole Source	☐
☐Corporation (Tax Classification: C=Corporation, S-Corporation, P=Partnership) _____		

*Do you have a current City of Richmond business license? Yes ☐ No ☐
*Is your business located within the City of Richmond, Virginia? Yes ☐ No ☐

If applicable:
Dun & Bradstreet #_____Commercial & Government Entity (CAGE) #_____

OWNERSHIP MINORTIY CLASSIFICATION: (51% or more owned by)

Check appropriate minority group of your firm (business**): PLEASE CHECK ONLY ONE**

☐American Native/Aleut Female (NF)	☐Physical Impaired Female (PF)	☐American Native/Aleut Male (NM)
☐Black/Afro American Female (BF)	☐Women Owned (WO)	☐Black/Afro American Male (BM)
☐Asian/Pacific Female (AF)	☐Veteran Owned (VO)	☐Asian/Pacific Male (AM)
☐Hispanic Female (HF)	☐Physical Impaired Male (PM)	☐Hispanic Male (HM)
	☐Small Business (SB)	

VENDOR COMMODITY CODES

*NIGP Commodity Codes, their official name, make up the numbering system commonly used by state and local governments to categorize the products and services they buy. List up to 6. ***(list at least 1)***

_____ _____ _____ _____ _____ _____

*What School/Department will you be providing commodity/service for?_____
*Estimated cost for commodity/service _____
*Will you be providing similar services to the school (or department) in the near future? Yes ☐ No☐

PLEASE ATTACH A QUOTE/SCOPE OF WORK TO THIS APPLICATION

Richmond Public Schools
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DISCLAIMER

Under penalties of perjury, I declare that the information provided is true, correct, current, and complete to the best of my knowledge and belief.

*Vendor Name and Title (Print or Type)_____

*Signature_____ *Date _____

*Telephone _____*E-Mail Address _____

THE FOLLOWING FORMS ARE FOUND ON THE SUCCESSIVE PAGES AND MUST BE INCLUDED WHEN SUBMITTING THE VENDOR APPLICATION:

- ☐ Vendor W9
- ☐ Statement of Debarment
- ☐ Certificate of Interest
- ☐ Certification of Crimes Against Children

This section to be completed by the RPS budget holder submitting the application.

Approved by:

School/Department:_____ Organization Code:_____

Budget Holder Signature:_____Date:_____

Budget Holder Name:_____

Estimated cost for commodity/service _____

REASON FOR NEW VENDOR REQUEST? *(check one box):*

- ☐ Purchase Order (payment for goods or services)
- ☐ Professional Services or Construction Contract
- ☐ Bid/Proposal (RPS Procurement solicitation for goods or services)
- ☐ Grant Agreement (generally for community-based or non-profit organizations)
- ☐ Other (explain in full):

_____

_____

This section is for Procurement Department use.

Approved By:

Signature:_____ Date:_____

Name/Title: _____

Notes:

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Richmond Public Schools
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2325 Maury Street
Richmond, VA 23224
Phone: (804) 780-6110
Fax: (804) 780-6151

STATEMENT OF DEBARMENT

☐ I declare that my firm does not have any delinquent taxes owed to the state in which it is located to alleviate it from doing business with the State of Virginia and/or federal government within the past five (5) years.

☐ I acknowledge that my firm has ***no*** pending litigation and/or debarment from doing business with the State of Virginia and/or federal government within the past five (5) years.

☐ I acknowledge that my firm has pending litigation or has been debarred from doing business with the State of Virginia and/or federal government, within the past five (5) years.

If so, please explain in detail, indicating resolution and date.

_____

_____

_____

_____

_____

* * * * * * * * * * * * * * * * * * * *

Company Name: _____

Signature: _____

Print Name: _____

Date: _____

Contact: _____ Phone Number: _____

☛ ***NOTE: Failure to include litigation/debarment history or tax information will preclude you from doing business with Richmond Public Schools.***

Richmond Public Schools
2325 Maury Street
Richmond, VA 23224
Purchasing and Property Management
Phone: (804) 780-6110
Fax: (804) 780-6151
Melissa Wease, Director

State Corporation Commission Form

Virginia State Corporation Commission (SCC) Registration Information

The bidder:

☐is a corporation or other business entity with the following SCC identification number: _____

OR -
☐is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust

OR -

☐is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the bidder in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from bidder's out-of-state location)

OR

☐is an out-of-state business entity that is including with this bid an opinion of legal counsel which accurately and completely discloses the undersigned bidder's current contacts with Virginia and describes why those contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

****NOTE** >>>** Check the following box if you have not completed any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for bids (the Commonwealth reserves the right to determine in its sole discretion whether to allow such waiver): ☐

Vendor Name: (Print or Type): _____

Signature: _____ Date: _____

Telephone Number: _____ Email Address: _____

CERTIFICATION OF INTERESTS & RELATIONSHIPS WITH SCHOOL BOARD AND RICHMOND PUBLIC SCHOOLS EMPLOYEES

Contractor hereby certifies that neither Contractor, nor any of Contractor's officers, directors, or executive employees maintain a financial or familial relationship with any person acting for, or employed by, the School Board or Richmond Public Schools ("RPS").

To that extent that such relationships exist, Contractor shall reveal the relationship below by describing the nature of the relationship and identifying the person with whom such relationship exists.

Please complete and execute the certification statement(s) below.

****

- Neither contractor nor its officers, directors, or executive employees maintain a financial or family relationship with any person acting for, or employed by, the School Board or Richmond Public Schools.

- The following individuals currently maintain a *financial* relationship with Contractor:

  RPS/School Board Employee's Name: _____

  Position with RPS/School: _____

  Nature of Relationship: _____

  _____

- The following individuals currently maintain a *familial* relationship with Contractor:

  RPS/School Board Employee's Name: _____

  Position with RPS/School: _____

  Nature of Relationship: _____

_____ _____

Contractor **Date**

By: _____

Name: _____

Title: _____

CERTIFICATION
OF
CRIMES AGAINST CHILDREN

The Contractor shall certify that Contractor, Contractor's employees, and all other persons who will have direct contract with students on school property during regular school hours or during school-sponsored activities have not been convicted of a violent felony set forth in the definition of barrier crimes in *Code of Virginia* §19.2-392.02. A., any offense involving the sexual molestation or physical or sexual abuse or rape of a child, or any crime of moral turpitude. In accordance with this paragraph, Contractor shall execute the certification and submit the certification contemporaneously with this executed Contract.

Pursuant to *Code of Virginia* §22.1-296.1, any person making a materially false statement regarding offenses which are required to be included in the certification referenced above shall be guilty of a Class 1 misdemeanor and, upon conviction, the fact of such conviction shall be grounds for the revocation of the contract to provide such services and, when relevant, the revocation of any license required to provide such services. Richmond Public Schools shall not be liable for materially false statements regarding the certifications required under this Contract.

****

Have you or, to the best of your knowledge, any of your employees who will have direct contact with students been convicted of a felony set forth in the definition of barrier crimes in *Code of Virginia* §19.2-392.02. A., any offense involving the sexual abuse or rape of a child or any crime of moral turpitude?

☐ NO

☐ YES (please explain) _____

_____

_____

_____

_____ _____

Contractor **Date**

By: _____

Name: _____

Title: _____