

Vendor Registration and Disclosure Form

City of Portsmouth, Purchasing Division

TO BE COMPLETED BY SUPPLIERS ONLY

This form is used to obtain vendor information to ensure accurate vendor maintenance. All vendors that would like to do business with the City of Portsmouth, **a current signed W-9/W-8BEN with the vendor's information as reported to the IRS, MUST accompany this form.**

☐ New Supplier Request ☐ Change to an Existing Supplier

Legal Name (as shown on your tax return)

Business Name/disregard entity name, if different from above

Part I FEDERAL TAX CLASSIFICATION

- ☐ Individual ☐ Single-Member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership
- ☐ Sole Proprietor ☐ Trust/Estate ☐ Tax Exempt or Non-Profit Organization
- ☐ Limited Liability Company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) > _____
- ☐ Other (see instructions from Federal W-9) > _____

Part II TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN).

For other entities, such as partnerships, corporations, or companies with employees, it is your employer identification number (EIN).

Social Security Number

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Employer Identification Number

□ □ □ - □ □ □ □ □ □ □ □ □

Part III SUPPLIER MAILING ADDRESSES - attach a separate sheet for additional address locations

☐ Main Address same as Remit Address

Main Address (number, street, and apt. or suite no.)

Phone

City, State, and ZIP code

FAX

Contact Name

Email

Remit Address (number, street, and apt. or suite no.)

Phone

City, State, and ZIP code

FAX

Contact Name

Email

Purchase Order Address (number, street, and apt. or suite no.)

Phone

City, State, and ZIP code

FAX

Contact Name

Email

Other Address (number, street, and apt. or suite no.)

Phone

City, State, and ZIP code

FAX

Contact Name

Email



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It is the policy of the City of Portsmouth to provide an equal opportunity for all businesses to participate in opportunities in City procurement and contracting. The City shall not discriminate against a bidder or offerer because of race, religion, color, sex, national origin, age, disability, status as a service disabled veteran, or any other basis prohibited by state or federal law relating to discrimination in employment. We ask that all suppliers doing business with the City of Portsmouth follow this same practice of EEOC laws. Additionally, It is in the best interests of the City of Portsmouth to provide opportunities for the participation of diverse suppliers. Hence, the City of Portsmouth participates in the SWAM Program to enhance business opportunities for small, women-and minority-owned businesses. For more information visit the SBSB website at <http://www.sbsd.virginia.gov/>.

Part IV BUSINESS DIVERSITY GOVERNMENT CLASSIFICATION

W/MBE classification for SWaM Businesses

☐ Minority-owned Business

☐ Women-owned Business

☐ Small Business

☐ Service-Disabled Veteran owned Business

Other Certification

☐ African American

☐ Hispanic American

☐ Asian American

☐ Native American

☐ Other business classification such as HUBZone >

EEO Certification Date:

SWaM Certification Number:

SWaM Certification Begin Date:

SWaM Certification End Date:

What is the definition of Minority-Owned Business?

"Minority-owned business" means a business that is at least 51% owned by one or more minority individuals who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51% of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more minority individuals.

What is the definition of Minority Individual?

"Minority individual" means an individual who is a citizen of the United States or legal resident alien and who satisfies one or more of the following definitions:

What is the definition of a Small Business?

"Small business" means a business that is at least 51% independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years. One or more of these individual owners shall control both the management and daily business operations of the small business.

What is the definition of a Women-Owned Business?

"Women-owned business" means a business that is at least 51% owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51% of the equity ownership interest is owned by one or more women who are citizens of the United States or legal resident aliens, and both the management and daily business operations are controlled by one or more women.

Can I be certified as "Service Disabled" or a "Veteran"?

Veterans who are small business owners can obtain Service Disabled Veteran-owned "status" in the SWaM supplier database. This is not a separate certification; it is a designation of those businesses that are owned by Service Disabled Veterans who are certified as such by the Virginia Department of Veteran Services. Veterans wishing to apply for service disabled veteran status must first seek eligibility certification from the Department of Veteran Services by calling (804) 786-0286 or visiting the DVS website at www.virginiaforveterans.com. Veterans can apply for small, women-owned or minority-owned certification with the Department of Small Business and Supplier Diversity before or after obtaining an eligibility certificate from DVS. Both services are available at no charge.

What is the HUBZone Program?

The Historically Underutilized Business Zone (HUBZone) program encourages economic development through the establishment of preferences. The federal government has a goal of awarding 3% of all dollars of federal prime contract to HUBZone-certified small businesses. The benefits of the program include: competitive and sole source contracting, 10% price evaluation preference in opportunities with full and open contract competitions, also subcontracting. For more information including eligibility requirements and certification, please visit the website at <https://www.sba.gov/content/understanding-hubzone-program> or call 1-800-827-5722.



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Part V

WITHHOLDINGS – 1099-MISC

Please **Check the Box** that applies to your request for Supplier Registration.

- ☐ GOODS (**Skip to Part VI**)
- ☐ SERVICE (**Please indicate type of service that will be provided to City**) _____
- ☐ EASEMENT
- ☐ RENT
- ☐ ROYALTIES
- ☐ PRIZE
- ☐ MEDICAL AND HEALTHCARE PAYMENTS
- ☐ FOSTER CARE
- ☐ OTHER _____

Part VI

Direct Deposit/EFT Enrollment (ALL FIELDS REQUIRED)

1. Name and address of Bank _____
2. Name on account: _____
3. Account Number and type _____
4. 9-digit Bank Routing Number: _____
5. Bank Telephone Number and Extension _____

Please include ONE of the following with this form

Copy of voided check imprinted with vendor name

Current bank statement

Letter from your bank *

* Bank documentation must contain the vendor/company name, complete bank account and routing number.

Bank documentation must also include bank representative's signature, printed name, and date signed.

Part VII

CERTIFICATION STATEMENT

By signing below and submitting this form, the supplier certifies and acknowledges (1) all required licenses, certifications, and authorizations necessary to do business with the City of Portsmouth have been obtained, (2) by completing this form the information is true and accurate in accordance with all applicable laws, policies, and procedures.

As an authorized signer for the business disclosed on this Supplier Registration and Disclosure Form, I acknowledge the information is true and complete, and will have no issues with presenting documentation to support the information as it appears on this form.

Authorized Representative for Business Entity (Print Name)

Title

Authorized Signature

Date