



WSSU

WINSTON SALEM STATE UNIVERSITY Contractors and Suppliers Profile

General Information (Please type in spaces provided)				Vendor No. (Internal Use Only)				
General Contractors – If subcontractors are used, please give them a copy of this form to complete								
Company Name			Federal Tax ID		Website		Email	
Contact Name			Title		Telephone #:	Fax #:	Years in Business	# of Employees
Address			City		State	Zip Code	Structure of Company <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other	
WSSU Project Name (If given):			WSSU Project Manager:					
Check type of service(s) below: (Please provide copy of Contractor's License)						Geographic Service Area		
<input type="checkbox"/> Asbestos Consultant <input type="checkbox"/> Acoustical/Sound <input type="checkbox"/> Architectural <input type="checkbox"/> Landscape Architect/Master Plan <input type="checkbox"/> Civil Engineering <input type="checkbox"/> Construction Manager <input type="checkbox"/> Cost Accounting <input type="checkbox"/> Environmental Engineer <input type="checkbox"/> Electrical Engineer <input type="checkbox"/> Food Service		<input type="checkbox"/> General Contractor <input type="checkbox"/> Landscaping <input type="checkbox"/> Mechanical Engineer <input type="checkbox"/> Museum Consultant <input type="checkbox"/> Parking/Deck <input type="checkbox"/> Plumbing <input type="checkbox"/> Programming/Design <input type="checkbox"/> Security <input type="checkbox"/> Sprinkler Consultant <input type="checkbox"/> Special Services		<input type="checkbox"/> Structural Engineer <input type="checkbox"/> Site Concepts <input type="checkbox"/> Theater <input type="checkbox"/> Track Layout Services <input type="checkbox"/> Traffic Engineer <input type="checkbox"/> Radio Tower <input type="checkbox"/> Supplier <input type="checkbox"/> Other (If other list)		National <input type="checkbox"/> Regional <input type="checkbox"/> Local <input type="checkbox"/> Core Competency: Please do not skip this question. What gives firm a competitive advantage in your chosen field?		
License Limit:		License Classification:		Bonding Information: Can Contractor bond a contract?: <input type="checkbox"/> Yes <input type="checkbox"/> No Bonding Capacity: <input type="checkbox"/> Single Job <input type="checkbox"/> Aggregate				
Is firm HUB certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process			List type of services and/or commodities provided: Do not skip					
HUB Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No								
HUB Section: Check all that apply (If yes, please check appropriate HUB Type below.) If contract is awarded to your firm, HUB forms must be completed - Affidavits A, B, C & D								
HUB Type (If applicable) <input type="checkbox"/> Non-Minority <input type="checkbox"/> B-African American <input type="checkbox"/> H-Hispanic <input type="checkbox"/> AA-Asian American <input type="checkbox"/> AI-American Indian <input type="checkbox"/> W-Woman (non-minority) <input type="checkbox"/> D-Socially & Economically Disadvantaged <input type="checkbox"/> Other, Explain: _____			Source of Ownership: Certification Agency/Verification <input type="checkbox"/> Not Applicable <input type="checkbox"/> State of North Carolina HUB <input type="checkbox"/> State of North Carolina DOT <input type="checkbox"/> Local Agency <input type="checkbox"/> Federal Agency <input type="checkbox"/> Out of State Agency <input type="checkbox"/> Minority-Non-Certified (A minority firm but not certified) <input type="checkbox"/> Unknown			Have you provided service to any campuses/institutions? If so, please explain.		
Supplier provide total gross sales for the past 3 years, if contractor provide project total (\$) below:						Annual Sales (\$)		
Year:	Sales Volume (\$)		Year:	Sales Volume (\$)		Year:	Sales Volume (\$)	
Job References			Contact Name			Telephone Number		
Note: Failure to answer all questions may result in missed opportunities and company not listed in database. Please attach company literature and other information if needed to answer questions more completely. Typed signature is permitted.								

Signature of Owner or Company Officer

Title

Please email completed PDF form to: Brenda Fulmore, A.P.P., Director of Supplier Diversity, email: fulmoreb@wssu.edu, telephone # 336-750-8834.
Cannot use if form is scanned.

Thank you for your interest in Winston Salem State University