TO: City Colleges of Chicago (CCC) Vendors

FROM: Sheila R. Johnson
District Director of Business & Procurement Services

RE: Vendor Application Process

Please submit the required vendor information listed below so that your firm can qualify to be entered into the CCC vendor database. These forms must be completed before you can do/continue to do business with City Colleges of Chicago. Please submit your entire vendor packet via U.S. postal mail or fax, 312-553-2594.

- CCC Vendor’s List Application Form
- IRS W-9 Form – sign and return
- Agreement to CCC Terms and Conditions – sign and return
- Agreement to CCC Ethics Orientation for Vendors/Contractors – sign and return
- Certified Minority (MBE) and Women-Owned Businesses (WBE) – please submit updated certification documents – CCC accepts certification from the following agencies: City of Chicago, State of Illinois, Chicago Transit Authority, Metropolitan Water Reclamation District, Metra, Cook County, Amtrak, Pace, and Women’s Business Development Center
- Individuals/Sole Proprietors - Vendors must also complete
  o Personal Service Contractor’s and Contractor’s Key Personnel Data Form – only to be completed and returned by providers of goods and/or services who are using a social security number as their business identification number instead of a Federal Employer Identification Number (FEIN)
- National Institute of Governmental Purchasing (NIGP) Commodity Codes:
  o Circle the product classification that your firm can provide. If you provide commodities not represented from the list, please identify those items in the spaces provided below:

  __________________________________________  __________________________________________  __________________________________________
  __________________________________________  __________________________________________  __________________________________________
  __________________________________________  __________________________________________  __________________________________________

If you should have any questions, please contact the Business & Procurement Services Department at (312) 553-2590.
VENDOR’S LIST APPLICATION FORM

1. VENDOR INFORMATION
Name: _________________________ FEIN or Social Security #: ____________________
Years in Business: ________  Dun & BradStreet #: (if applicable)_________________________
Parent Vendor Name (if applicable): ______________________________________

2A. APPLICANT’S MAILING ADDRESS FOR BIDDING FORMS AND PURCHASE ORDERS:
Address: ________________________________ Telephone: ____________________________
City: _________________________________ State:________     Zip Code: ____________
Fax Number: ___________________________
Internet Address:_____________________________

2B. PERSONS TO CONTACT FOR BIDS, AND CONTRACTS:

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3. MAILING ADDRESS FOR PAYMENTS (IF DIFFERENT FROM ITEM 2):
Address: ________________________________ Telephone: ____________________________
City: _________________________________ State:________     Zip Code: ____________
Fax Number: ___________________________

3A. PAYMENT PREFERENCE:  Please check all boxes that apply.

□ ACH  □ Procurement Card (P-Card)  □ Check

Please submit your payment preference information which is required below:
ACH Preferred:
Bank’s Name: _________________________________________________________________
Account Number: _____________________ ABA Routing Number:____________________
P-Card Preferred (Remittance Address):
Bank’s Name:________________________________________________________________
Merchant Number:________________________ Routing Number;_________________________
Account Name: _________________________________________________________________
Check Preferred:
Vendor’s Name:________________________________________________________________
Address:______________________________________________________________________
City:___________________________ State:______________ Zip Code:____________________
4. M/WBE AND SBA VENDORS: (If applicable)

☐ Certified Small Business Enterprise (SBA)  
(Letter of certification must be attached)  
☐ Certified Women’s Business Enterprise (WBE)  
(Letter of certification must be attached)

☐ Certified Minority Business Enterprise(MBE)  
(Letter of certification must be attached)  
☐ Certified Business Enterprise Owned by People with Disabilities (BEPD)  
(Letter of certification must be attached)

Ethnicity: Please check appropriate category
☐ Asian       ☐ American Indian       ☐ Black       ☐ Hispanic       ☐ Other: _________________

5. TAX INFORMATION

* Note: Completed W-9 forms must be submitted with the vendor application.

Organization Type:
☐ Corporation  ☐ Individual  ☐ Partnership  ☐ Other: ________________________________

☐ Foreign Corporation  ☐ Foreign Government Agency  ☐ Foreign Partnership  ☐ Government Agency

Tax Reporting Name (If different from Vendor Name): ________________________________

6. CORPORATIONS AND PARTNERSHIPS - Please supply the following information:

President: ____________________________  Secretary: ____________________________
Vice-President: ________________________  Treasurer: ____________________________

Owners or Partners:____________________________________________________________
____________________________________________________________________________

IMPORTANT: City Colleges of Chicago requires that no employee or Board of Trustee may have a special interest in any contract paid with funds belonging to or administered by the Board of Trustees. If you/your firm has such a relationship, attach a separate sheet explaining that relationship. All transactions are governed by the laws of the State of Illinois, the Illinois Public Community College Act, and Board of Trustees Rules for the Management and Government of the City Colleges of Chicago.

I hereby certify that the information supplied herein is correct.

_____________________________________  ________________________________ ________________
Name and Title (Please print or type)  Signature         Date