

## INSTRUCTIONS

Persons or concerns wishing to be added to the City of Buffalo bidder's mailing list for procurement opportunities shall file this properly completed and certified Bidders Mailing List Application. (Provide Federal Supply Class or Standard Industrial Classification codes, if available.) The application shall be submitted to the address provided on box 3 and signed by the principal as distinguished from an agent, however constituted.

After placement on the bidder's mailing list, your failure to respond (submission of bid, or notice in writing, that you are unable to bid on that particular transaction but wish to remain on the active bidder's mailing list for that particular item) the solicitations will be understood by the City of Buffalo to indicate lack of interest and concurrence in the removal of your name from the purchasing activity's solicitation mailing for items concerned.

### SIZE OF BUSINESS DEFINITIONS

(See Item 11A.)

a. Small business concern - A small business concern for the purpose of Government procurement is a concern including its affiliates, which is independently owned and operated, is not dominant in the field of operation in which it is competing for Government contracts, and can further qualify under the criteria concerning number of employees, average annual receipts, or the other criteria, as prescribed by the Small Business Administration. (See Code of Federal Regulations, Title 13, Part 121, as amended, which contains detailed industry definitions and related procedures.)

b. Affiliated - Business concerns are affiliates of each other when either directly or indirectly (i) one concern controls or has the power to control the other, or (ii) a third party controls or has the power to control both. In determining whether concerns are independently owned and operated and whether or not affiliation exists, consideration is given to all appropriate factors including common ownership, common management, and contractual relationship. (See Items 8 and 11A.)

c. Number of employees - (Item 11B) In connection with the determination of small business status, "number of employees" means the average employment of any concern, including the employees of its domestic and foreign affiliates, based on the number of persons employed on a full-time, part-time, temporary or other basis during each of the pay periods of the preceding 12 months. If a concern has not been in existence for 12 months, "number of employees" means the average employment of such concern and its affiliates during the period that such concern has been in existence based on the number of persons employed during each of the pay periods of the period that such a concern has been in business.

### TYPE OF OWNERSHIP DEFINITIONS

(See Item 12.)

a. "Disadvantaged business concern" - means any business concern (1) which is at least 51 percent owned by one or more socially and economically disadvantaged individuals; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more socially and economically disadvantaged individuals; and (2) whose management and daily business operations are controlled by one or more of such individuals.

Socially or economically disadvantaged persons include, but are not limited to, African Americans, Puerto Ricans, Spanish speaking Americans, Indians, Eskimos, Aleut, Asian Pacific Americans, Asian Indians and Hasidic Jews.

b. "Women-owned business" - means a business that is at least 51 percent owned by a woman or women who are U.S. citizen's and who also control and operate the business

### TYPE OF BUSINESS DEFINITIONS

(See Item 13.)

a. Manufacturer or producer - means a person (or concern) owning, operating, or maintaining a store, warehouse, or other establishment that produces, on the premises, the materials, supplies, articles or equipment of the general character of those listed on Item 10, or in the Federal Agency's Supplemental Commodity List, if attached.

b. Service establishment - means a concern (or person) which owns, operates, or maintains any type of business which is principally engaged in the furnishing of nonpersonal services, such as (but not limited to) repairing, cleaning, redecorating, or rental of personal property including the furnishing of necessary repair parts or other supplies as a part of the services performed.

c. Regular dealer (Type) - means a person (or concern) which owns, operates, or maintains a store, warehouse or other establishment of the general character listed in Item 10, or in the Federal Agency's Supplemental Commodity List, if attached, and bought, kept stock and sold to the public in the usual course of business.

d. Regular dealer (type 2) - In the case of supplies of particular kinds (at present, petroleum, lumber and timber products, machine tools, raw cotton, green coffee, hay, grain, feed, or straw, agricultural liming materials, tea, raw or unmanufactured cotton linters and used ADPE), Regular dealer means a person (or concern) satisfying the requirements of the regulations (Code of Federal Regulations, Title 41, 50-201.101(a) (2)) as amended from time to time, prescribed by the Secretary of Labor and the Walsh-Healey Public Contracts Act (Title 41, US Code 35-45). For coal dealers see Code of Federal Regulations Title 41, 50-201.604(a).

\* PLEASE NOTE- The City of Buffalo reserves the right to remove a vendor from the bidders list when such vendor does not deliver, in quantity or number of days as specified on the purchase order of successful bids.



Accounts Payable  
65 Niagara Square  
Room 1219  
Buffalo, NY 14202

## VENDOR LIST APPLICATION

To: \_\_\_\_\_ Date: \_\_\_\_\_

Fax #: \_\_\_\_\_ Pages: \_\_\_\_\_

From: City of Buffalo

Re: VENDOR IDENTIFICATION INFORMATION

**PLEASE REPLY TO THE ABOVE NAMED  
WHO MAY BE CONTACTED AT:**

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

IT IS NECESSARY TO CREATE/UPDATE YOUR VENDOR IDENTIFICATION NUMBER (VIN) IN THE CITY OF BUFFALO'S DATABASE UTILIZED BY THE CITY OF BUFFALO, BUFFALO SEWER AUTHORITY, BUFFALO WATER BOARD AND BUFFALO WATER AUTHORITY.

THE CURRENT COMPANY LEGAL NAME & VIN # ON FILE WITH THE CITY OF BUFFALO IS [CLICK & ENTER COMPANY NAME & ID# FROM MUNIS OR ENTER NOT APPLICABLE IF NEW VIN]

### PLEASE

- COMPLETE THE FOLLOWING TWO PAGES AND W9 FORM
- PROVIDE THE INFORMATION INDICATED AT THE TOP OF THE NEXT PAGE
- AND RETURN, VIA FACSIMILE OR E-MAIL TO THE INFORMATION INDICATED ABOVE.

**PLEASE KEEP IN MIND WHEN PROVIDING THIS INFORMATION -THAT IT IS BEING ENTERED INTO THE CITY OF BUFFALO DATABASE AND USED BY MANY DIFFERENT DEPARTMENTS/AGENCIES WITHIN THE CITY. IF YOUR COMPANY HAS MORE THAN ONE LOCATION WHERE PURCHASE ORDERS ARE TO BE MAILED OR MORE THAN ONE REMIT ADDRESS, PLEASE BE SURE TO INCLUDE THEM.**

**VENDOR IDENTIFICATION INFORMATION**

- A **CURRENT W-9** form (or foreign equivalent) for your company indicating your legal business name,
- A list of any and all D/B/A's under your company utilizing the same Federal ID# for which the City of Buffalo or associated entities is currently doing business,
- Check one – Type of Application  
 Individual       Non-Profit Organization  
 Partnership       LLC Partnership  
 Corporation, Incorporated under the Laws of the State of \_\_\_\_\_

Federal ID# (EIN) \_\_\_\_\_

Or

Social Security # \_\_\_\_\_

• **COMPANY WEBSITE:** \_\_\_\_\_

• Minority Business Classified as Follows:

- |  |  |
|--|--|
| <input type="checkbox"/> Black           | <input type="checkbox"/> Hispanic        |
| <input type="checkbox"/> Asian American  | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Eskimo or Aleut | <input type="checkbox"/> Veterans        |
| <input type="checkbox"/> Woman owned     | <input type="checkbox"/> Disabled _____  |

Minority Certification:

Received Minority Certification From/Date:

\_\_\_\_\_  
**(Please attached all Minority Certifications to this application)**

**NOTE: Minority Certificates are required to be submitted annually to maintain certification.**

- Identify Equipment, Services and or Materials you desire to make and offer:

\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the information supplied herein is correct:**

Print or Type Name: \_\_\_\_\_

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

**“OPT-IN” FOR ELECTRONIC PO DELIVERY**

**PLEASE NOTE** - If your company wishes to “opt-in” to electronic e-mail delivery of purchase orders from the City of Buffalo and associated entities please check here and provide us with the appropriate e-mail address. Please ensure that the e-mail address provided will be accessible to anyone in your company in the event someone is “out of the office”. It is important that purchase orders are handled in a timely manner when sent via e-mail as the vendor is responsible to adhere to the “Date Required”.

|   |
|---|
| <input type="checkbox"/> <b>NO – WE DO NOT WISH TO “OPT-IN” TO ELECTRONIC PO DELIVERY</b>   |
| <input type="checkbox"/> <b>YES OUR COMPANY WOULD PREFER TO RECEIVE ALL PURCHASE ORDERS FROM THE CITY OF BUFFALO AND RELATED DEPARTMENTS VIA E-MAIL.</b><br><b><i>FOR THIS INSTANCE – A Po ADDRESS MUST BE ENTERED ON THE PO – PLEASE ENTER THE E-MAIL ADDRESS WITH THE APPROPRIATE PURCHASE ORDER MAIL TO LOCATION(S).</i></b> |

**VENDOR IDENTIFICATION INFORMATION**

**PURCHASE ORDER MAIL TO LOCATION(S)**

Provide **purchase order “mail to”** address and contact person–

**MUST ALSO PROVIDE E-MAIL ADDRESS IF ABOVE IS CHECKED “YES”:**

|   |       |     |
|---|-------|-----|
| Company Name:                             |       |     |
| Address to mail<br><b>purchase orders</b> |       |     |
|   |       |     |
|   |       |     |
| Contact Person:                           |       |     |
| Phone & Fax #'s                           | PHONE | FAX |
| <b>E-MAIL ADDRESS</b>                     |       |     |

**PAYMENT REMITTANCE ADDRESS(ES)**

Provide **remittance** address(es) and contact person for which payments are to be mailed to if different from W-9 form:

|                                    |  |  |
|------------------------------------|--|--|
| Company Name:                      |  |  |
| Address to mail<br><b>payments</b> |  |  |
|                                    |  |  |
|                                    |  |  |
| Contact Person:                    |  |  |
| Phone & Fax #'s                    |  |  |

**INFORMATION FOR FUTURE**

**- “OPT-IN” FOR ELECTRONIC PO DELIVERY**

Electronic ACH payments *are soon to be implemented*. If your company wishes to “opt-in” to the electronic payment option, please have your collections office contact the City of Buffalo’s Accounts Payable Department @ 716-851-5846. You must have your Vendor Identification Number (VIN) for this. If you are a new vendor we will forward that information to you upon receipt from the City of Buffalo.

**TO ENSURE PROMPT PAYMENTS ALL INVOICES ARE TO BE SUBMITTED TO THE INVOICE ADDRESS LISTED ON THE PURCHASE ORDER.**

Thank you for your cooperation in providing this information. If you have any questions, please contact the City of Buffalo’s Accounts Payable Department @ 716-851-5846.

Thank you.