



VENDOR BUSINESS PROFILE

COMPANY INFORMATION					
Company Name					
Web Page Address					
Mailing Address	City	State	ZIP (9-Digit) -		
Physical Address	City	State	ZIP (9-Digit) -		
Phone # - -	Fax # - -	E-Mail:			
Contact Person		Title			
This firm is a <input type="checkbox"/> Division <input type="checkbox"/> Subsidiary <input type="checkbox"/> Affiliate <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor					
Street Address of Parent Company (Mandatory)	City	State	ZIP (9-Digit) -		
BUSINESS CLASSIFICATION					
This firm is a: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Dealer <input type="checkbox"/> Wholesale Distributor <input type="checkbox"/> Broker <input type="checkbox"/> Service <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____					
CAPABILITIES List Product(s) and/or service(s) offered, and special capabilities. (attach sheet if necessary)					
PRINCIPAL OFFICIALS Please list your company's principal officials (Ownership must total 100%)					
Full Name	Official Capacity	% Ownership	Race	Gender	Family Relationship (if any)
BUSINESS TYPE INFORMATION (Please refer to the opposite side of this page for Business "TYPE" Definitions.)					
Please check appropriate box (Check one only).					
<input type="checkbox"/> Foreign Owned Business		<input type="checkbox"/> Minority Owned Business		<input type="checkbox"/> Women Owned Business	
<input type="checkbox"/> Small Business		<input type="checkbox"/> Government Entity		<input type="checkbox"/> Non-Profit Business	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual, Self Employed		<input type="checkbox"/> Partnership/Joint Venture, Estate/Trust	
<input type="checkbox"/> Service Disabled Veteran Owned Business					
Payment Terms and Discounts: (Do you accept: Credit card payment (); ACH payment ())					
Are you currently on the Convicted Vendor List following a conviction for public entity crime? <input type="checkbox"/> Yes (attach explanation) <input type="checkbox"/> No					
Business References Provide three references who have had a regular and ongoing relationship with your company:					
Company Name	Address	Contact	Phone Number		
			- -		
			- -		
			- -		
I certify that the information supplied herein (including all attachments) is correct to the best of my knowledge. I further rectify that in doing business with the State of Florida, my firm complies with chapter 112 Florida Statutes, conflicts of interest, and that I have disclosed the name of any state employee who owns, directly or indirectly, an interest of five percent or more in the above firm or any of its branches. A vendor submitting this form does not constitute approval of your firm as a South Florida Community College vendor, nor does it obligate the college to solicit requests for quotations.					

Provide current Certificates of Insurance, Business Licenses and W-9/W-8 form applicable to your business with this application. Please return this Profile and U.S. Tax Form with original Signature (blue ink) for our records. Social security numbers and Employer Identification Numbers (EIN) collected on the US tax forms will be used for information reporting to the Internal Revenue Service pursuant to Section 6109 Title 26 US Tax Code.

Signature of President or CEO

Title

Date

BUSINESS"TYPE" DEFINITIONS

1. **CORPORATION OR PROFESSIONAL ASSOCIATION** – A corporation formed under the laws of any state within the United States.
2. **SMALL BUSINESS CONCERN** – The term “small business concern” shall mean a business as defined pursuant to Section 3 of the Small Business Act and relevant regulations issued pursuant thereto. Generally, this means a small business concern operated for profit, which is independently owned and operated, is not dominant in the field of operations and meets the size standards as prescribed in government regulations. Consult your regional or district SBA office if further clarification is needed.
3. **MINORITY BUSINESS CONCERN** – Minority Business Enterprise is a business concern which is (a) at least fifty-one percent (51%) unconditionally owned by one or more minority 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 minority individuals; and (b) whose management and daily business operations are controlled by one or more of such individuals. **CONTROL**, as used in this clause, means exercising the power to make policy decisions. **OPERATE**, as used in this clause, means being actively involved in the day-to-day management of the business.
Business owners **who are U.S. citizens** and who certify that they are members of named groups (Black Americans, Asian/Pacific Americans, Hispanic Americans, and Native Americans) are to be considered minority, and other minorities found to be disadvantaged by the Administration pursuant to Section (a) of the Small Business Act.

Asian/Pacific American – A U.S. citizen whose origins are from Bangladesh, Cambodia, China, Guam, India, Japan, Korea, Laos, Pakistan, the Philippines, Samoa, Taiwan, the United States Trust Territories of the Pacific, Northern Mariana Islands or Vietnam and who is regarded as such by the community of which the person claims to be a part.

Black American – A U.S. citizen having origins in any of the Black racial groups of Africa, and regarded as such by the community of which the person claims to be a part.

Hispanic American – A U.S. citizen of true-born Spanish heritage (true-born meaning “authentically” or “genuinely” as per Webster) from any of the following: Central America, Cuba, Mexico, Puerto Rico, or South America. The Hispanic may not have European ancestors other than Spanish.

Native American – A U.S. citizen who is American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part. Native Americans must be documented members of a North American Tribe, band or otherwise organized group of native people who are indigenous to the Continental United States or who otherwise have a special relationship with the United States or a state through treaty, agreement or some other form or recognition. This includes an individual who claims to be an American Indian and who is regarded as such by the Indian Community of which the persons claims to be a part.
4. **WOMEN-OWNED BUSINESS CONCERN** – The term “women-owned business” means small business concerns that are at least fifty-one percent (51%) owned by women who are United States citizens, and who also control and operate the business. **CONTROL**, as used in this clause, means exercising the power to make policy decisions. **OPERATE**, as used in this clause, means being actively involved in the day-to-day management of the business.
5. **SERVICE DISABLED VETERAN OWNED BUSINESS CONCERN** – As certified by the State Department of Management Services.
6. **NON-PROFIT BUSINESS CONCERN** – Section 501(c) (3) Internal Revenue Code
7. **FOREIGN-OWNED BUSINESS CONCERN** – A foreign entity formed under the laws of a country other than the United States or an individual who is not a U.S. tax resident.

RETURN COMPLETED FORM TO:

South Florida State College
Attn: Purchasing Office
600 West College Drive
Avon Park, FL 33825
Tel. 863-784-7275
Fax 863-784-7173
E-Mail purchasing@southflorida.edu