



# VENDOR INFORMATION FORM

Vendor #: \_\_\_\_\_

Return to [Purchasing@ccsf.edu](mailto:Purchasing@ccsf.edu) or CCSF Purchasing, 50 Frida Kahlo Way, Bungalow 712, San Francisco, CA 94112. This information is required in order to create or update vendor information within the CCSF database. If requesting a new vendor or a change of EIN, a completed and signed W-9 (or appropriate form if foreign vendor) is also required.

\_\_\_\_\_  
Name (as shown on your income tax return)

\_\_\_\_\_  
**Remit Email Address (required)**

\_\_\_\_\_  
Business name/disregard entity name if different from above

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address (number, street, city, state, zip code)

\_\_\_\_\_  
EIN or SSN

\_\_\_\_\_  
Remit address if different from above

\_\_\_\_\_  
Vendor main service(s) offered

_____ <b>ACH (required) - Name of Bank</b>	_____ <b>Account Number</b>	_____ <b>Routing number</b>
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Do you have relatives employed at the City College of San Francisco? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ If Yes - Their Name	_____ Department	_____ Relationship/Position

**Certifications:** Does the State of California’s Office of Small Business & Disabled Veteran Business Enterprise Services (OSDS) or the City & County of San Francisco’s Contract Monitoring Division certify your business as:

- |   |   |
|---|---|
| <input type="checkbox"/> Disabled Veteran Owned Business (DVBE)<br>Certification Number: _____<br><input type="checkbox"/> Disadvantaged Business Enterprise (DBE, Social and Economic)<br>Certification Number: _____<br><input type="checkbox"/> Minority/Woman-Owned Business<br>Certification Number: _____ | <input type="checkbox"/> San Francisco Local Business Enterprise<br>Certification Number: _____<br><input type="checkbox"/> Small Business <input type="checkbox"/> Micro Business<br>Certification Number: _____ |
|---|---|

**Optional** – Which race/ethnicity or races/ethnicities do/does the owner(s)’s most identify with? (Used to monitor fairness in contracting by federal and state agencies.):

- |                                |   |  |                                      |                                       |
|--------------------------------|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian            | <input type="checkbox"/> American Indian | <input type="checkbox"/> Multiracial | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Black | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Alaskan Native  | <input type="checkbox"/> Hispanic    |                                       |

**Optional** - Which gender do(es) the owner(s)’s most identify with? (Used to monitor fairness in contracting by federal and state agencies.):

- Male       Female       Non-binary       Other: \_\_\_\_\_

<b><i>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</i></b>		
AUTHORIZED VENDOR’S REPRESENTATIVE’S NAME	TITLE	
SIGNATURE	DATE	TELEPHONE/EMAIL

NOTE: Additional requirements to do business with City College may include but are not limited to: proof of insurance coverage, evidence of current licenses, certified payrolls/prevaling wage, compliance with the City and County of San Francisco Minimum Wage Ordinance, the posting of bonds, and verification of entity exclusion status with the System for Award Management (SAM).