

**CARVER COUNTY FACILITY SERVICES
VENDOR APPLICATION FORM**

In order to be placed on the current bidder's list, please fill out as much of the following as possible and return to: Carver County Facility Services, 600 East 4th Street, Government Center, Chaska, MN 55318 or fax this side only to 952-361-1180.

1. Company Name _____
2. Mailing Address _____
City, State, Zip _____
3. Contact Person _____ Phone # _____
4. Fax # _____ Email Address _____
5. SIC Code Number(s) _____ Federal ID # _____

The following information is voluntary and assists the County in achieving its goal of providing vendors with equal access to contracting opportunities. Please check the following categories (if any) that applies to your business. Definitions for the categories are on page 2 of this application.

6. _____ Small Business Enterprise (See definition on page 2).
7. Woman-Owned Business: _____ Black/African American _____ Hispanic
_____ Asian or Pacific Islander _____ American Indian or Alaskan Native
_____ White/Caucasian
8. Minority-Owned Business: _____ Black/African American _____ Hispanic
_____ Asian or Pacific Islander _____ American Indian or Alaskan Native
_____ White/Caucasian

In order to place your firm on the correct bid list or bid lists, please describe below as accurately as possible the service(s) your company sells. If you have any questions regarding this form, please call 952-361-1557.

Product(s)/Service(s) offered: _____

Applicant's Signature _____ Date _____

County Internal Use Only:

Vendor Number: _____

Business Categories/Definitions

Small Business Enterprise (SBE): A business which is an independent and continuing enterprise for profit, performing a commercially useful function, having its principal place of business within the Minneapolis-St. Paul Metropolitan Statistical Area (MSA) and is owned and controlled by one or more persons, not affiliated with other businesses, and whose gross revenues do not exceed the criteria consistent with the Minnesota Department of Administration Standard Industrial Classification (SIC) Codes as follows:

| Small Business Size Standards | |
|-------------------------------|-------------------|
| SIC Division | Avg. Yearly Sales |
| Construction | \$7.92M |
| Manufacturing | \$9.65M |
| Wholesale | \$9.40M |
| Retail | \$4.98M |
| Services | \$4.32M |
| Transportation | \$5.91M |
| Agriculture | \$1.90M |

The County participates in a small business certification program with four other local jurisdictions. One application is all that is necessary to be certified in all four jurisdictions. For application information, contact:

Black/African American (Not of Hispanic Origin): All persons having origins in any of the Black Racial Groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American descent or other Spanish culture or origin, regardless of race.

Asian or Pacific Islanders: All persons having origins in any of the original peoples of North America, and who maintain tribal identification through tribal affiliation or recognition.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain tribal identification through tribal affiliation or recognition.

Minority-Owned Business Enterprise: A business which is (a) at least 51 percent owned by a racial minority or, in the case of any publicly owned business, at least 51 percent of the stock is owned by a racial minority, and (b) whose management and daily business operations are controlled by the qualifying owner.

Woman-Owned Business Enterprise: A business which is (a) at least 51 percent owned by a woman or, in the case of any publicly owned business, at least 51 percent of the stock is controlled by the qualifying owner.

Proposals submitted become a matter of public record. Information supplied by any respondent to Carver County is subject to the Minnesota Government Data Practices Act, Minnesota Statutes, Section 13.01 et seq. If a Proposer is submitting non-public information, as defined in the aforementioned Act, then the Proposer is required to submit the non-public information under separate sealed envelope with the markings on the envelope of “**NON-PUBLIC INFORMATION**”. After completing their final review of the materials, Carver County will either return or destroy the non-public information at the County’s option.

PROVIDER FACT SHEET

Legal Name: (As registered with Secretary of State)

Doing Business As:

Service Site(s) (if other than Corporate Headquarters):

Telephone:

Fax:

Type of Organization:

Corporation

Non-Profit Corporation

Partnership

Sole proprietorship

Limited Liability Co.

Public

Federal Tax ID#

E-Mail Address:

Executive Director:

Telephone:

Program Director:

Telephone:

Accounting Contact & Title:

Telephone:

List of names of those with authority to sign contracts including name, title, and telephone number:

Authorized Signature:

Printed name and title:

If applicable: Licensed to do business by:
