# Supplier Qualification Form

## Instructions:
Form may be printed or completed in Adobe. You must respond to all questions, sign the form, and submit it to Rochester Institute of Technology Procurement Services Office, 124 Lomb Memorial Drive, Rochester, NY 14623 or fax to 585-475-7171.

If your answer is "same," "not applicable," or "none," please write this to indicate no questions have been overlooked. It is your responsibility to notify the RIT Procurement Services Office in writing if the information in this application changes. Failure to notify the RIT Procurement Services Office of changes may result in elimination of consideration for Request for Proposals (RFPs) or cancellation of existing contracts.

## Section A

<table>
<thead>
<tr>
<th>Today's Date:</th>
<th>This application is:</th>
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<tbody>
<tr>
<td></td>
<td>○ Initial Application</td>
<td>○ Revision of a previously submitted application</td>
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</table>

1. Legal name/address to which solicitations are to be mailed:

2. Address to which purchase orders are to be mailed, if different:

3. Address to which payment is to be mailed, if different:

4. Contact Person:
   - Title:
   - Phone Number:
   - Fax Number:
   - E-mail:

5. If your business is a division of a corporation, show name and address of parent company:

   State of Incorporation: ________ Duns #: ______________

6. Years in Business:

   U.S. owned business? ○ Yes ○ No

7. Legal and tax status. I certify, under penalty of perjury, that I/we do business as a:
   - ○ Individual
   - ○ Sole Proprietor
   - ○ Partnership
   - ○ Corporation
   - ○ Not-for-Profit Corporation

   Please indicate your organization's tax status:
   - ○ 501(c)(3)
   - ○ 501(c)(4)
   - ○ 501(c)(6)
   - ○ 501(c)(7)
   - ○ 501(c)(8)
   - ○ Not Tax Exempt
   - ○ Other ________

8. Is your firm authorized to do business in the State of New York, as well as locally, with all necessary business licenses?
   - ○ Yes ○ No
   If no, please explain:

9. Are you affiliated with the AFL/CIO or any other union representation?
   - ○ No ○ Yes
   If yes, other than AFL/CIO, please indicate the union name:

10. Bank reference (name and address):

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11. Business Size and Classification:

Please check either Large or Small to indicate the business size. Then check any relevant classifications of the business.

☐ Large  ☐ Small
☐ Disadvantaged  ☐ Woman-Owned  ☐ Veteran-Owned
☐ HUB Zone  ☐ Minority Owned  ☐ Svc Disabled Veteran

For Minority-Owned Businesses Only:

☐ African American  ☐ Native American  ☐ Veteran
☐ Latin American  ☐ Disabled Veteran  ☐ Asian
☐ Other (Specify): __________________________________________

12. If applicant is a corporation, please complete both columns:

<table>
<thead>
<tr>
<th>Names of Corporate Officers</th>
<th>Names of Corporate Directors</th>
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13. Licenses and/or Professional Registration - List names of each key person of the firm. If a requested service requires a licensed/registered practitioner, you may be required to provide a copy of such license/registration to RIT Procurement Services before an award can be made or work can begin.

<table>
<thead>
<tr>
<th>Name</th>
<th>Capacity (Owner, Partner, Etc.)</th>
<th>Current Licenses/Registrations (Include Certificate # if applicable)</th>
<th>License/Registration Expiration Date</th>
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14. Conflict of Interest - A conflict of interest may exist where an RIT employee or close relative/family member has a connection to your business, and a third party may consider that this relationship may compromise the competitive process. Does any RIT employee have a possible conflict of interest with the above business?  

☐ Yes  ☐ No  
If yes, please specify the following:

RIT Employee Name: ___________________________  Phone Number: ____________  Employee’s Relationship: _______________

15. Work Experience - List contract for similar services or materials that have been completed within the last five years:

<table>
<thead>
<tr>
<th>Project</th>
<th>Location</th>
<th>Type of Service</th>
<th>Total Amount of Contract</th>
<th>State/Completion Date</th>
<th>Name/Phone of Owner or Other References</th>
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16. Insurance- Please indicate your acceptance of RIT’s insurance and indemnification requirements that can be found at:


I accept  I do not accept

Attach your certificate of insurance showing Rochester Institute of Technology additionally insured.

17. Check all commodities and services your organization provides. If your organization is owned by a corporation, check all commodities and services provided by the entire corporation.

- Architectural Services
- Advertising
- Appliances/Mattresses/Misc Housing
- Athletics
- Audio & Visual
- Banking Services
- Catering/Food Services
- Chemicals (non-janitorial)
- Computers (Hardware)
- Construction
- Consultant Services (non-construction)
- Electrical
- Employee Benefits
- Energy and Utilities
- Engineering Services
- Entertainment/Acts/Bands
- MRO Supplies and Parts
- Furniture and Furnishings
- Grounds
- HVAC
- Insurance/Risk Management
- Investment Services
- Janitorial/Housekeeping Supplies and Services
- Laundry Services and Equipment
- Legal Services
- Marketing/Promotional
- Medical Supplies/First Aid
- MRO Services (Pest Control, Inspections, Elevator Maintenance, etc.)
- Office Supplies and Equipment
- Parking and Campus Transportation
- Photography and Imaging Science
- Plumbing
- Postage
- Print Management
- Safety/Security/Fire
- Scientific Equipment/Gases and Fuels
- Shipping Services/Customs
- Software
- Training
- Travel: Transportation and Lodging
- Uniforms/ Apparel (not Athletics)
- Vehicles
- Waste Disposal
- Web Services and Design

Section B

1. Net worth of business:  

2. Total sales and receipts (include amounts for all affiliated businesses) for most recent fiscal year:

3. How many full-time employees work for your organization?

4. With respect to hourly employees (excluding office personnel), please provide the following information regarding the listed benefits:

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Offered? (Yes or No)</th>
<th>Indicate Premium % (or Match %) Paid by Your Firm</th>
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<tr>
<td>Wages: Rochester Area Living Wage or higher</td>
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<td>Health Insurance</td>
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<td>Dental Insurance</td>
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<td>Life Insurance</td>
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<td>Reimbursement for Tuition/Educational Expenses</td>
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<td>Reimbursement for Uniforms or Tools</td>
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<td>Retirement (401(k) plan or equivalent or defined benefit/pension plan)</td>
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5. Do you have a safety policy/manual and compliance history pertaining to all environmental health and safety regulations for the past three years?

- Yes
- No
6. Has your organization ever performed work for RIT? 〇 Yes 〇 No If yes, please explain:

7. Resumes of Key Personnel - Provide the requested information for key personnel who would be assigned to work on contracts awarded or who would, at a minimum, supervise such work.

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Primary Responsibilities</th>
<th>Years Experience (This firm/other firms)</th>
<th>Education (Institutions, Years, Degrees, Certificates)</th>
<th>Other Relevant Experience and/or Qualifications</th>
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8. Judgements and Claims - Are there any judgements, claims, or suits pending or outstanding against you or your organization? 〇 Yes 〇 No If yes, please explain:

9. Disputes Regarding Liens - Has any owner or higher-tier contractor with whom your business has had a contract ever disputed a claim of lien filed by you or your organization? 〇 Yes 〇 No If yes, please explain:

10. Receivership - Have you or your organization filed for bankruptcy, receivership, or reorganization within the last five years? 〇 Yes 〇 No If yes, please explain:

11. Legal Infractions - Have you or your organization been cited and/or fined for failure to comply with federal or state regulations and/or statues in the past two years? 〇 Yes 〇 No If yes, please explain:

12. Are you listed on the State or Federal Debarred List? 〇 Yes 〇 No

13. Equal Opportunity - Have you or your organization been notified of EEOC complaints in the past two years? 〇 Yes 〇 No If yes, please explain:

14. Do you have an affirmative action plan? 〇 Yes 〇 No
15. Do you anticipate that your organization will be acquired or change ownership within the next two years? ○ Yes ○ No If yes, please explain:

16. Bonding - Attach a letter from your surety company or its agent licensed to do business in New York verifying your organization's capacity to provide adequate performance and payment bonds.

Have any funds been expended by a surety company on your behalf? ○ Yes ○ No If yes, please explain:

List all of the surety companies that have provided bonds for your company for the past ten years:

What is your current bonding capacity with regard to your current total worth of work in progress and under contract?

Section C

I understand that:

Information provided in this application may be audited by RIT or verified by other means.

Provision of information in this application does not relieve me from providing the same or additional information as requested in a response to a Request for Proposal.

Submittal of this application does not guarantee qualification. Qualification will be given only if my organization meets all statutory, regulatory or University requirements, including those not listed in this application. Qualification does not guarantee my company any business.

I must update significant information changes in writing within 30 days. Significant changes include, but are not limited to: change of legal status, TIN, ownership, name, address, as well as loss of licensure or registration, filing of bankruptcy, or suspension or debarment by any federal, state, or local government agency.

Failure to provide accurate and reliable information required by this form may, in accordance with any and all applicable laws, result in penalties including, but not limited to, suspension or debarment from doing business with RIT and termination of contracts.

I swear or affirm that:

The information provided in this application is true and correct as the time of signing. I, along with the other officers and employees, have not been convicted of bribery or attempted bribery, nor have made an admission of guilt as to such conduct that is a matter of records.

I am an equal opportunity employer and in compliance with the equal opportunity requirements of applicable state and federal laws.

Signature: ___________________________ Name (type or print): ___________________________

Date: _______________ Title: ___________________________

Please attach copies of the past two fiscal years' balance sheets or a statement of financial summary and explanation of why balance sheets cannot be included.