



DEPARTMENT
OF
PURCHASING and CONTRACTING

DEKALB COUNTY SUPPLIER REGISTRATION PACKAGE

Date Application Submitted: _____

Please return this registration package by fax, e-mail or postal mail to:

DeKalb County Department of Purchasing and Contracting
1300 Commerce Drive
Decatur, Georgia 30030

For information, telephone: 404-371-7051

Fax: 404-371-7006

E-mail: <mailto:pcadmin-ops@dekalbcountyga.gov>

Please include a copy of your Company's current Business License and IRS Form W9 with this application. We cannot process your application without this information. Please do not send partial documentation.

Initial Application: _____

Revision: _____

Enter Full Legal Name of Firm			

Enter Parent Firm's Name, if applicable			

Enter Your DBA name, if applicable			

Enter Federal Tax ID Number (EIN): _____			
OR			
Enter Social Security Number if applicable: _____			
Required by the Internal Revenue Service for reporting purposes. Your firm cannot be added to our Supplier Master File without either a Federal Tax ID Number or Social Security Number.			
Primary Business Classification (check only <u>ONE</u>)			
1. Distributor	___	5. Court Supplier (Recorder, Judge, Attorney, interpreter, expert witness)	___
2. Service Provider	___	6. Manufacturer	___
3. Freight Carrier	___	7. Non-Profit	___
4. Government Agency	___	8. Professional Association	___
Is your Organization 1099 reportable? Yes ___ No ___		<u>Please check ONE</u> Your organization type is:	
If you checked "Yes" above, please circle ONE appropriate category:			
1. Attorney	___	1. Individual	___
2. Medical Facility or Physician	___	2. Proprietorship <u>P</u>	___
3. Other Non-employee Compensation	___	3. Partnership	___
		4. Corporation (LLC/LLP/INC)	___
If incorporated, which state? _____		Date Business Started _____	

DeKalb County Supplier Registration Package (Department of Purchasing and Contracting Form # 16)

Business or Professional License	
If a business of Professional License is required in your jurisdiction or profession a copy of that license should be on file with DeKalb County	
Business License Number _____	Issuing City, County or State _____
Professional License Number _____	Issuing City, County or State _____
Check here if a Business License IS NOT required for this type of firm in this City County, or State. ____ City, County, or State _____	
Check here if a Professional License IS NOT required for this type of firm in this City County, or State. ____ City, County, or State _____	

NOTE: Please attach listing of any additional addresses not included below:

Corporate Address (Purchasing Site) where Purchase Orders are sent)

Street Address: _____ _____ _____		
County _____		
City _____	State/Province _____	Postal Code _____
Email Address _____		_____

RFQ/Bid Address (RFQ Only Site) where sealed bids are to be sent

Street Address: _____ _____ _____		
County _____		
City _____	State/Province _____	Postal Code _____
Email Address Required Field to Receive RFP and ITB notices automatically		_____

DeKalb County Supplier Registration Package (Department of Purchasing and Contracting Form # 16)
Billing or Remit to Address (Pay Site)

Street Address: _____ _____ _____		
County _____		
City _____	State/Province _____	Postal Code _____
Email Address _____	_____	

Please circle only <u>ONE</u> for preferred method of contact for receiving Purchase Orders	
1) Fax _____	2) E-mail _____
Fax: _____	
Email: _____	
*DeKalb County will send Solicitation Notices via email. If you wish to receive Notices at a different email address rather than the one provided, please enter that email address below.	
Email: _____	

CONTACTS:

First Contact Person

Second Contact Person

1st Contact Person's Name _____	2nd Contact Person's Name _____
1st Contact Person's Title _____	2nd Contact Person's Title _____
1st Contact Person's Voice Line _____	2nd Contact Person's Voice Line _____
1st Contact Person's E-Mail _____	2nd Contact Person's E-Mail _____
Required Field	Required Field
1st Contact Person's Fax No. _____	2nd Contact Person's Fax No. _____

(NOTE: Please attach any additional contact information)

DeKalb County Supplier Registration Package (Department of Purchasing and Contracting Form # 16)
LOCAL SMALL BUSINESS ENTERPRISE ORDINANCE

The DeKalb County Government has a **Local Small Business Enterprise Ordinance**. The Ordinance requires prime contractors to make a good faith effort to use LSBEs for twenty percent (20%) of the total contract award on all qualified sealed solicitations.

To qualify for certification with DeKalb County Government as a LSBE, your business must operate and be located in the ten (10) county Atlanta Metropolitan Statistical Area (MSA) for at least one year prior to the submission of your application for certification. The MSA includes the following Georgia Counties: ***Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett, and Rockdale.***

There are two (2) types of LSBE certifications: (1) **LSBE-DeKalb** and (2) **LSBE-MSA**.

Certified LSBEs located within DeKalb County (**LSBE-DeKalb**) and prime contractors utilizing them shall receive **ten (10) percentage points** in the initial evaluation of their response to any Request for Proposal and a **ten (10) percent preference** on all responses to any Invitation to Bid.

Certified LSBEs located outside of DeKalb County but within the MSA (**LSBE-MSA**) and prime contractors utilizing them shall receive **five (5) percentage points** in the initial evaluation of their response to any Request for Proposal and a **five (5) percent preference** on all responses to any Invitation to Bid.

Applications for certification as a Local Small Business Enterprise (LSBE), Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) **are available online at <http://www.co.dekalb.ga.us/purchasing/formattaInstall.htm>**. Please feel free to contact the Contract Compliance Division **by email at contract@co.dekalb.ga.us** or by telephone at (404) 371-4795 with any questions pertaining to the LSBE Ordinance or certification

I am interested in being certified as a: (please check all that apply)

_____ (LSBE) See above.

_____ (WBE) A business that is at least 51% owned and controlled by one or more women.

_____ (MBE) A business that is at least 51% owned and controlled by one or more minorities.

Note: No Benchmark Required and No Preference Granted For MBEs or WBEs.

Contact Person: _____

Contact me by email: _____

Telephone: _____

Has your firm been certified as an MBE in another jurisdiction? _____ (Yes / No)

If yes, what jurisdiction? _____

Has your firm been certified as an WBE in another jurisdiction? _____ (Yes / No)

If yes, what jurisdiction? _____

Potential Conflict Disclosure

Does any current or former DeKalb County Board of Commissioners, CEO, Officer, or Employee hold an interest of 5% or more, or any other interest, in the business or in any of the business subcontractors? (“Interest” as used herein also includes membership on the board of directors of “for-profit” corporations.)

Yes _____ No _____ Unsure _____

If Yes or Unsure, please provide the following information:

Name: _____

Position: _____

Organization: _____

Business/Subcontractor: _____

Interest Owned: _____

Does any member of the immediate family of any current or former DeKalb County Board of Commissioners, CEO, Officer, or Employee hold an interest of 5% or more, or any other interest, in the business or in any of the business subcontractors? (“Interest” as used herein also includes membership on the board of directors of “for-profit” corporations.)

Yes _____ No _____ Unsure _____

If Yes or Unsure, please provide the following information:

Name of Relative: _____

Relationship: _____

Name of DeKalb County Personnel or Employee: _____

Comments: _____

DeKalb County also reserves the right not to do business with anyone related by blood or marriage to anyone in the categories of persons listed above when the relationship has the appearance of a “conflict-of-interest”. Is the business aware of any relationships, not identified above, that may create the appearance of a “conflict-of-interest”?

Yes _____ No _____ Unsure _____

If Yes or Unsure, please describe (use a separate sheet if necessary):

YOU MUST COMPLETE the Federal Form W-9 from the link below or **WE CANNOT** add your firm to our Supplier Master file. The Internal Revenue Service requires us to maintain this information.

THE W-9 CANNOT BE SUBMITTED ELECTRONICALLY. THE IRS REQUIRES A PHYSICAL SIGNATURE. THE W-9 MUST BE COMPLETED, PRINTED, SIGNED AND EITHER MAILED OR FAXED TO COMPLETE THE SUPPLIER REGISTRATION PROCESS!

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Authorized Signature

I hereby swear or affirm that the information given on this Supplier Information Questionnaire is true and correct to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals to perform work for DeKalb County.

If there is a change in status that affects the information provided in this Questionnaire, the undersigned agrees to provide notice of change to DeKalb County Department of Purchasing and Contracting within ten (10) days after said change.

FIRM: _____

BY: _____
(Signature)

NAME: _____

TITLE: _____

FOR USE BY THE DeKalb County DEPARTMENT OF PURCHASING AND CONTRACTING ONLY

First Follow-up Date: _____ Final Follow-up Date: _____