



ENHANCING NEIGHBORHOODS
STRENGTHENING COMMUNITIES
CHANGING LIVES

VENDOR REGISTRATION FORM

GENERAL INFORMATION

Vendor Name

Contact Name

Contact Person's Title

Street Address

Street Address Line 2

City

State

Zip Code

Phone Number

Other Phone

Fax Number

E-mail Address

DISCLAIMER

The completion and submission of the Vendor Registration Form does not guarantee any minimum or maximum amount of work for a Vendor. It simply means that a Vendor is registered to conduct business with GDPM as opportunities are made available. At that time, the Vendor may have the opportunity to submit a bid, quote or proposal. Likewise, the submission of a bid, quote or proposal does not guarantee any Vendor the right to an award as all procurement activity conducted by GDPM must be in full compliance with the following regulations:

- 2 CFR Part 200
- HUD Procurement Handbook 7460.8 REV 2
- GDPM's Procurement Policy and Procedures

For registrations you must submit a W-9 Form.

GDPM VENDOR REGISTRATION FORM

BUSINESS CLASSIFICATION

Taxpayer Identification Number or Social Security Number

(must select at least 1)

- | | |
|--|---|
| <input type="checkbox"/> Individual /Sole Proprietorship | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Not-for-Profit |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> State of Incorporation |
| <input type="checkbox"/> Resident Owned Business | |
| <input type="checkbox"/> Other | <input type="text"/> |

Number of Years Company has been in Business:

Number of Employees:

ECONOMIC INCLUSION

Certifying documentation or notarized declaration must be provided to GDPM to prove status:

(must select at least 1)

- | | |
|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Disabled Owned | <input type="checkbox"/> Veteran Owned |
| <input type="checkbox"/> Woman Owned (at least 51%) | |

Minority Owned (at least 51%):

Section 3 Business Concern:

GDPM VENDOR REGISTRATION FORM

Would you like to receive e-mails on development opportunities that involve your services?

VENDORS SERVICES AND/OR PRODUCTS

Please specify the type of service(s) or product(s) that your business provides:

(must select at least 1)

Appraisal (Real Property)

Asphalt Repair

Architecture/Engineering

Cabinet Installation

Carpet Cleaning

Concrete Repair

Construction: Exterior Renovation

Construction: Interior Renovation

Construction: New

Construction: Repair

Construction Management

Demolition

Design Services

Electrical Supplies

Elevators

Energy Services - Building Facilities

Environmental Services

Planning Design

Fire Suppression and Inspection

Flooring

Hazardous Materials Removal

HVAC

Janitorial Services

Land Acquisition

Land Surveying

Landscaping Services

Masonry

Mowing Services

Painting

Planning Design

Playgrounds

Plumbing

Real Estate Appraisals

Roofing

Siding & Installation

Waste Removal

Waster Repair Restoration

Other



GREATER DAYTON PREMIER MANAGEMENT DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Greater Dayton Premier Management to initiate credit/debit entries for payments, debits or error corrections to my account (identified below) and authorize the bank to credit/debit the same to my account.

This authorization is to remain in effect until revoked in writing with Greater Dayton Premier Management.

Client Signature _____

Print Name _____ Date _____

Complete either checking or savings account – DO NOT COMPLETE BOTH.

CHECKING ACCOUNT

Checking Account Number _____

Transit/ABA Routing Number _____

Bank Name _____ City, State _____

*Attach a copy of a voided check

SAVINGS ACCOUNT

Savings Account Number _____

Transit/ABA Routing Number _____

Bank Name _____ City, State _____

*Attach a deposit slip or call bank to get routing number

RETURN COMPLETED FORM (WITH ATTACHMENTS) TO:

procurement@dmha.org