



SUPPLIER DIVERSITY VENDOR PROFILE

Please check all classifications that apply

Date

Email completed form and all supporting documentation to:

Jacqueline Kennedy, Director, Brooklyn MBDA Business Center: jkennedy@olimilifestylemanagement.org

Vendor Name			Contact Name	
Address			Phone	Fax
City	State	Zip	Email	

Geographic Service Area (please indicate state):

Nature of Business (please describe):

☐ Large Business

☐ Small Business

In determining whether your company meets the qualifications of a small business, the following guidelines as defined in Section 13 CFR PART 121 of the Small Business Act, are to be applied.

Is Your Firm a:

☐ Contractor

☐ Professional Services

☐ Material Supplier

☐ General Contractor

☐ Trucking/Hauling

☐ Prime Contractor

☐ Trade Subcontractor

Has your firm performed public work in:

New York?

☐ Yes

☐ No

Connecticut?

☐ Yes

☐ No

New Jersey?

☐ Yes

☐ No

Brooklyn Minority Business Development Agency Business Center
Medgar Evers College | 1150 Carroll Street, Room 405-A | Brooklyn, NY 11225
Tel: (877) 352.2116 | Fax: (347) 736-1341
jkennedy@olimilifestylemanagement.org | brooklynMBDACenter.com

In addition to the above, please identify other classifications and certifications which are applicable to your firm:

Check all that apply:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Small Business Enterprise |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Minority Business Enterprise |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | HUB-zone |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Women Business Enterprise |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Disadvantaged Business Enterprise |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Veteran Owned Business Enterprise |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Service Disabled Veteran Owned Business Enterprise |

If you answered YES to any of the above, please list agency and provide the expiration date for each of the certifications.

COPY OF CERTIFICATIONS MUST BE ATTACHED

AGENCY NAME	CERTIFICATION CLASSIFICATION	EXPIRATION DATE MM/DD/YY
1. _____	_____	____/____/____
2. _____	_____	____/____/____
3. _____	_____	____/____/____
4. _____	_____	____/____/____

Business Basics: Does your company currently possess any of the following:

- ☐ **Bid Bond**
- ☐ **Payment & Performance Bond** and Limits:
Single Project: _____ Aggregate: _____
- ☐ **Liability Insurance**
- ☐ **Workman's Compensation Insurance**
- ☐ **OSHA 10 Hour Card** (required for all on-site personnel, including truckers)
- ☐ **Automobile Insurance**

PERSONAL DATA

Agent Name: _____

Location: _____

Contact Info: _____

Does your firm have experience with complying with Prevailing Wage requirements? ☐ Yes ☐ No
Does your firm use an outside payroll service firm? ☐ Yes ☐ No

RECENT CONTRACT HISTORY

<u>Client Name</u>	<u>Scope of Work</u>	<u>Contract Value \$</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INDICATE THE GROSS ANNUAL RECEIPTS COVERING THE FIRM'S LAST THREE FISCAL YEARS:

Fiscal Year Ending_____	Amount \$_____
Fiscal Year Ending_____	Amount \$_____
Fiscal Year Ending_____	Amount \$_____
Fiscal Year Ending_____	Amount \$_____

<u>Contract Type</u>	<u>Scope of Work</u>	<u>Contract Value</u>
Typical Contract: _____	_____	\$_____
Largest Contract: _____	_____	\$_____

Current number of full-time employees: _____

Please attach the following:

- Capabilities Statements
- DAS Certifications
- DAS Prequalification (if applicable)
- Insurance Certificate
- Reference Letters

CERTIFICATION AND ACKNOWLEDGEMENT

I certify and acknowledge that the answers provided herein are true, accurate and complete. Further, I fully understand that false or misleading information may result in penalty.

_____ Signature of Vendor Official	_____ Title
_____ Print Name	_____ Date