

Dear Potential Vendor:

Richmond Redevelopment and Housing Authority (RRHA) looks forward to a mutually beneficial partnership. For those desiring to do business with RRHA, the following information is required from all vendors.

To ensure the collection of all information, please update the enclosed Vendor Questionnaire and provide a copy of the following:

- W-9 (Request for Taxpayer Identification Number and Certification)
- Business License
- Contractor's License
- Small, Woman, Minority Business Certificate

RRHA asks that you complete all questions on the survey. This information is needed to provide data to various federal, state, and local monitoring agencies.

Please Email, Fax, or Mail to:

RRHA - Procurement and Contract Administration
901 Chamberlayne Parkway
Richmond, VA 23220
Fax No: 804-780-8712 | Email: Procurement@rrha.com

Thank you for your immediate attention.



PROCUREMENT

901 Chamberlayne Parkway, Richmond, VA 23223 | 804.780.4200 | www.rrha.com |
 Email us: Procurement @rrha.com

VENDOR QUESTIONNAIRE

Please complete this questionnaire and return it to the address below within three (3) business days

Company Information

TAX ID NUMBER (If not a sole proprietor) or Social Security Number or individual: _____

Contact Person's Name: _____ Contact Person's Telephone No.: _____

Company Name: _____ D.B.A.: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Dun & Bradstreet No: _____

Accounts Receivable Information

Accounts Receivable Contact Name: _____ Accounts Receivable Telephone No.: _____

Payment Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____

Terms: 2% 10 day or Net 30

Classification 1 Woman, Disabled, Minority Business, Section 3 Certified

The vendor is at least 51% owned by one or more women? Yes No Please submit M/WBE Certification

The vendor is at least 51% owned by one or more disabled individuals Yes No

The vendor is a minority owned business? Yes No

If yes, please attach certification from Commonwealth of VA Department of MBE, DOT, City of Richmond or any other local, state, or federal agency that certifies businesses as a minority business.

African American (Black) Hispanic Caucasian
 Native American Asian American Pacific Islander

Classification 2 Type of Products/Services

What are the primary products or services your company provides? *Please check only one of the following options.*

<input type="checkbox"/> Advertising Marketing	<input type="checkbox"/> H.A.P. Payment	<input type="checkbox"/> Maint. Srv. Contracts	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Automotive	<input type="checkbox"/> Health Services	<input type="checkbox"/> Office Supplies	<input type="checkbox"/> Security Services
<input type="checkbox"/> Computer Services	<input type="checkbox"/> Insurance	<input type="checkbox"/> Other	<input type="checkbox"/> Telecommunication
<input type="checkbox"/> Construction/Demoliton	<input type="checkbox"/> Lease and Rentals	<input type="checkbox"/> Permits, Licenses	<input type="checkbox"/> Training
<input type="checkbox"/> Employee Benefits	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Utility
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Lodging	<input type="checkbox"/> Real Estate Dev.	<input type="checkbox"/> Wage Assignments
<input type="checkbox"/> Food and Beverage	<input type="checkbox"/> Maintenance Sply & Mtrl.	<input type="checkbox"/> Consultant	<input type="checkbox"/> Temp. Emp. Agency

Additional products or services provided: _____

Classification 3 Enterprise Classification

What is classification of your enterprise? Please check on of the following options.

___ Corporation ___ Partnership ___ Non Profit ___ Employee ___ Public Housing Authority
 ___ Government ___ Tenant ___ Utility ___ Sole Proprieter ___ Other

Signed: _____ Title: _____ Date: _____