

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.

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Changing Lives.

PROCUREMENT

901 Chamberlayne Parkway, Richmond, VA 23223 | 804.780.4200 | www.rrha.com |

Email us: Procurement @rrha.com

VENDOR QUESTIONAIRE

African American (Black)HispanicCaucasianNative AmericanAsian AmericanPacific IslanderClassification 2 Type of Products/ServicesWhat are the primary products or services your company provides? Please check only one of the following options.Advertising MarketingH.A.P. PaymentMaint. Srv. ContractsReimbursementAutomotiveHealth ServicesOffice SuppliesSecurity ServicesComputer ServicesInsuranceOtherTelecommunicationContruction/DemolitonLease and RentalsPermits, LicensesTrainingEmployee BenefitsLegal ServicesProfessional ServicesUtility	Please complete this questionnaire and return it to the address below within three (3) business days				
Contact Person's Name:Contact Person's Telephone No.:Company Name:D.B.A:Company Address:Dun & Bradstreet No:Company Address:Dun & Bradstreet No:Company Address:Dun & Bradstreet No:Company Address:Dun & Bradstreet No:Company Address:Company Address:Accounts Receivable Telephone No.:Payment Address:Company Address:	Company Information				
Company Name: D.B.A.: Company Address: Zip: City: State: Zip: Email Address: Dun & Bradstreet No: Email Address: Dun & Bradstreet No: Accounts Receivable Information Accounts Receivable Contact Name: Accounts Receivable Telephone No.: Payment Address: Cip: 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? The vendor is at least 51% owned business? No The vendor is a minority owned business? No The vendor is a minority owned business? No If yes, please attach certifics businesses as a minority business. No If yes, please attach certifies businesses as a minority business. Caucasian Atrican American (Black) Hispanic Caucasian Native American (Black) Hispanic Caucasian Advertising Marketing H.A.P. Payment Maint. Srv. Contracts Reimbursement Advertising	TAX ID NUMBER (If not a sole proprietor) or Social Security Number or individual:				
Company Name: D.B.A.: Company Address: Zip: City: State: Zip: Email Address: Dun & Bradstreet No: Email Address: Dun & Bradstreet No: Accounts Receivable Information Accounts Receivable Contact Name: Accounts Receivable Telephone No.: Payment Address: Cip: 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? The vendor is at least 51% owned business? No The vendor is a minority owned business? No The vendor is a minority owned business? No If yes, please attach certifics businesses as a minority business. No If yes, please attach certifies businesses as a minority business. Caucasian Atrican American (Black) Hispanic Caucasian Native American (Black) Hispanic Caucasian Advertising Marketing H.A.P. Payment Maint. Srv. Contracts Reimbursement Advertising	Contact Person's Name:	Contact Person's Telephone No.:			
City:					
Email Address:	Company Address:				
Accounts Receivable Information Accounts Receivable Contact Name:					
Accounts Receivable Contact Name:	Email Address: Dun & Bradstreet No:				
Payment Address:	Accounts Receivable Information				
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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 at least 51% owned business? Yes No The vendor is a minority owned business? Yes No If yes, please attach certifiction 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 What are the primary products or services your company provides? Please check only one of the following options. Advertising Marketing H.A.P. Payment Maint. Srv. Contracts Reimbursement Automotive Health Services Office Supplies Security Services Computer Services Insurance Other Telecommunication Contruction/Demoliton Lease and Rentals Permits, Licenses Training Employee Benefits Legal Services Professional Services Utility	Phone Number: ()	Fa	ax Number: ()		
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□Contruction/Demoliton □Lease and Rentals □Permits, Licenses □Training □Employee Benefits □Legal Services □Professional Services □Utility			••	•	
Employee Benefits Legal Services Professional Services Utility		□Lease and Rentals	□Permits, Licenses		
LIFINANCIAL Services LICodging LIReal Estate Dev. LIWage Assignments		□Lodging	□Real Estate Dev.	□Wage Assignments	
□Food and Beverage □Maintenance Sply & Mtrl. □Consultant □Temp. Emp. Agency	□Food and Beverage □	□Maintenance Sply & Mtrl.	□Consultant	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.					
CorporationPartnershipNon ProfitEmployeePublic Housing Authority					
GovernmentTenantUtilitySole ProprieterOther	GovernmentTenant	Utility	Sole ProprieterOthe	r	
Signed: Date:	Signed:	Title:		Date:	

Return To: Richmond Redevelopment & Housing Authority, P.O. Box 26887, Richmond, VA 23261-6887 EFF. DD 02/05/18 Division of Procurement and Contract Administration, 901 Chamberlayne Parkway, Richmond, VA 23220*Fax No. (804) 780-8712