VENDOR APPLICATION - INFORMATION AND INSTRUCTIONS

The Vendor Application Form is the best way to introduce your business informally to FAU and to match your goods/services with the appropriate Purchasing Agent.

To review a listing of bids currently available, please visit our FAU Purchasing website, Bid Information and Public Notices at: http://www.fau.edu/purchasing. Please follow the posted instructions to receive a bid. Bids are not automatically mailed to vendors. Failure to respond in writing to a bid, even a "NO BID" may be viewed as a lack of interest by the vendor, and may be just cause for removal of the vendor from future bid lists.

The completed Vendor Application will be forwarded to the appropriate Purchasing Agent for their use. Please enclose any additional information about your company, a line card or call the Purchasing Department at (561) 297-3080 to schedule an appointment with the appropriate Purchasing Agent.

In accordance with FAU Regulation 5.011 University Ethics: It is the policy of the University that no employee of the University may have any interest, financial or otherwise, direct or indirect, engage in any business transaction or professional activity; or incur any obligation of any nature which is in substantial conflict with the proper discharge of his/her duties in the public interest.

All University personnel engaged in Purchasing activities and their Supervisors are bound by the standards of conduct for public officers and employees set forth in Chapter 112, Part 3, F.S. No full or part-time University employee who participates through decision, approval, recommendation or preparation of any part of a purchase request or who influences the content of any specification or procurement standard may contract with or become the agent contracting with the University.

No full or part-time University employee may:

a. Rent, lease or sell any goods, services or realty to the University, either directly, or indirectly.

b. Permit the sale or lease of anything to the University through the employee’s spouse or minor children, or through any business entity of which the employee’s spouse or minor children, in any combination, have a material interest. “Material interest” is defined as having direct or indirect ownership of more than five (5) percent of the total assets or capital stock of any business entity.

c. Have outside employment or a contractual relationship with any business entity which is doing business with the University, whether compensated or uncompensated, which would create a continuing or frequently recurring conflict between private interests and the full and faithful performance of the employee’s public duties.

d. Solicit or accept anything of value, including gifts, loans, rewards, promise of future employment, a favor or service where the employee knows (or should have known) that it was given to influence the judgment or official action of the employee.
The University reserves the right to refrain from contracting with any vendor of goods or services, if it determines that such a contract would involve or would appear to involve a conflict of interest. Any person or firm who receives a contract to perform a feasibility study for potential implementation of a subsequent contract, participates in the drafting of a competitive solicitation, or develops a program for future implementation shall be ineligible to contract with the University dealing with the specific subject matter.

TAXES: Florida Atlantic University, a public entity of the State of Florida, is exempt from Federal and State of Florida Sales tax. This exemption only applies to direct purchases made by the University, from the Vendor on the Purchase Order and does not apply to any purchases made by the Vendor.

All University purchasing transactions are subject to FAU Regulation 6.008, Purchasing, regarding Public Entity Crimes. The University shall not accept a competitive solicitation from, or purchase commodities and contractual services from a person or affiliate who has been convicted of a public entity crime and has been placed on the State of Florida's Convicted Vendor List for a period of thirty-six (36) months from the date the person or affiliate was added to the Convicted Vendor List.

An IRS Form W-9 must be submitted by all domestic vendors, individuals and sole proprietors to provide FAU with their Employee Identification Number and Tax Filing Status, as required by the IRS. IRS Form W-8 must be submitted by foreign business entities to confirm their status.

Social Security Number Collection and Usage:

FAU’s Purchasing Department may collect social security numbers (SSNs) only as specifically authorized by law or if imperative for the performance of duties and responsibilities as prescribed by law. SSNs may be required to facilitate vendor payments, authenticate identity, and the issuance of honoraria to individuals. SSNs are necessary for compliance with Financial Information Reporting, and Miscellaneous Income (1099) reporting to the IRS. SSNs may also be required for ACH (direct deposit) Forms to verify against bank records. FAU takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as authorized by law or as necessary for the fulfillment of our duties and responsibilities, and will only be required for the legitimate business purposes as outlined below:

- Consulting & Professional Services Worksheet
  *Authorized by 26 USC §§3402(f)(2)(A), 1441, 6109, 6050S and §119.071(5), F.S.*

- As required by the IRS Form W-9 and the ACH Enrollment.
  *Authorized by 26 USC §§3402, 3406, 1441, 6109 and §119.071(5), F.S.*
**CONTACT INFORMATION:**

1. COMPANY NAME AND ADDRESS (INCLUDE ZIP CODE)  

2. MAILING ADDRESS (IF DIFFERENT FROM #1)  

3. CONTACT INFORMATION  
   POINT OF CONTACT ________________________________  
   TOLL FREE # _____________________________________  
   PHONE # _________________________________________  
   FAX # __________________________________________  
   E-MAIL _________________________________________  

4. REMITTANCE ADDRESS (IF DIFFERENT FROM #1 OR #2)  

6. BRIEFLY DESCRIBE THE COMMODITIES OR SERVICES THAT YOU WISH TO OFFER THE UNIVERSITY  

**CERTIFICATION:**

7. In accordance with the Conflict of Interest provision, the Vendor certifies the following:  
   a. _____ There are no identified conflicts of interest.  
   b. _____ The following potential conflict of interest has been identified:  
      
      Name of University Employee: ___________________________  
      Relationship to Business: ________________________________  
      % Business Owned: ___________________________  
      (Major shareholder/Owner/Relative/Partner)  

8. In accordance with the Public Entity Crimes provision, the Vendor certifies at the time of submission the following:  
   a. _____ Vendor is eligible to conduct business with the University.  
   b. _____ Vendor is not eligible to conduct business with the University.
BUSINESS SIZE DECLARATION:

9. DOES YOUR BUSINESS QUALIFY AS ANY OF THE FOLLOWING: (CIRCLE APPLICABLE CHOICES)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>NON MINORITY (LARGE BUSINESS)</td>
<td>H</td>
<td>AFRICAN-AMERICAN</td>
<td>N</td>
<td>AFRICAN-AMERICAN</td>
</tr>
<tr>
<td>B</td>
<td>SMALL BUSINESS – FLORIDA</td>
<td>I</td>
<td>HISPANIC</td>
<td>O</td>
<td>HISPANIC</td>
</tr>
<tr>
<td>C</td>
<td>SMALL BUSINESS – FEDERAL</td>
<td>J</td>
<td>ASIAN-HAWAIIAN</td>
<td>P</td>
<td>ASIAN-HAWAIIAN</td>
</tr>
<tr>
<td>D</td>
<td>NON-PROFIT</td>
<td>K</td>
<td>NATIVE AMERICAN</td>
<td>Q</td>
<td>NATIVE AMERICAN</td>
</tr>
<tr>
<td>E</td>
<td>GOVERNMENTAL, PUBLIC SCHOOL, COLLEGE OR UNIVERSITY</td>
<td>L</td>
<td>R.E.S.P.E.C.T</td>
<td>R</td>
<td>AMERICAN WOMAN</td>
</tr>
<tr>
<td>F</td>
<td>SMALL DISADVANTAGED BUSINESS - FEDERAL</td>
<td>M</td>
<td>AMERICAN WOMAN</td>
<td>Z</td>
<td>UNDECLARED</td>
</tr>
<tr>
<td></td>
<td>(See a. below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P.R.I.D.E.</td>
<td>G</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. If you selected CODE F (above), FEDERAL SMALL DISADVANTAGED BUSINESS, please select from the following list your type of business concern:
   _____ Veteran-owned small business concerns
   _____ Service-disabled veteran-owned small business concerns
   _____ Women-owned small business concerns
   _____ HUBZone small business concerns

b. To determine your Federal Size Standard, please access the U.S. Small Business Administration’s website at: http://www.sba.gov/index.html or go to the SBA’s http://www.sba.gov/size/ to look up your North American Industry Classification System (NAICS) Code and the qualifying number of employee’s or annual dollar amount.

If you are using Federal Size Standards, please specify the codes used:

NAICS CODE:_____________  Number of Employees:_____________  OR  Annual Amount: $_____________

c. To download the application for Certification of Minority Business Enterprise for the State of Florida and to view the State of Florida’s Eligibility criteria (size standards), please go to the Office of Supplier Diversity’s website at: http://dms.myflorida.com/other_programs/office_of_supplier_diversity_osd/certification

d. If you are NOT a State of Florida Certified Minority Business Enterprise, but are certified by another organization or public entity such as county or city, please specify the entity and date of certification below:

Certifying Organization’s Name:_________________________  Active Dates of Certification:_____________________

10. I certify that the information supplied herein, including all attachments, is correct to the best of my knowledge. I further certify that in doing business with Florida Atlantic University my firm is in compliance with Chapter 112, Florida Statutes in regards to conflicts of interest and Florida Atlantic University Regulation 6.008 regarding Public Entity Crimes.

_________________________                      _______________________________                      ________________________
Date                                           Name and Title of Person Signing                      Signature