



Vendor Application

Please complete, sign and submit along with any corresponding required forms to the school/department requesting the goods or services. NOTE: All new vendors must submit an IRS Form W-9. Additionally, prior to starting work, ALL Services related vendors are required to be "Jessica Lunsford Act" compliant and must submit a Drugfree Workplace Certificate and a Certificate of Insurance. Incomplete applications will not be processed. For additional information please contact the VCS Purchasing Department at: 386-947-8786 Extension 50855 / PurchasingDept@groups.volusia.k12.fl.us

Possible Conflict of Interest Situations per Florida Statute 112.313 and School Board Policies

If you answer "Yes" to any questions below, please contact the Volusia County Schools (VCS) Purchasing Department before completing the rest of the form.

1. Are you requesting a <u>new</u> supplier to be loaded or is this a request to <u>update</u> an existing supplier profile? NOTE: A government issued, valid form of identification is required for both new Vendor Applications and updates to existing Vendor Applications.	<input type="checkbox"/> NEW <input type="checkbox"/> UPDATE
2. Are you an employee of the Volusia County Schools (includes substitutes and community coaches)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is any employee of VCS an owner, proprietor, partner, director, or officer of this business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is any spouse, parent, or child of any employee of the VCS an owner, proprietor, director or officer of this business?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If yes, Employee's full name:		Relationship to Employee:	
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General Business Information

Vendor's Legal Name (To be used on the Purchase Order)		FEIN or Social Security Number:		
Vendor's Invoicing Name (To allow A/P to accept invoices in this name)		Parent Supplier (If applicable):		
Mailing Address:	Address / Attn To Name:	/		
	City / County:	/	State:	Zip Code:
Remit to Address: (If different from address above):	Address / Attn To Name:	/		
	City / County:	/	State:	Zip Code:

Business Classification: Are you operating as a certified Small Business? (If Yes, you must provide a copy of your SBA, OSD, or other certifying agency certification)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Check all Socio-Economic Business Classifications that apply:

- ☐ Business Development Program ☐ Disadvantage Business ☐ Hub Zone ☐ Mentor-Protege Program ☐ Minority Owned
☐ Service-disable Veteran Owned ☐ Small Business ☐ Veteran Owned ☐ Woman Owned

Vendor Representative Contact Name:		Telephone (include Area Code):	
Vendor Representative Title:		Vendor Representative Email Address:	
Do you want to receive purchase orders electronically?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please provide the designated email address below:	
		Fax # (include area code):	

Type of Business (Please check focus below and provide a brief description in the space provided)

- ☐ Corporation ☐ Foreign Corporation ☐ Foreign Governmental Agency ☐ Foreign Individual ☐ Foreign Partnership ☐ Government Agency ☐ Individual ☐ Partnership

Description of Goods and/or Services to be provided:	
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Preferred Method of Payment (Please check all that apply):

- ☐ Check ☐ P-Card

I hereby certify to the best of my knowledge, that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal officer, so far as known, is now debarred or otherwise ineligible by the School District of Volusia County from bidding to provide materials, supplies, or services to the District or any other governmental agency.

Vendor Signature:		Date:	
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INTERNAL USE ONLY

REQUESTING SCHOOL/DEPARTMENT SECTION (REQUIRED):

By signing and submitting this application, I hereby confirm that the information contained in this application is true, complete, and has been validated by the following authorized vendor representative. _____ Sign Here

Vendor Rep Name:	Title:	Email:	Phone #:	Validation Date:
Requestor Name:		School/Department:		
Requestor Title:		Date:		