



# VENDOR INFORMATION FORM

 Vendor #: \_\_\_\_\_

Return to [Purchasing@ccsf.edu](mailto:Purchasing@ccsf.edu) or CCSF Purchasing, 50 Frida Kahlo Way, Smith Hall SH118, San Francisco, CA 94112. This information is required in order to create or update vendor information within the CCSF database. If requesting a new vendor or a change of EIN, a completed and signed W-9 (or appropriate form if foreign vendor) is also required.

\_\_\_\_\_  
Name (as shown on your income tax return)

\_\_\_\_\_  
**Email Address (required)**

\_\_\_\_\_  
Business name/disregard entity name if different from above

\_\_\_\_\_  
Telephone/Fax Numbers

\_\_\_\_\_  
Address (number, street, apt/suite, or PO Box)

\_\_\_\_\_  
Vendor License number and type if applicable

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Vendor main service(s) offered

\_\_\_\_\_  
**ACH (required) - Name of Bank**

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Routing number**

Do you have relatives or employees employed at the City College of San Francisco?  Yes  No

\_\_\_\_\_  
If Yes - Their Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Relationship/Position

**Certifications:** Does the State of California's Office of Small Business & Disabled Veteran Business Enterprise Services (OSDS) or the City & County of San Francisco's Contract Monitoring Division certify your business as:

- Disabled Veteran Owned Business (DVBE)  
Certification Number: \_\_\_\_\_
- Disadvantaged Business Enterprise (DBE, Social and Economic)  
Certification Number: \_\_\_\_\_
- Minority/Woman-Owned Business  
Certification Number: \_\_\_\_\_

- San Francisco Local Business Enterprise  
Certification Number: \_\_\_\_\_
- Small Business  Micro Business  
Certification Number: \_\_\_\_\_

**Optional** - Please include your race/ethnicity (used to monitor fairness in contracting by federal and state agencies):

- White  Asian  American Indian  Multiracial  Other: \_\_\_\_\_
- Black  Pacific Islander  Alaskan Native  Hispanic

**Optional** - To which gender do you most identify? (Used to monitor fairness in contracting by federal and state agencies.)

- Male  Female  Non-binary  Other: \_\_\_\_\_

***I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.***

AUTHORIZED VENDOR REPRESENTATIVE'S NAME	TITLE	
SIGNATURE	DATE	TELEPHONE#

NOTE: Additional requirements to do business with City College may include: proof of insurance coverage, evidence of current licenses, certified payrolls/prevaling wage, compliance with the City and County of San Francisco Minimum Wage Ordinance, the posting of bonds, and verification of entity exclusion status with the System for Award Management (SAM), depending on the contract requirements. More information about insurance requirements may be found at:

[https://www.ccsf.edu/en/about-city-college/administration/vcfa/facilities\\_planning/risk-management/vendor-insurance.html](https://www.ccsf.edu/en/about-city-college/administration/vcfa/facilities_planning/risk-management/vendor-insurance.html)