



St. Paul Public Schools – ISD #625 Goods and Services Contractor Information

As a public institution, St. Paul School District – ISD#625 has the responsibility to conduct as thorough a background check as possible prior to accepting and awarding bids to outside companies. Please fill out this packet in its entirety, noting all aspects of your company and employee’s background history and qualification to do work for us. Failure to provide complete and candid information may result in your company being barred from doing business with us.

Vendor Contact Information:

Company Name:	
Doing Business As (dba):	
Date Establish:	
Business Contact:	
Title:	
Corporate Address:	
City, State, Zip:	
Business Phone:	
Main Fax:	
Email:	
Web Address:	
Federal ID # or Social Security #:	

Vendor Payment Remittance Address:

Business Contact:	
Title:	
Address:	
City, State, Zip:	
Business Phone:	
Payment Advise Email:	

Vendor Purchasing Address:

Business Contact:	
Title:	
Address:	
City, State, Zip:	
Business Phone:	
Purchase Order Email:	



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Non-Profit Organization:

Executive Director:	
Fiscal Year End MM/DD:	
Date organization received non-profit status from IRS:	
Subject to A-133 Audit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
City, State, Zip:	
Phone:	
Email:	
Controller:	
Phone:	
Email:	

Legal Entity:

<input type="checkbox"/> U.S. Partnership <input type="checkbox"/> U.S. Corporation State Incorporated <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> 501C Not For Profit	<input type="checkbox"/> Local or State Government Agency <input type="checkbox"/> Education Institution <input type="checkbox"/> Foreign Corporation Country <input type="checkbox"/> Foreign Government Organization <input type="checkbox"/> Foreign Partnership
Date Incorporated (if applicable):	

MWBE Supplier Diversity Information:

Are you any of the following?	<input type="checkbox"/> Women Owned <input type="checkbox"/> Disabled Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Emerging Small Business <input type="checkbox"/> SBA 8(a) Certified <input type="checkbox"/> HubZone Certified <input type="checkbox"/> Small Disadvantaged Business Certified <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Minority Owned: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Other (Specify):
If yes, provide date of certification and certification number:		
Certification Agency (State of Minnesota, Ramsey County, etc.):		

(MWBE Supplier Diversity – for more information visit <http://www.mwbe.com/>)



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Are you related to anyone that currently works for SPPS? _____ NO _____ YES

If YES, please provide their name(s): _____

Owners/Partners/Affiliates¹

Name	Relationship	Phone	e-mail

1 - Failure to provide full and accurate O/P/A relationships may result in your company being barred from bidding on SPPS projects

Do you own or are you involved with other companies, and if so who are they?

1.	
2.	

Financial History:

Have you ever declared bankruptcy?	
Have you ever closed a similar business and opened under a different name?	
<i>If yes, provide details</i>	
Have you ever had a lien placed on your company?	
<i>If yes, how many times -</i>	
DNB Number -	
<i>Current DNB SER Rating -</i>	



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Statement of Qualifications:

List all employees doing business with SPPS that hold professional certification or registration (e.g. - P.E., L.E.E.D. Certified, Six Sigma Certified)

NAME	TITLE	REGISTRATION - CERTIFICATION

Provide at least 5 references; banking, supplier or customer related, with their contact information.

TYPE (Banking, Supplier or Customer)	Company Name	Address	Contact Name	Phone or Email

Signature: _____

Printed Name: _____

Title: _____

Date Signed: _____

SUBMIT: By email to purchasing.department@spps.org or fax to 651-293-5965
Please submit W-9 with application