

**MINORITY, WOMEN AND SMALL
BUSINESS ENTERPRISES (MWSBE)
AND VETERANS-OWNED BUSINESS
REGISTRATION FORM**

**NEW YORK CITY HOUSING AUTHORITY
SUPPLY MANAGEMENT DEPARTMENT
OFFICE OF SUPPLIER DIVERSITY
90 Church Street – 6th Floor • New York, NY 10007**

INSTRUCTIONS: *Please answer all questions and provide all information requested to complete your NYCHA MWSBE registration. Please make sure the form is notarized and returned to Supply Management Department at the address listed above. If there are any changes in your organization after submitting this form, please notify the Supply Management Department at (212) 306-4646 or at Email: supplier.diversity@nychanyc.gov*

It is the policy of the New York City Housing Authority (NYCHA) to ensure that all businesses have an equal opportunity to participate in all aspects of NYCHA's procurement of goods and services without regard to the race, color, religion, military service, national origin, sex, age, disability, marital status or sexual orientation of the owners, partners or stockholders. Further, NYCHA is committed to achieving maximum participation of Minority, Women, and Small Business Enterprises (MWSBE) and Veterans-Owned Business in NYCHA's process of awarding contracts for goods and services.

ALL ANSWERS SHOULD BE TYPED OR PRINTED

(I) BUSINESS PROFILE

(A) NAME OF FIRM		(B) FEDERAL TAX ID NUMBER (EIN) OR SOCIAL SECURITY NUMBER
(C) PERSON TO CONTACT		(D) OFFICIAL POSITION
(E) STREET ADDRESS		(F) CITY
(G) STATE	(H) ZIP CODE	(I) COUNTY
(J) TELEPHONE NUMBER		(K) FAX NUMBER
(L) E-MAIL ADDRESS		
(M) WEBSITE ADDRESS		
(N) WOULD YOU PERMIT THE NEW YORK CITY HOUSING AUTHORITY TO INCLUDE YOUR BUSINESS CONTACT INFORMATION ON ITS WEBSITE TO PROMOTE VENDOR OUTREACH TO MWSBE ORGANIZATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		

(II) CAPACITY PROFILE

(A) WHAT IS THE DOLLAR AMOUNT OF CONTRACTS FOR WHICH YOU HAVE THE CAPACITY TO BID:

UNDER \$25,000.00
 \$25,000.00 - \$50,000.00
 \$50,000.00 - \$250,000.00
 \$250,000.00 - \$500,000.00
 \$500,000.00 - \$1 MILLION
 \$1 MILLION - \$5 MILLION
 \$5 MILLION - \$10 MILLION
 ABOVE \$10 MILLION

(C) LIST THE THREE (3) LARGEST ACCOUNTS OR CONTRACTS FOR WHICH YOU HAVE PROVIDED GOODS OR SERVICES WITHIN THE LAST THREE (3) YEARS

(1) Name of Account or Contract	(2) Location of Firm, Name & Phone #	(3) Dollar Amount	(4) Date Completed or Current
a)			
b)			
c)			



(C) TYPE OF OWNERSHIP
 SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION NOT-FOR-PROFIT LLC OR LLP

(D) ANNUAL GROSS REVENUE AMOUNT (PLEASE INDICATE YEAR)	(E) NUMBER OF FULL TIME EMPLOYEES	(F) DATE BUSINESS STARTED
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(G) TYPE OF BUSINESS

<input type="checkbox"/> CONTRACTOR (CONSTRUCTION AND CONSTRUCTION RELATED SERVICES) – PLEASE SPECIFY BELOW	<input type="checkbox"/> MANUFACTURER-PLEASE INDICATE IN SECTION H
<input type="checkbox"/> VENDOR (MANUFACTURED PRODUCTS AND SERVICES OTHER THAN CONSTRUCTION OR PROFESSIONAL)	<input type="checkbox"/> WHOLESALER-PLEASE INDICATE IN SECTION H
<input type="checkbox"/> PROFESSIONAL SERVICES/CONSULTING	<input type="checkbox"/> DISTRIBUTOR-PLEASE INDICATE IN SECTION H
<input type="checkbox"/> LAW FIRM	<input type="checkbox"/> RETAILER
<input type="checkbox"/> LEGAL SERVICES	<input type="checkbox"/> ARCHITECT SERVICES
<input type="checkbox"/> INFORMATION TECHNOLOGY (IT) SERVICES	<input type="checkbox"/> ENGINEERING SERVICES
	<input type="checkbox"/> OTHER – PLEASE SPECIFY *

*PLEASE SPECIFY: _____

(H) COMMODITIES/GOODS/SERVICES: THIS REFERS TO PRODUCTS THAT INCLUDE BUT ARE NOT LIMITED TO MATERIALS, CAPITAL EQUIPMENT, SUPPLIES AND INCIDENTAL RELATED SERVICES. PLEASE CHECK ITEMS BELOW THAT APPLY.

<input type="checkbox"/> APPLIANCES	<input type="checkbox"/> FUELS & LUBRICANTS	<input type="checkbox"/> PLUMBING & HEATING
<input type="checkbox"/> AUTOMOTIVE	<input type="checkbox"/> GROUNDS MAINTENANCE	<input type="checkbox"/> STRUCTURAL SUPPLIES
<input type="checkbox"/> COMPUTERS	<input type="checkbox"/> HARDWARE	<input type="checkbox"/> TEXTILES
<input type="checkbox"/> CONTROL INSTRUMENTS	<input type="checkbox"/> JANITORIAL SUPPLIES	<input type="checkbox"/> TOOLS
<input type="checkbox"/> CONSTRUCTION SUPPLIES	<input type="checkbox"/> MACHINERY	<input type="checkbox"/> STAFFING
<input type="checkbox"/> PRINTING/DUPLICATING	<input type="checkbox"/> OFFICE EQUIPMENT & FURNITURE	<input type="checkbox"/> CONSTRUCTION MANAGEMENT
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> OFFICE SUPPLIES	<input type="checkbox"/> ENVIRONMENTAL
<input type="checkbox"/> ELEVATOR PARTS	<input type="checkbox"/> PAINT/FLOORS	<input type="checkbox"/> OTHER-PLEASE SPECIFY*

*PLEASE SPECIFY: _____

(I) PLEASE DESCRIBE YOUR PRIMARY SERVICES: _____

(VII) VENDEX – NYC VENDOR INFORMATION

(A) HAS FIRM SUBMITTED THE VENDEX **VENDOR** QUESTIONNAIRE TO NYC MAYOR'S OFFICE OF CONTRACT SERVICES? YES NO

(B) HAS FIRM OWNER(S)/PRINCIPAL(S) SUBMITTED THE VENDEX **PRINCIPAL** QUESTIONNAIRE TO NYC MAYOR'S OFFICE OF CONTRACT SERVICES? YES NO

(VIII) BONDING

(A) IS THIS BUSINESS CURRENTLY BONDED: YES NO NOT APPLICABLE

(B) IF BONDED, PLEASE STATE:

SINGLE PROJECT BONDED AMOUNT: \$ _____ AGGREGATED PROJECT BONDED AMOUNT: \$ _____

(C) NAME OF BONDING COMPANY	(D) TELEPHONE #
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