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|  | | **FHI 360 VENDOR CERTIFICATION FORM** | | | | | | | | | | |
| **To be able to do business with FHI 360, VENDORS/CONTRACTORS must complete this form in addition to providing a current IRS registered form; W9 or the like;** [**http://www.irs.gov/pub/irs-pdf/fw9.pdf**](http://www.irs.gov/pub/irs-pdf/fw9.pdf) **,**  **W8/W8ben-e (required when Foreign Businesses are performing services on US Soil) and Banking details. Return signed forms to** [**bkinyon@fhi360.org**](mailto:bkinyon@fhi360.org)**. *Instruction on completing the form attached.*** | | | | | | | | | | | | |
| *Please provide information legibly*  **Legal Name:**  **(last name first)**  **Trade or Business Name**  ***(e.g. Doing Business As):*** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Enter individual’s name.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Enter the company/individual name as it appears under your Federal Identification and/or Registered Name within [SAM.gov](https://www.sam.gov/portal/SAM/##11#1) | | | | | | | | | | | | |
| **Mail CONTRACTING DOCUMENT to:** | | | | | | | **Mail PAYMENTS to** *(for non ACH/Wires Payments):* | | | | | |
| **Attn:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Title:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Attn:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Title:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Street:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Street:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| ***(a P.O. box cannot be accepted for a purchase order address)*** | | | | | | **P.O. Box:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **City:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **City:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **State:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Zip:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **State:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Zip:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Country:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Country:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Telephone:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Telephone:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Fax:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Fax:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Email:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Email:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| ***(If additional purchasing or payment sites are applicable, please attach additional site information.)*** | | | | | |
|  | | | | | | | | | | | | |
| *(Double click in boxes to electronically apply check-mark*) | | | | | | **Taxpayer Identification Number:** | | | | | | |
| **Type of Organization (Check only ONE**): | | | | | | **Federal ID #** | | |  | **Social Security #** | | |
| **Individual Recipient (not owning a business)** | | | | | |  | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Sole Proprietorship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Partnership** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | **Consultant 1099**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Incorporated Business** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **VAT Registration # (as applicable)** | | | | | | |
| **Nonprofit Organization** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Government Entity** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Limited Liability Company (LLC)**  **(Enter tax classification (D=disregarded entity, C=corporation, P=partnership) \_\_\_\_\_\_** | | | | | | | | | | |
| Both commercial and non-commercial vendors with an international bank account will be paid via a wire transfer. Non-commercial vendors with a US bank account will be paid via ACH.  Commercial vendors with a US bank account will be paid via check. Enter the appropriate banking details below:   |  |  |  |  | | --- | --- | --- | --- | | BANK NAME |  | ISO CURRENCY CODE |  | | BANK ADDRESS 1. |  | BENEFICIARY ACCOUNT NAME |  | | BANK ADDRESS 2. |  | BENEFICIARY ACCOUNT NUMBER |  | | BANK COUNTRY |  | ACH  WIRE ABA ROUTING # |  | | BANK TELEPHONE # |  | SWIFT BIC CODE |  | | BANK FAX # |  | IBAN |  | | BANK BRANCH NAME |  | CNAPS |  | | BANK BRANCH ADDRESS |  | BANK CONTACT NAME |  | | | | | | | | | | |
| FHI 360’s (in accordance with FAR 52.219-9(e)(5)) policy is for Small Businesses, Small Disadvantaged Businesses, Minority Businesses, Woman Owned Small Business, Veteran Owned Small Businesses, Service Disabled Veteran Owned Small Businesses, and HUB Zone business entities to have the maximum practicable opportunity to participate in the performance of subcontracts and/or prime contracts awarded to FHI 360. Contact the Small Business Administration resources for more information regarding this process; [www.sba.gov](http://www.sba.gov) . | | | | | | | | | | |
| **As applicable/North American Industry Classification System (NAICS) Code (**[**http://www.census.gov/epcd/www/naics.html**](http://www.census.gov/epcd/www/naics.html)**)** | | | | | | | | **DUNS No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| The NAICS size standard is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dollars  Employees | | | | | | | | **NAICS Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Business Status** | | **Small Business Classification (Check all that apply):**  (The Federal Government may impose a penalty against firms misrepresenting their business size, disadvantaged and/or HUB Zone status) | | | | | | | | |
| (Based on NAICS code listed above): | | Small Disadvantaged Business *(8(a) must provide a copy of certification issued by SBA)* | Women-Owned Small Business | | Veteran-Owned Small Business | Service Disabled Veteran-Owned Small Business | HubZone Business (must provide a copy of certification issued) | | | Minority or Alaskan  Business Owned |
| Large Business  Small Business | |
|  | | | | | | | | |
| SUPPLIER CERTIFICATION: Under penalties of perjury, I certify that (via electronic receipt or manual signature) that to the best of my knowledge the information provided is adequate and sufficient. | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Signature*** *(person authorized to commit your organization to contractual obligations)* | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date Signed*** | |