

To: University Suppliers

Re: Vendor Application and Certification of Vendor Business Status Instructions

The University of Wyoming maintains a vendor information database, which includes information on vendors that do business with the University. To maintain current information the University requests that the attached forms be completed by vendors doing business with the University.

In order to comply with federal reporting requirements, we must determine the status of each company with whom we do business:

*Note: effective January 1, 1999, new federal regulations require a business claiming disadvantaged status to be certified by the US Small Business Administration.*

To assist you in answering the questions we are providing the following FAQs:

1.     **Question:**     How do I determine my business size?  
       **Answer:**     Determination of whether a company is considered a small business is dependent upon their NAICS code. Please refer to the “Table of Small Business Size Standards Matched to North American Industry Classification System Codes” outlined in the U.S. Small Business Administration website, SBA.org. This provides the standard for qualifying as a small business.
  
2.     **Question:**     What is a certified disadvantaged business?  
       **Answer:**     A disadvantaged company is a business concern, at least 51% of which is owned by one or more socially and economically disadvantaged individuals who control the daily management and business operations and has been certified by the Small Business Administration. If you have been so certified, please return a copy of the certification with the questionnaire. Socially and economically disadvantaged individuals are defined to include: Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans and Subcontinent Asian-Americans.
  
3.     **Question:**     What is a woman-owned business?  
       **Answer:**     A woman owned business is a business concern, at least 51% of which is owned by one or more women who and whose daily management and business operations are controlled by one or more women.
  
4.     **Question:**     What is a HUBZone Small Business?  
       **Answer:**     Historically Underutilized Business Zones. The metropolitan county a business resides must be classified as a HUBZone. In addition to the HUBZone classification a business must be qualified as a small business by the Small Business Administration. Small Business Reauthorization Act of 1997.

\*\*All vendors need to complete pages three and four. Completed forms should be mailed or faxed to Accounts Payable or Procurement Services. Any questions concerning the forms can be directed to Accounts Payable or Procurement Services.

**Vendors requesting to be on the vendor bid list should contact Procurement Services.**



Procurement Services  
 Dept. 3605, 1000 E University Avenue  
 Laramie, WY 82071  
 (307) 766-5233 • fax (307) 766-2800

Vendor Certification of Small Business Status

I hereby certify that the status of the business entity named below is as follows:

- |   |  |
|---|--|
| <input type="checkbox"/> Large Business   | <input type="checkbox"/> Large SBA Certified Disadvantaged             |
| <input type="checkbox"/> Small Business   | <input type="checkbox"/> Small SBA Certified Disadvantaged Business    |
| <input type="checkbox"/> Woman-Owned Small SBA Certified Disadvantaged Business | <input type="checkbox"/> Woman-Owned Small Business                    |
| <input type="checkbox"/> HUBZone Small Business                                 | <input type="checkbox"/> Non-Profit Organization                       |
| <input type="checkbox"/> Woman-Owned Large Business                             | <input type="checkbox"/> Service-Disabled Veteran Owned Small Business |
| <input type="checkbox"/> Veteran-Owned Small Business                           | <input type="checkbox"/> State Government Agency                       |
| <input type="checkbox"/> Foreign Country Company _____ Country                  |  |

Please type (or print legibly) the following information.

_____	_____
_____	_____

Name and Address of Business Entity

Name, Title & Address of Person Authorized to Sign

\_\_\_\_\_  
 Telephone Number

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign after printing completed form

**Federal Small Business Definitions**

The Federal Government, through Section 129 of Public Law 100-590, Small Business Administration (SBA) Reauthorization Act of 1988, has provided the following guidelines for certification of small businesses, which will facilitate participation in federal set aside programs and bidding for government funded contracts.

**Small Business:** a business concern that is organized for profit, is independently owned and operated, is not dominant in the field of operation in which it is bigger, and meets size standards as prescribed by SBA (13 CFR Part 121).

**Woman-Owned Business:** a business that is (1) at least 51 percent owned by a woman or women, or, in the case of publicly owned business at least 51 percent of the stock is owned by one or more women" and (2) whose daily business operations are managed and directed by one or more of the women owners. "Operate" means actively involved in the day to day management.

**Minority-Owned Business:** A business that is (1) at least 51 percent owned by one or more minority individuals, or, in the case of publicly owned business at least 51 percent of the stock is owned by one or more minority individuals; and (2) whose daily business operations are managed and directed by one or more of the minority owners. "Operate" means actively involved in the day to day management.

**Minorities** include the groups with the following ethnic origins: African, Asian Pacific, Asian Subcontinent, Hispanic, Native Alaskan, Native American, and Native Hawaiian.

**Disadvantaged Business:** a business that is (1) at least 51 percent owned by disadvantaged individuals, or, in the case of publicly owned business at least 51 percent of the stock is owned by one or more disadvantaged individuals, and (2) whose daily business operations are managed and directed by one or more of the disadvantaged owners. "Operate" means actively involved in the day to day management. Disadvantaged individuals include Black Americans, Hispanic Americans, Native Americans, Asian Americans, and other minorities, or individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8 of the Small Business Reauthorization Act.

For more information about the federal Small Business programs please contact your local Small Business Administration (SBA) office.

### Vendor Form/Substitute W-9

**Instructions:** If you are a U.S. citizen, resident alien or U.S. business, please provide all information as requested in the spaces provided. **If you, the recipient, or the beneficiary of the payment is not a U.S. citizen, resident alien or U.S. business please provide all information as requested, but DO NOT sign the certification in Section B and contact the Tax Office at 307-766-2821 to complete the additional required tax forms.**

General Terms & Conditions can be found on the following web site: <http://www.uwyo.edu/procurement/>

Payment Terms: Net 45

UW is a tax exempt organization.

### Section A - All Vendors Must Complete

#### General Information

Company, Business or Individual Name: \_\_\_\_\_

Order Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Order E-Mail Address: \_\_\_\_\_ Order Fax #: \_\_\_\_\_

Bid Solicitation Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bid E-Mail Address: \_\_\_\_\_ Bid Fax #: \_\_\_\_\_

Remittance Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sales Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email \_\_\_\_\_

Management Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email \_\_\_\_\_

Toll Free Phone Number: \_\_\_\_\_ WWW Address: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

**ALL COMPANIES PRODUCING PRODUCTS BEARING THE UNIVERSITY'S MARKS MUST RECEIVE PRIOR APPROVAL THROUGH THE UNIVERSITY'S LICENSING OFFICE**

#### Statement of Employee Ownership Interest

Yes  No Is any University of Wyoming employee an Officer, Director, Partner, or hold any paid position in this company?  
 Yes  No Does the University of Wyoming provide employment for any party (or their spouse or minor child) that has a 5% or greater ownership interest in this company?

If you have answered yes to either question please attach a list identifying these individuals and their relationship to your company

### Section B – Substitute W-9: Request for Taxpayer Identification Number and Certification – All Vendors Must Complete.

#### Check Federal Tax Classification

Individual/sole proprietor  C Corporation  S Corporation  Partnership  Trust/Estate  
 Limited Liability Company Enter the tax classification (C= Corporation, S= S Corporation, P=Partnership) \_\_\_\_  
 Government agency or organization that is tax-exempt under IRS guidelines  
 Foreign Individual  Foreign Business  Other \_\_\_\_\_  
Check as many as apply:  Medical Service Provider  Lawyer/Attorney  Agent

Required: 1099 Address, if different \_\_\_\_\_

#### Taxpayer Identification Number

Employer Identification Number (EIN) \_\_\_-\_\_\_\_\_-\_\_\_\_ -or- Social Security Number \_\_\_\_-\_\_\_\_\_-\_\_\_\_

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

### Authorized Signature

I certify 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 or officer, so far as is known, is now debarred or otherwise declared ineligible by the U.S. Government or by any Governmental agency of the State of Wyoming from bidding or furnishing materials, supplies or services to the U.S. Government or Wyoming State Government or any agency thereof.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Payee Information Return Instructions

1. If you or your business receive payments from the University of Wyoming, this form must be completed and signed before checks can be issued to you. Forms that are illegible or incomplete will not be processed.
2. Forms for Payee vendors only should be mailed to the address included in the upper left corner of the form or faxed to 307-766-6762.
3. If you require assistance in completing the form, please call 307-766-5296.
4. All checks are issued by the UW Payables Office. **Attached remittance advice (check stub) shows the vendor invoice number or description. Please ensure that whenever possible your billing system provides this information so that we can better identify payments to you on the remittance advice.**

#### INSTRUCTIONS:

1. Items 1-7 Section A and Section B must be completed on an initial application for the form to be processed. To revise an address, complete applicable item in Section A and provide either the SSN or EIN in Section B.
2. Tax Residency: Indicate only one tax residency status. If you are not a resident of the USA for tax purposes, please specify your tax home. If you have questions on tax residency, contact the Tax Compliance Accountant at 307-766-2821.
3. Sign and date the certification. Sole proprietors and individuals must sign for themselves. For other entities, an authorized person must sign the certification.