



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY

Contracts & Purchasing

Fax: (702) 922-7050; TDD: (702) 387-1898

BIDDERS LIST APPLICATION

INSTRUCTIONS: This form must be completed by the General/Prime Contractor, each Sub-contractor and Joint Venture Partnerships. Please provide copies of all Business Licenses, Articles of Incorporation, etc., and WBE, MBE Section 3, RBE Certifications with this form.

* REQUIRED FIELDS

Form fields for company information: *Company Name, *Address, *City, State & Zip, *Telephone, Fax, *Primary Contact, *Title, *Email Address, *Federal Tax Identification Number, DUNS #, *Business License Number, State of Nevada Contractor's License Number, If any

NAME AND TITLE OF PRINCIPALS OF YOUR COMPANY

Please list additional principals on a separate sheet of paper.

Table for listing principals with columns: *Name, *Title, % Owned

*SUPPLIER DIVERSITY STATEMENT: IF YOU DO NOT COMPLETE THIS AREA, WE CANNOT ADD YOUR FIRM TO OUR ELIGIBLE LIST. SNRHA receives federal funding; we MUST report to the government our supplier diversity efforts. This Information is used for coding and reporting purposes only and will not affect the ability of your firm to do business with our agency. Resident (RBE) Minority (MBE) or Women-Owned (WBE) Business Enterprise qualifies by virtue of 51% or more of the ownership and active management by one or more of the following (check all that apply):

Checkboxes for diversity categories: Male Owned, Woman Owned, Asian/Pacific, African American, SEC 3/RBE Certification #, Small Business Certification #, Public Held Corporation, Caucasian American, Hasidic Jew, Veteran, Disabled, Government Agency, Native American, Asian/Indian, W/MBE Certification#, HUB ZONE Certification #, Other, Non-Profit Organization, Hispanic American, SNRHA Resident

*DOES YOUR COMPANY RECEIVE A 1099? YES . or NO .

*ARE YOU REGISTERED WITH SYSTEM FOR AWARD MANAGEMENT (SAM): YES . or NO . If no, please visit WWW.SAM.GOV to register.

*DEBARRED STATEMENT: Has this firm or any principles ever been disbarred from providing any items or services by any local, state or federal governmental agency? YES . or NO . If yes, please attach a full detailed explanation, including dates, circumstances and current status.

*DISCLOSURE STATEMENT: Does/has this firm or any principal have/had any personal or professional relationship with any commissioner or officer of the SNRHA? YES . or NO . If yes, please attach a full detailed explanation, including dates, circumstances and current status.

The undersigned hereby affirms that he/she is empowered to sign this form and requests that the above-noted firm be added to the SNRHA's list of firms eligible to do business with the SNRHA. The undersigned further affirms that, to the best of his/her knowledge, the above information is current and accurate, and acknowledges on behalf of the noted firm that the non-response of two (2) consecutive invitations to provide quotes/bids/proposals by the SNRHA will give the SNRHA the right to remove that firm from its list of eligible firms.

INSURANCE: Copy of insurance certificate must be provided immediately upon Notice of Award of contract, naming the SNRHA as the Certificate Holder and as an additional insured regarding General Liability.

General Liability Insurance Policy # and Carrier:
Workman's Compensation Policy # and Carrier:
Automobile Liability Insurance Policy # and Carrier:

Signature, Date, Printed Name



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SERVICES TYPICALLY PURCHASED BY THE SNRHA

(PLEASE CHECK ALL THAT APPLY)

COMMODITIES:

- | | |
|---|--|
| <input type="checkbox"/> Air | <input type="checkbox"/> Glass, Window |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Audiovisual equipment | <input type="checkbox"/> Janitorial supplies |
| <input type="checkbox"/> Auto Parts | <input type="checkbox"/> Locks/supplies |
| <input type="checkbox"/> Bottled water | <input type="checkbox"/> Lubricants |
| <input type="checkbox"/> Building supplies/Lumber | <input type="checkbox"/> Motors |
| <input type="checkbox"/> Carpet/Flooring | <input type="checkbox"/> Office machines |
| <input type="checkbox"/> Cellular Telephones | <input type="checkbox"/> Paint/supplies |
| <input type="checkbox"/> Computer/Accessories | <input type="checkbox"/> Paper products/(janitorial) |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Paper produces (office) |
| <input type="checkbox"/> Draperies/Hardware | <input type="checkbox"/> Plumbing supplies |
| <input type="checkbox"/> Electrical supplies | <input type="checkbox"/> Power equipment |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Printing forms |
| <input type="checkbox"/> Fastener supplies | <input type="checkbox"/> Safety equipment |
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Sprinklers/Parts/PVC/Pipe |
| <input type="checkbox"/> First Aid Supplies | <input type="checkbox"/> Tires/Tubes |
| <input type="checkbox"/> Fuels | <input type="checkbox"/> Tools (Hand-power) |
| <input type="checkbox"/> Gardening supplies | <input type="checkbox"/> Vehicles/Trucks |
| <input type="checkbox"/> Gases, Industrial | <input type="checkbox"/> Water Heaters |
| <input type="checkbox"/> Glass, (Auto) | <input type="checkbox"/> Other _____ |

SERVICES:

- | | |
|--|--|
| <input type="checkbox"/> Alarm monitoring | <input type="checkbox"/> Fire Extinguishers |
| <input type="checkbox"/> Answering service | <input type="checkbox"/> Fire Sprinkler Maintenance/Inspection |
| <input type="checkbox"/> Bath Tub Refinish | <input type="checkbox"/> Hi-Rise Water Systems |
| <input type="checkbox"/> Beepers Lease/Maintenance | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Carpet Cleaning | <input type="checkbox"/> Newspaper Advertising |
| <input type="checkbox"/> Cellular | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Copier Lease/Maintenance | <input type="checkbox"/> Pest Control/Bed Bugs |
| <input type="checkbox"/> Delivery/Pick-up | <input type="checkbox"/> Street Sweeping |
| <input type="checkbox"/> Drapery Cleaning | <input type="checkbox"/> Telephones/Maintenance/Repair |
| <input type="checkbox"/> Drug Testing | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Elevator Maintenance | <input type="checkbox"/> Transmission Repair |
| <input type="checkbox"/> Emergency Generators | <input type="checkbox"/> Tree Trimming |
| <input type="checkbox"/> Fax Lease/Maintenance | <input type="checkbox"/> Typewriter Maintenance |
| <input type="checkbox"/> Fire Devices Maintenance/Inspection | <input type="checkbox"/> Other _____ |

PROFESSIONAL SERVICES:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Audit | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Training |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Other _____ |

CONSTRUCTION & ARCHITECTURAL ENGINEERING SERVICES:

- | | |
|--|--|
| <input type="checkbox"/> Architectural/Engineering | <input type="checkbox"/> Geo-Technical |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Other _____ |