



OMAHA PUBLIC SCHOOLS SUPPLIER INFORMATION FORM

A. Organization Information:

1. Legal Name: _____
2. Company Web Address: _____
3. Federal Employer ID#: _____
4. Type of Organization: _____ Individual _____ Partnership _____ Company _____ Non-Profit
5. Is your organization incorporated? _____ Yes _____ No
6. Type of Ownership: _____

The supplier represents and certifies that it is a (check as defined below):

_____ Large Business _____ Small Business _____ Small Disadvantaged Business

If U.S. Business Administration Certified, please attach copy of Certification Letter/Form

Large, Small and Disadvantaged Definitions

- A. Large Business Concern - A major corporation with more than 500 employees
- B. Small Business Concern - The supplier represents and certifies that it is a small business concern and all end items to be furnished will be manufactured or produced in the United States, it's territories or possessions, Puerto Rico, or the Trust Territory of the Pacific Islands.
- C. Small Disadvantaged Business Concern - The supplier represents and certifies that the SBA has or has not made a dertermination concerning the Supplier's status. If the SBA has made such a determination, the date of the determination was ____/____/____, and the Supplier certifies that it was found by the SBA to be socially and economically disadvantaged as a result of the determination, but circumstances which caused the determination have changed.

7. Are you acting as an agent for another individual or firm? _____ Yes _____ No

8. Other name used by your firm: _____

9. Please give a general discription of the goods or services you provide and/or send a card/catalog.

10. What is your SIC code? _____

11. Should you receive a Form 1099M? _____ Yes _____ No If no, please state reason:

(If not filed in, a 1099 will be issued, if applicable)

B. Customer References: Please list three (3) CURRENT customer references:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
ADDRESS 2: _____	ADDRESS 2: _____
CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
PHONE: _____	PHONE: _____

NAME: _____
ADDRESS: _____
ADDRESS 2: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____

C. Send Remittance/Payments to:

Name of Organization: _____
Attn: _____
Address: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Email address: _____
Phone Number: _____ Fax: _____

Please indicate preferred payment method:

_____ Check - Make Check Payable to: _____
_____ EFT - ABA#
Account#: _____
Bank Name: _____

D. Send Purchase Orders/Bids:

Name of Organization: _____
Attn: _____
Address: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Email address: _____
Phone Number: _____ Fax: _____

Contractors or subcontractors with personnel required to physically perform services in the State of Nebraska, must, under state law, use a federal electronic verification program authorized by the Illegal Immigration Reform and Immigration Responsibility Act of 1996, 8 U.S.C. 1324 ("E-Verify Program" or an equivalent federal program designated by the Department of Homeland Security or other authorized federal agency) to verify the work eligibility status of newly hired employees. Ineligible or unauthorized contractors, subcontractors, or their personnel shall not be permitted to work under such contract. Documentation of workers eligibility may be requested by the District from time to time, up to five years.

In submitting this form, the supplier agrees to comply with the Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulations of the Department of Education (34 C.F.R. Part 100) issued to that title, to the end that, in accordance with Title VI and that Act and the Regulation, no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the School District received Federal financial assistance from the Department: and hereby gives assurance that the supplier will immediately take any measures necessary to effectuate this agreement. The supplier further agrees to comply with all applicable requirements of state and local laws, ordinances and regulation non-discrimination in employment. Inclusion of the supplier on any bidder's list shall be at the discretion of Omaha Public Schools.

Submitted by: (print or type) _____ Date: _____
Signature: _____ Title: _____

Return Form to: Omaha Public Schools
Accounting & Finance Office
3215 Cuming Street
Omaha, NE 68131-2024
Phone: 531-299-0328

For Accounting & Finance Office Use Only:
Vendor # Assigned: _____

Omaha Public Schools does not discriminate on the basis of race, color, national origin, religion, sex, marital status, sexual orientation, disability, age, genetic information, citizenship status, or economic status in its programs, activities and employment and provides equal access to the Boy Scouts and other designated youth groups. The following individual has been designated to address inquiries regarding the non-discrimination policies: Superintendent of Schools, 3215 Cuming Street, Omaha, NE 68131 (531-299-9822).

Las Escuelas Públicas de Omaha no discriminan basados en la raza, color, origen nacional, religión, sexo, estado civil, orientación sexual, discapacidad, edad, información genética, estado de ciudadanía, o estado económico, en sus programas, actividades y empleo, y provee acceso equitativo a los "Boy Scouts" y a otros grupos juveniles designados. La siguiente persona ha sido designada para atender estas inquietudes referentes a las pólizas de no discriminación: El Superintendente de las Escuelas, 3215 Cuming Street, Omaha, NE 68131 (531-299-9822).