OMAHA PUBLIC SCHOOLS
SUPPLIER INFORMATION FORM

A. Organization Information:
1. Legal Name: ____________________________________________
2. Company Web Address: ___________________________________
3. Federal Employer ID# ______________________ or Social Security #
4. Type of organization: __Individual __Partnership __Company __Non-Profit
5. Is your organization incorporated? _____yes _____no
6. Type of ownership:

Does minority* own more than 51% of this business? ____ If yes, please check the appropriate categories listed below:
____Black____ Hispanic ______American Indian
____Asian/Pacific Islander _____Alaskan Native ______Sheltered Workshop

Is more that 51% of this business owned by women*?

*A "minority" business enterprise is a business that is at least 51% owned, controlled and operated by minority group members. In the case of a publicly owned business, minority group members must own at least 51% of the stock. A "women" owned business is at least 51% owned, controlled and operated by women.

The supplier represents and certifies that it is a: (*check as defined below)
☐ LARGE BUSINESS ☐ SMALL BUSINESS ☐ SMALL DISADVANTAGED BUSINESS

If U.S. Small Business Administration Certified, Please Attach Copy of Certification Letter/Form

*Large, Small, and Small Disadvantaged Definitions
A. Large Business concern – A major corporation with more than 500 employees.
B. Small Business – 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 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 determination 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 that determination and that no circumstances have changed to vary that determination, or it was not found by the B.A.S not be to socially an 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
   If yes, please list firm name: ____________________________________________

8. Other name used by your firm: ____________________________________________

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

10. What is your SIC code? ____________________________________________

11. Should you receive Form 1099M? _____yes _____no If no, please state reason: __________
   (If not filled in, a 1099 will be issued, if applicable)

PLEASE COMPLETE AND SIGN REVERSE SIDE OF THIS FORM
B. Customer References:
   Please list three (3) CURRENT customer references:

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>NAME</td>
</tr>
<tr>
<td>ADDRESS 1</td>
<td>ADDRESS 1</td>
</tr>
<tr>
<td>ADDRESS 2</td>
<td>ADDRESS 2</td>
</tr>
<tr>
<td>CITY</td>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP</td>
<td>ZIP</td>
</tr>
<tr>
<td>PHONE (______)</td>
<td>PHONE (______)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
</tr>
<tr>
<td>ADDRESS 1</td>
</tr>
<tr>
<td>ADDRESS 2</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
</tr>
<tr>
<td>PHONE (______)</td>
</tr>
</tbody>
</table>

C. Send Remittances/Payments to:
   Name of Organization: ____________________________
   ATTN: ____________________________
   Address: 1 ____________________________
   Address: 2 ____________________________
   City: ____________________________ State: ____________________________ Zip: ____________________________
   Email Address: ____________________________
   Telephone numbers: (including toll free numbers)
   Voice: (____) ____________________________; (____) ____________________________ FAX: (____) ____________________________

   Please indicate preferred payment method:
   □ Check – Make Check Payable to: ____________________________
   □ EFT – ABA # ____________________________
   Account #: ____________________________
   Bank Name: ____________________________
   (available in approximately one year)

D. Send Purchase Orders/Bids:
   Name of Organization: ____________________________
   ATTN: ____________________________
   Address: 1 ____________________________
   Address: 2 ____________________________
   City: ____________________________ State: ____________________________ Zip: ____________________________
   Email Address: ____________________________
   Telephone numbers: (including toll free numbers)
   Voice: (____) ____________________________; (____) ____________________________ FAX: (____) ____________________________

   Local Representative name, address & phone number: ____________________________

In submitting this form, the supplier agrees to comply with 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 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 give 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 regulations non-discrimination in employment.

Inclusion of the supplier on any bidder’s list shall be at the discretion of the Omaha Public Schools.

SUBMITTED BY: (print or type) ____________________________ DATE: ____________________________

SIGNATURE: ____________________________ TITLE: ____________________________

RETURN FORM TO:
OMAHA PUBLIC SCHOOLS
ACCOUNTING & FINANCE OFFICE
3215 CUMING STREET
OMAHA, NEBRASKA 68131-2024
Phone: (402) 557-2005