

VENDOR QUALIFICATION SHEET

Vendors are required to submit evidence of qualifications to meet all requirements as required by the Office of Finance & Business Services at The College of New Jersey by providing the information listed below. Vendors must comply with the College's terms and conditions available on the [Purchasing website](#).

If this information is being requested as part of an RFP or RFQ, vendors may be requested to furnish additional information for clarification purposes. This will in no way change the vendor's original proposal.

All vendors are encouraged to register with the State of New Jersey, Division of Purchase and Property via [NJSTART](#).

TO BE COMPLETED BY VENDOR

1. Please list the types of commodities that your company can provide.

A. _____
 B. _____
 C. _____

2. The number of years your firm has been providing these services. _____ Year(s)

3. Location of vendor's office and personnel that will be responsible for managing contract/service:

Name: _____

Title: _____

Telephone Number: _____

Email Address: _____

Street Address: _____

City/State/Zip: _____

Federal Identification Number: _____

4. Does your firm have a contract with the State of NJ and/or a nationally recognized cooperative? Yes _____ No _____
If yes, please list the name and number of the contract(s): _____

5. Does your firm have a New Jersey Business Registration Certificate? Yes _____ No _____
If yes, please attach a copy of the certificate. If you would like to register, visit the State website [here](#).

6. Is your firm registered under any of the following categories in the State of New Jersey? **If yes, please attach a copy of the certificate or certification statement from the New Jersey Division of Revenue and Enterprise Services.** If no and you would like to register, please contact the New Jersey Division of Revenue and Enterprise Services at 609-292-2146.

Small Business Enterprise (SBE): Yes _____ No _____

Women-Owned Business Enterprise (WBE): Yes _____ No _____

Minority-Owned Business Enterprise (MBE): Yes _____ No _____

Veteran-Owned Business (VOB): Yes _____ No _____

Disabled Veteran-Owned Business (DVOB): Yes _____ No _____

VENDOR QUALIFICATIONS- continued

Under NJ Executive Order 34, TCNJ is responsible for soliciting demographic, ethnic, and gender information from its vendors. Your response, however, is **strictly voluntary**. Please be advised that any contracting decisions made by TCNJ will **not** be influenced in any way by your decision to provide the above information. TCNJ is required to seek the following information from each firm under contract with us:

- 1. Is more than fifty percent (50%) of your company minority owned Yes _____ No _____
(African-American, Hispanic, Asian, and/or Native American)
- 2. Is more than fifty percent (50%) of your company woman owned? Yes _____ No _____
- 3. What is the ethnicity of the owner of your company: (check applicable according to 51% ownership)

- _____ Asian American
- _____ Multiple Ethnicities
- _____ Non-Minority
- _____ Hispanic American
- _____ African American
- _____ Caucasian American Female
- _____ Native American
- _____ Unspecified

11. Please provide a list of former or present clients. Also, indicate the name of a contact person and telephone number for reference purposes. **Any personnel from The College of New Jersey listed as a reference will not be considered a valid reference.**

A. Client Name: _____

Contact Name: _____

Telephone Number: _____

Email Address: _____

B. Client Name: _____

Contact Name: _____

Telephone Number: _____

Email Address: _____

C. Client Name: _____

Contact Name: _____

Telephone Number: _____

Email Address: _____

VENDOR QUALIFICATIONS- continued

12. Please answer the questions below related to your prior experience. If any of the responses are yes, attach a summary of details on a separate sheet.

Has the bidder:

- a. been found, through either court adjudication, arbitration, mediation, or other contractually stipulated alternate dispute resolution mechanism, to have: failed to provide or perform goods or services; or failed to complete the contract in a timely manner; or otherwise performed unsatisfactorily under a prior contract with the contracting unit? Yes _____ No _____

- b. defaulted on a contract, thereby requiring the local unit to utilize the services of another contractor to provide the goods or perform the services or to correct or complete the contract or requiring the local unit to look to the bidder's surety for completion of the contract or tender of the costs of completion? Yes _____ No _____

- c. been debarred or suspended from contracting with any of the agencies or departments of the executive branch of the State of New Jersey at the time of contract award, whether or not the action was based on experience with the contracting unit. Yes _____ No _____

Firm Name: _____

Signature: _____

Title: _____

Date: _____