

Commonwealth of Massachusetts Vendor Information Form			
Awarding Authority: Town of Harvard			
Contract Name: Bare Hill Pond Noxious Plant Reduction Project		Contract Project Number: 03-05/319	
Company Name			
Street Address 1			
Street Address 2			
City: Cohasset		State: MA	Zip Code: 02025
Telephone Number: () ____ - ____		Fax Number: () ____ - ____	E-mail Address:
WWW Address:		Dunn & Brad Street Number:	Federal Employer Identification Number
County:		Contact Person:	
What geographic area does your firm service? <input type="checkbox"/> Metropolitan Boston <input type="checkbox"/> Massachusetts (Entire State) <input type="checkbox"/> Vermont <input type="checkbox"/> Southeastern Mass <input type="checkbox"/> Rhode Island <input type="checkbox"/> New Jersey <input type="checkbox"/> Western Mass <input type="checkbox"/> New Hampshire <input type="checkbox"/> New York <input type="checkbox"/> North of Boston <input type="checkbox"/> Connecticut <input type="checkbox"/> Connecticut			
Primary SIC Code		Secondary SIC Code	
Date company was founded			
Gross Annual Sales			
<input type="checkbox"/> \$0 - \$49,999	<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$5,000,000 - \$10,000,000	
<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$1,000,000 - \$2,499,999	<input type="checkbox"/> Over \$10,000,000	
<input type="checkbox"/> \$100,000 - \$ \$499,999	<input type="checkbox"/> \$2,500,000 - \$4,999,999		
Number of Employees			
<input type="checkbox"/> 1- 10 employees	<input type="checkbox"/> 20 – 30 employees	<input type="checkbox"/> OVER 50 employees	
<input type="checkbox"/> 10 – 20 employees	<input type="checkbox"/> 30 – 50 employees		
Bonding Capacity			
<input type="checkbox"/> \$0 - \$49,999	<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$5,000,000 - \$10,000,000	
<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$1,000,000 - \$2,499,999	<input type="checkbox"/> Over \$10,000,000	
<input type="checkbox"/> \$100,000 - \$ \$499,999	<input type="checkbox"/> \$2,500,000 - \$4,999,999		
Business Structure			
<input type="checkbox"/> Profit	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Joint Ventures	
	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> LLC	
Are you a minority-owned firm?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a women-owned firm?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you certified by the State Office of Minority and Women Business Assistance (SOMWBA)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are SOMWBA certified are you certified as an? <input type="checkbox"/> MBE		<input type="checkbox"/> WBE	<input type="checkbox"/> DBE
Are you certified by Division of Capital Assets Management and Maintenance formerly know as DCPO?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you pre-qualified with the Massachusetts Highway Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Largest State Contract:

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 - \$49,999 | <input type="checkbox"/> \$500,000 - \$999,999 | <input type="checkbox"/> \$5,000,000 - \$10,000,000 |
| <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$1,000,000 - \$2,499,999 | <input type="checkbox"/> Over \$10,000,000 |
| <input type="checkbox"/> \$100,000 - \$499,999 | <input type="checkbox"/> \$2,500,000 - \$4,999,999 | |

Contracting Agency for Largest State Contract:

Company Comments: (Include a brief description of the goods and/or services your company provides.)

Name of President or CEO

Date:

Telephone Number:

Name of Individual Completing the Form

Date:

Telephone Number: