

Clayton County Central Services

7994 North McDonough Street
Jonesboro, Georgia 30236
Main #: 770-477-3587
Fax #: 770-477-3335



1330 Government Circle
Jonesboro, Georgia 30236
Print Shop Main #: 770-477-3562
Warehouse Main #: 770-477-3561
Fax #: 770-477-3616

Administration
Risk, Claims & Safety
Contracts, Purchasing & Contract Compliance

Print Shop
Warehouse

To Clayton County Prospective and Current Vendors:

We would like to thank you for your interest in doing business with Clayton County. Please complete the following vendor application if you are a new vendor, or if you are a current vendor in need of updating your information.

Clayton County has changed to an automated e-mail bid system. As a result, we are requesting all of our registered vendors to provide a valid e-mail in order to benefit from our new e-bid system.

Also, Clayton County is tracking ownership status of all registered vendors. We request that all vendors fill out this information on the vendor's application. Any vendor registering as a minority or female owned business must check the appropriate section on the application and provide the Registration and Penalty for False Statement form with original signatures and notary seal. This application must be completed and returned to the Central Services Office. Upon receipt of this form, your information will be entered into our data system for the commodities or services you are interested in providing to Clayton County.

Clayton County looks forward to doing business with you.

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VENDOR APPLICATION

Business Name & Address

Mailing Address (if different)

Point of Contact

Telephone Number

(____) _____

Cell Number

(____) _____

Fax Number

(____) _____

Email Address

Name of Officers/Owners/Partners

President _____

Secretary _____

Owner _____

Current Business License Number _____

Signature _____

Commodity Codes: (Enter multiple)

Type of Business (check one)

- Architect R & D
 Construction Retailer
 Engineering Services
 Hwy Const Wholesaler
 Manufacturer
Other _____

Vendor Status (check one)

- Asian-Indian American
 Asian-Pacific American
 Black
 Female
 Hispanic
 Native American

(Include Penalty for False Statement Form)

Vice President _____

Treasurer _____

Partner _____

State _____

Date _____

Commodities/services are listed on the following page

COMMODITY / SERVICES

565 Aging Services, In-Home
126 Ambulance/EMS
079 Animal Control Equip/Svc
007 Architectural/Engineer Services
002 Asphalt
562 Athletic Equipment
566 Athletic Uniforms
102 Auctioneering
155 Auto Alternator/Gen parts/repairs
161 Auto Engine Rebuild/Replacement
004 Auto Repair
008 Batteries
247 Backhoe
009 Bedding & Towels
145 Breathing Apparatus Equip/Sup/Svc
010 Brick/Block/Stone
11 Bridge/Road Construction
12 Building Maintenance & Supplies
026 Carpet/Tile Supplies/Installation
151 Carpet/Upholstery Cleaning
017 Cement & Sand
019 Clothing (Except Uniforms)
080 Communication Equip/Sup/Svc
029 Computer Equipment-New
175 Computer Equipment-Used
327 Computer Equipment-IBM
177 Computer Supplies-All Kinds
314 Computer Furniture
030 Computer Supplies-All Kinds
021 Concrete/Concrete Pipe
329 Concrete, Ready Mixed
048 Construction
108 Consultants-All Kinds
023.Crime/Fire Prevention Sup/Equip
025 Curbs/Sidewalks/Guttering
367 Data Processing Software
319 Dental Care Provider
553 Drainage Improvement/Dam Rehab
105 Educational Equip/Supplies
344 Embroidery/Patches/Insignia
014 Electrical Contractor/Construction
33 Electrical Repairs/Supplies
34 Elevator Repair/Maint/Construction
039 Fence/Wire/Posts
505 Fiber Optic Cable Equip/Sup
137 Filters-All Kinds
045 Fire Apparatus Equipment
042 Fire Extinguishing/Equip/Supplies
129 Fire Sprinkler Inspect Svc/Maint
043 Firearm Sup/Ammunition
221 Food Service Contracting
320 Food Service Equipment
044 Food Supplies-All Kinds
507 Fuel, Gas/Diesel/Aviation
180 Furniture-Office
200 General Contractor
271 Gravel/Small Stones
049 Hardware Supplies
052 Hauling Services
228 Health Care Management
051 HVAC Construction
561 Inmate Medical/Health Svc
234 Insurance Administrator
340 Insurance, Liability
510 Insurance, Life
183 Jail Supplies (Except ID)

312 Janitorial Equip
053 Janitorial Supplies
055 Kitchen Equipment Maintenance
179 Kitchen Supplies/Equipment
114 Landscape Plants/Supplies
057 Laundry Sup/Svc/Equip
186 Law Enforcement Body Armor
219 Law Enforcement Supplies
238 Law Enforcement Uniforms
127 Lawn Mowers & Related Equip
058 Library Equip/Sup/Services
059 Light Bulbs
326 Medical Care Provider
064 Medical Supplies
075 Metal Pipe
067 Office Fixtures
098 Office Machines-All Kinds
062 Office Machine-Rent/Lease
068 Office Supplies
72 Paints/Paint Supplies
439 Paper, State Contract
73 Pavement Marking Sup/Svc
036 Pest Control/Extermination
564 Pet Food
563 Pool Supplies/Equip/Maint
323 Prescription Drug Provider
006 Radar Equip/Maint/Sup/Svc
328 Radio Equip/Motorola
303 Radio Equip/Portable
112 Recreation Construction
082 Recreation Equipment
070 Recreation Supplies
084 Road Improvement
071 Roofing Construction
086 Safety Supplies
078 Security Equip/Rep/Supplies
088 Seed/Soil/Fertilizer/Hay
306 Signs
090 Small Hand Tools
005 Small Tool Repair/Maint
194 Stock Paper
128 Surveying Svc/Sup/Equip
095 Traffic Signal/Sign/Post
172 Trucks, Light
173 Trucks, Medium
174 Trucks, Heavy
248 Truck, Loader
251 Trencher
291 Tree/Stump Removal
131 Transmission, Vehicle Repair/Sup
093 Tires/Tubes
094 Towing/Wrecker Svc
294 Uniform Accessories
099 Uniforms, All Departments
003 Vehicles, Sedan, Police/Passenger
560 Veterinary Svc
335 Workers Comp
100 Welding Supplies/Svc
330 Wireless/Cellular Equipment
181 Roofing Repairs/Supplies

Other Commodities offered not listed:

**CLAYTON COUNTY BOARD OF COMMISSIONERS
CENTRAL SERVICES DEPARTMENT
MINORITY AND FEMALE VENDOR REGISTRATION POLICY**

The Clayton County Board of Commissioners recognizes that the maintenance and development of our economic system is based on the principles of free competition, but it also recognizes that the benefits brought about by such competition cannot be fully realized unless the potential of minority and female business enterprises is encouraged and developed. Therefore, this Board will request information related to each business enterprise's status in order to monitor the current level and further development of minority and female business enterprise participation in Clayton County.

It is the intent of the Clayton County Board of Commissioners to define a minority business enterprise for purposes of representation in the area of procurement. Pursuant to OCGA 48-7-38, a "member of a minority means an individual who is Black, Hispanic, Asian-Pacific American, Native American or Asian-Indian American." OCGA 50-5-131 further states that a "minority means an individual who is a member of a race which comprises less than 50 percent of the total population of the state. Minority business enterprise means a small business concern which is owned and controlled by one or more minorities and is authorized to do and is doing business under the laws of this state, paying all taxes duly assessed, and domiciled within this state. 'Owned and controlled' means a business is at least 51 percent owned by one or more minorities or, in the case of a publicly owned business, at least 51 percent of all classes or types of the stock is owned by one or more minorities and whose management and daily business operations are controlled by one or more minorities."

A female business enterprise means a small business concern which is owned and controlled by one or more females and is authorized to do and is doing business under the laws of this state, paying all taxes duly assessed, and domiciled within this state. 'Owned and controlled' means a business is at least 51 percent owned by one or more females or, in the case of a publicly owned business, at least 51 percent of all classes or types of the stock is *owned* by one or *more* females and whose management and daily business operations are controlled by one or more females."

Registration with the Clayton County Central Services Department means that your business will now be available to the procurement staff as a source for solicitation of contracting opportunities and you will receive electronic notification of all sealed bid/proposal opportunities. All minority and female business enterprises are strongly encouraged to become a registered vendor with the Clayton County Central Services Department, which will provide the vendor greater exposure to large companies doing business within the County and greater exposure to the Clayton County procurement staff. Also, all registered vendors will receive notification of all requests for sealed bid/proposal for all goods and services in excess of \$5,000.

In order to become a registered minority or female business enterprise with the Clayton County Board of Commissioners, a vendor must complete and sign the provided affidavit, which states that the applicant has read and understands all the provisions set forth in this document. By signing, the applicant states that the company meets or exceeds all stipulations set forth in this policy. Also, the applicant agrees that all information contained in their application is true, to the best of their knowledge, and that they are bound by the requirements of 18 USC 1001, OCGA 16-10-20 and OCGA 50-5-133. Penalties for violation are explained in these sections of the United States and Georgia code. This form must be notarized.

**MINORITY AND FEMALE REGISTRATION AND
PENALTY FOR FALSE STATEMENT FORM**

The undersigned does hereby certify and attest that the statements submitted in their Application for Minority and Female Registration are true to the best of their knowledge, and that should applicant willfully and knowingly subscribe, make, or concur in making any statement required by law in support of this application which is false, said applicant shall be subject to any and all relevant Federal, State and County penalties associated within.

Applicant does hereby understand and acknowledge that the statements and representations made in support of this application shall be submitted to the Clayton County Central Services Department, and that said statement will be relied upon by the County in the administration of the procurement policy.

Applicant hereby acknowledges, in light of the foregoing, that they are bound by the requirements of 18 U.S.C. 1001 and O.C.G.A. 16-10-20, and that any false statements made in connection with this application will subject them to punishment as set forth in the above-referenced statutes, in addition to being removed from the Clayton County Vendor List and being unable to participate in the procurement process for a time period of no less that three (3) years, to be determined by the Purchasing Agent.

This _____ day of _____, _____

Name

Title

Firm
(Female and Minority Vendor Registrant)

NOTARY PUBLIC

County, Georgia

My Commission Expires on

_____, _____

**GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT
AFFIDAVIT AND AGREEMENT**

Effective July 1, 2007, the following language is required to be included in all contracts entered into by the Clayton County Board of Commissioners for the physical performance of services within this State of Georgia:

- A. Pursuant to the Georgia Security and Immigration Compliance Act of 2006, the Proposer understands and agrees that compliance with the requirements of O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-.02 are conditions of this Agreement. The Proposer further agrees that such compliance shall be attested by the Proposer through execution of the proposer affidavit required by Georgia Department of Labor Rule 300-10-1-.07, or a substantially similar proposer affidavit. The Proposer's fully executed affidavit is attached hereto and is incorporated into this Agreement by reference herein.
- B. By initialing in the appropriate line below, the Proposer certifies that the following employee-number category as identified in O.C.G.A. § 13-10-91 is applicable to the Proposer:
1. _____ 500 or more employees;
 2. _____ 100 or more employees;
 3. _____ Fewer than 100 employees.
- C. The Proposer understands and further agrees that, in the event the Proposer employs or contracts with any subcontractor in connection with this Agreement, the Proposer shall:
1. Secure from each such subcontractor an indication of the employee-number category as identified in O.C.G.A. § 13-10-91 that is applicable to the subcontractor;
 2. Secure from each such subcontractor an attestation of the subcontractor's compliance with O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02 by causing each such subcontractor to execute the subcontractor affidavit required by Georgia Department of Labor Rule 300-10-1-.08, or a substantially similar subcontractor affidavit. The Proposer further understands and agrees that the Proposer shall require the executed subcontractor affidavit to become a part of the agreement between the Proposer and each such subcontractor. The Proposer agrees to maintain records of each subcontractor attestation required hereunder for inspection by the Clayton County Board of Commissioners at any time.

Contractor: _____ EEV *User ID # _____

Authorized Signature: _____ Date: _____

Title: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____.

(Seal)
Notary Public

My Commission Expires: _____

**As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).*

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
				-			-			
OR										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.