



SBS Supplemental Application (Web)

General Instructions:

(PLEASE TYPE OR PRINT CLEARLY. DO NOT LEAVE ANY SPACES BLANK ON THE APPLICATION.)

- I M P O R T A N T -

Before filling out this certification application you **must** obtain a **FMS Vendor Number**. To do so, complete a Vendor Application Form, which is available online at www.nyc.gov/html/moc/html/bidderform.html.

If you prefer, you may obtain a form by **calling (212) 857 – 1680**.

Your application will not be processed without the FMS Vendor Number.

If you already have an FMS Vendor Number please call (212) 857 -1680 or go online at www.nyc.gov/html/moc/html/bidderform.html to check that your business information and NIGP Commodity Codes are correct and up to date.

Once you obtain a number you may complete the questions in this Supplemental Application. Completion of this application will help us better market your goods and services to purchasers.

Thank you for taking the time to complete it.

If a question is not applicable to your business insert “N/A” in the space provided for your answer.

You may make photocopies of the completed application as necessary. Whenever the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet. Once you have completed the application, please return it and the required documentation to: NYC Department of Small Business Services, Division of Economic and Financial Opportunity, 110 William Street, New York, NY 10038

(Please Type or Print Clearly)

- 1) Company Name: _____
- 2) Doing Business As, Name: _____
- 3) FMS Vendor Number: _____
- 4) Email Address: _____
- 5) Company Description: _____

6) Highest Level of Bonding (\$): _____

7) Targeted Geographic Market: (Please Check the Appropriate Box or Boxes)

- New York City
- New York City Metropolitan Area
- New York State
- Northeast/Mid-Atlantic Region
- National
- Other

(Please specify): _____

8) Company Work Experience:

Company Experience #1

○ Name of Organization for Whom Work Was Performed: _____

○ Date of Work (Month/Year): _____

○ Value of Job: _____

○ Description of Work:

○ Organization Contact - Last Name, First Name, Title:

○ Telephone Number of Organization: _____

Company Experience #2

○ Name of Organization for Whom Work Was Performed: _____

○ Date of Work (Month/Year): _____

○ Value of Job: _____

○ Description of Work:

○ Organization Contact - Last Name, First Name, Title:

○ Telephone Number of Organization: _____

Company Experience #3

- **Name of Organization for Whom Work Was Performed:** _____
- **Date of Work (Month/Year):** _____
- **Value of Job:** _____
- **Description of Work:**

- **Organization Contact - Last Name, First Name, Title:**

- **Telephone Number of Organization:** _____

Please fill out the following so we can better focus our resources (optional):

How did you find out about our program?

Letter _____ **Telephone** _____ **Event** _____

(If Event was checked please answer the following)

Name of the Event _____

Name of the SBS Representative: _____

Other (Please explain) _____

VERIFICATION

STATE OF)
)
COUNTY OF) SS.:

(A) _____, being duly sworn, states he or she is the owner of (or partner in) the enterprise making the foregoing Application and that the statements and representations made in the Application are true to his or her own knowledge.

(B) _____, being duly sworn, states that he or she is the Name of Corporate Officer

_____ of _____
Title of Corporate Officer Name of Corporation

the enterprise making the foregoing application, that he or she read the Application and knows its contents, that the statements and representations made in the Application are true to his or her knowledge, and that the Application is made at the direction of the Board of the Board of Directors of the Corporation.

Signature

Date

Sworn before me this _____

Day of _____, 20__

(Notary Public)

Person assisting in completion of the Application:

Print Name

Signature

Telephone No.