



# THE TOPEKA HOUSING AUTHORITY

2010 SE California Ave. ■ Topeka, KS 66607  
Phone: 785-357-8842 ■ Fax: 785-357-2648 ■ www.tha.gov

## Vendor Information Form

The following information must be on file before we discuss contracting with your firm.

Firm Name		Federal Tax ID#:	Date Submitted
Contact Person		Title	
Address		City, State, ZIP	
Phone (include area code)	Fax (include area code)	Email	

### **Please attach a completed W-9**

#### **Please attach copies of all applicable licenses and required documents:**

<input type="checkbox"/> General (3 story or less)	<input type="checkbox"/> Framing	<input type="checkbox"/> Elevator	<input type="checkbox"/> HVAC	<input type="checkbox"/> Plumbing
<input type="checkbox"/> General (unlimited)	<input type="checkbox"/> Concrete	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lawn Irrigation	<input type="checkbox"/> Roofing
<input type="checkbox"/> Building	<input type="checkbox"/> Demolition	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Water Softener
<input type="checkbox"/> Residential	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Painting	
<input type="checkbox"/> <b>Other:</b>				

#### **Contractor Licenses**

Business License       Liability Certificate       Workers Compensation

#### **Firm Ownership**

Asian/Pacific       African-American/Black       Hispanic       Native American       White

**Woman Owned**    If yes, percent woman-owned:    %

**Section 3 Contractor**

#### **Services** (if "Other" please describe)

<input type="checkbox"/> Architectural	<input type="checkbox"/> Doors	<input type="checkbox"/> HVAC	<input type="checkbox"/> Painting	<input type="checkbox"/> Salvage	<input type="checkbox"/> Training
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Engineering	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Security	<input type="checkbox"/> Uniforms
<input type="checkbox"/> Computer Suppt	<input type="checkbox"/> Equipment	<input type="checkbox"/> Landscape	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Surveying	<input type="checkbox"/> Windows
<input type="checkbox"/> Construction	<input type="checkbox"/> Flooring	<input type="checkbox"/> Lighting	<input type="checkbox"/> Printing	<input type="checkbox"/> Telephones	
<input type="checkbox"/> Consultant	<input type="checkbox"/> Glass	<input type="checkbox"/> Moving	<input type="checkbox"/> Roofing	<input type="checkbox"/> Towing	
<input type="checkbox"/> <b>Other:</b>					

#### **Goods, Materials, Equipment** (if "Other" please describe)

<input type="checkbox"/> Appliances	<input type="checkbox"/> Doors	<input type="checkbox"/> HVAC	<input type="checkbox"/> Moving	<input type="checkbox"/> Printing	<input type="checkbox"/> Signage
<input type="checkbox"/> Bldg. Supply	<input type="checkbox"/> Electrical	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Office Supply	<input type="checkbox"/> Roofing	<input type="checkbox"/> Uniforms
<input type="checkbox"/> Computers	<input type="checkbox"/> Flooring	<input type="checkbox"/> Lighting	<input type="checkbox"/> Paint	<input type="checkbox"/> Safety	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Construction	<input type="checkbox"/> Furniture	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Parts	<input type="checkbox"/> Security	<input type="checkbox"/> Windows
<input type="checkbox"/> <b>Other:</b>					

**Debarred Statement**

Has this firm, or its principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of Kansas, or any local government agency within or without the State of Kansas?

Yes \_\_\_ No \_\_\_

If "Yes," please attach a full detailed explanation, including dates, circumstances and current status:

**Disclosure Statement**

Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the Topeka Housing Authority (other than contracting with Topeka Housing Authority).

Yes \_\_\_ No \_\_\_

If "Yes," please attach a full detailed explanation, including dates, circumstances and current status: