



Contracting/Purchasing Department ~ 700 Adams Avenue ~ Memphis, Tennessee ~ 38105
Manager of Contracts phone 901-544-1298 ~ Fax: 901 544-1299

Dear Prospective Vendor or Contractor:

The Vendor Data Sheet is designed to provide important information necessary to maintain a record of vendors desiring to bid on supplies, material and equipment or services to the Memphis Housing Authority. To be placed on the correct vendor list, you must complete the Vendor Data sheet completely. All vendor payments are direct deposits via ACH. New vendors must provide a completed Vendor Form, W-9 and ACH enrollment. All future changes to your information must be made in writing.

“Minority-owned business” means a business that is solely owned, or at least fifty-one percent (51%) of the assets or outstanding stock of ownership, by an individual who personally manages and controls the daily operation of the business. As a small or minority-owned business, you are important to the Memphis Housing Authority. We actively solicit bids from small businesses and minority-owned businesses whenever possible. The Memphis Housing Authority does not have a set aside program for small or minority owned businesses.

The filing of a Vendor Data Sheet does not automatically guarantee that an applicant will be placed on the bid list or receive an award. All Vendor information is subject to review and acceptance by the Contracting/Purchasing Department. Should you have any questions, please contact the following Department listed above.

Due to the large number of vendors listed on some categories it is not possible to allow vendors to bid on everything that is solicited by the Contracting and Purchasing Department. It’s our intention to make the selection process as fair as possible. If you decide to bid, we cannot help you prepare your bid. We can, answer questions to help you better understand what is required.

Visit our website: www.memphisha.org

CONTRACTS AND PURCHASING
David Walker
MANAGER

MEMPHIS HOUSING AUTHORITY
Dexter Washington
Chief Executive Officer

**MEMPHIS HOUSING AUTHORITY
VENDOR DATA SHEET**

Date: _____

Company Name: _____
 Address: _____
 City/State/Zip: _____ Email Address: _____
 Contact Person: _____
 Telephone No: _____ Fax No.: _____
 Federal Tax ID: _____ or SSN: _____

Business Type: _____ Manufacturer (manufactures products to be sold to others)
 _____ Contractor (provides a service)
 _____ Supplier (sells products manufactured by others)

Organization: (Mark "X") _____ Corporation
 _____ Sole Proprietorship
 _____ Partnership
 _____ Other (specify): _____

Ownership Composition – 50% or more of the business is owned or controlled by: (Mark "X")

_____ White _____ American Indian
 _____ Black _____ Hispanic-American
 _____ Female _____ Asian
 _____ Male
 _____ Other (specify): _____

Business References:

- | | | | |
|----|---------------|---------|-------------------|
| 1. | _____ | _____ | _____ |
| | Name/Business | Contact | Phone No./Fax No. |
| 2. | _____ | _____ | _____ |
| | Name/Business | Contact | Phone No./Fax No. |
| 3. | _____ | _____ | _____ |
| | Name/Business | Contact | Phone No./Fax No. |

Review the list of commodities and services below to indicate item(s) for which your company wishes to submit bids and/or proposals.

Return To: Memphis Housing Authority
 Contracts Department
 700 Adams
 Memphis, TN 38105

Contact Person: David Walker
 Manager of Contracts and Purchasing
 700 Adams Ave.
 Phone No.: (901) 544-1298 or Fax No: (901) 544-1299; dwalker@memphisha.org

FOR MHA USE ONLY

Received Date: _____ Vendor Number: _____
 Processed Date: _____ By: _____
 Approved: _____ Rejected: _____

COMMODITIES LIST

LICENSE & INSURANCE REQUIREMENTS:

	Business License-Service/Supplier _____	Electrical limit _____
Under \$25,000	Business/Home Improvement # _____	HVAC limit _____
Over \$25,000	General Contractors Lic. limit _____	Plumbing limit _____

Note: Minimum Insurance Requirement is \$1,000,000 and workers Comp (for all construction jobs). Labor rates may apply for maintenance and construction over \$2,000 (rates will be Furnished by MHA). Prefer a Home Improvement or General Contractors License registered with the state of TN and a City Business tax license for services, construction and repairs.

SUPPLY THESE PRODUCTS (WHOLESALE/RETAIL): (Mark "X")

_____(APPL) Appliances	_____(OSS) Office Supplies
_____(CJAN) Cleaning/Janitorial	_____(CPASU) Paint & Sundries
_____(CELES) Electrical	_____(PAPER) Paper Products
_____(CFENC) Fencing Materials	_____(FILM) Photographic
_____(CFLTI) Flooring (Carpet, tile, etc)	_____(CPLAY) Playground Equipment
_____(GL) Glass	_____(CPLUM) Plumbing
_____(CHNT) Hand Tools	_____(CROOF) Roofing
_____(CHDW) Hardware	_____(SAFTY) Safety
_____(HVAC) HVAC	_____(SIGN) Signs
_____(COFEQ) Office Equipment	_____(CUNIF) Uniforms
_____(CFURN) Office Furniture	_____(WBLIN) Window Treatment
_____(Other (specify): _____)	

PROVIDE THESE SERVICES: (Mark "X")

_____(CPRNT) Advertising/Promotion	_____(GL) Glass
_____(CACCT) Accounting	_____(CINSU) Insurance
_____(CAE) Architectural	_____(CMAIN) Janitorial/Bldg Main.
_____(CCAB) Carpenters/Cabinets	_____(CLAWN) Landscaping/Tree Cut
_____(CDELV) Delivery/Courier Service	_____(MAINT) Minor Maint./Repair
_____(CDOOR) Doors & Windows	_____(CMOVE) Moving
_____(CELAR) Electric Alarm Installer	_____(CPANT) Painting
_____(CELEC) Electrical Contractor	_____(PRINT) Printing
_____(CTEMP) Employment Agency	_____(CCRPT) Rug/Carpet Cleaning
_____(CENVT) Environmental Services	_____(CTRAN) Transportation Services
_____(CFLOO) Flooring	_____(CWAST) Waste Disposal
_____(Other (specify): _____)	

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.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <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) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is 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.

Social security number									
				-			-		

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

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).

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 4.

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.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Vendor ACH Payment Enrollment Form

The Memphis Housing Authority requires all vendors to receive payments via Electronic Funds Transfer (EFT). Payments will be electronically deposited into your company's designated bank account through ACH (Automated Clearing House). ACH payment remittance advice will be delivered via email.

Signing up for Vendor ACH payments provides several benefits for our vendors:

Quicker Payments

- ACH payments are a faster method of payment.
- ACH payments can be credited to your account in less than two business days. Payments made by check can take 7-10 days to be received through the postal service.
- Banks do not hold ACH payments unlike the checks you deposit. Your funds are available as soon as the ACH payment is credited to your account.

Fewer Hassles

- ACH payments eliminate the need for paper checks.
- Your ACH payment cannot be lost in the mail or delayed due to a forwarded address.
- You will receive notification and remittance advice for each ACH payment via email.
- Save time by not traveling to the bank or waiting in line to deposit your check.

If you have any questions about our Vendor ACH payments program, please feel free to contact our Accounts Payable team at (901) 544-1287 or apvendor@memphisha.org.



Vendor ACH Payment Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Please check one of the following: New Request Change Request

PAYEE / COMPANY INFORMATION (Remit Address)

Name:	MHA Vendor number:
Current Mailing Address:	
Social Security or Taxpayer ID (Required):	Contact Person Name:
Business Telephone:	Contact Person Title:
Alternate Telephone:	Email Address (Required to receive remittance):

FINANCIAL INSTITUTION INFORMATION

Name:
Address:
Nine-digit Routing Transit Number (usually first set of nine-digit numbers at bottom of check):
Account Number:
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>

A voided check must accompany this form in order to receive payments electronically. A Social Security Number or Taxpayer ID is required for vendor verification. An email address is recommended to participate in this program.

CERTIFICATION:

I certify I am responsible for notifying any changes to the information provided above to Memphis Housing Authority.

I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH.

I certify that information provided on this form is true and correct, and that I, as an authorized representative for the above named company, hereby authorize Memphis Housing Authority to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by Memphis Housing Authority. Memphis Housing Authority reserves to right to cancel or suspend this authorization at any time.

AUTHORIZATION:

Authorized Official Name

Signature

Title

Date

Send this form and voided check to:

OR

Form and voided check image may be emailed to:

Memphis Housing Authority
Attn: Accounts Payable- ACH Enrollment
700 Adams Avenue
Memphis, TN 38105

apvendor@memphisha.org