

Bidder's Mailing List Application

Information requested on this form is essential for placement on the bidder's list. Please make sure it is complete or it will be returned. IF, AFTER SUBMITTING THE APPLICATION, THERE ARE CHANGES IN YOUR ORGANIZATION, IT IS YOUR RESPONSIBILITY TO NOTIFY THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION.

Company Name: _____

Business Address: _____

_____ Zip Code: _____

Telephone No.: (_____) _____ FAX No.: (_____) _____

Contact: _____ Title: _____

E-mail: _____

Business Organization: Corporation Partnership Individual Other

Ownership (see reverse for definitions): Minority Woman-Owned None of These

If minority owned, please indicate your Ethnic Group as defined on the reverse of this form:

N.Y. State Certified: Minority Women-Owned (attach a copy of State Certification document)

Identification:

Tax I.D. #: _____

Social Security #: _____

Dun & Bradstreet #: _____

Type of Business:

Major Business Category (Where would you be listed in the yellow pages?):

Principal Products and/or Services:

Completed By: _____

Title: _____ Date: _____

DEFINITIONS
VENDOR CLASSIFICATIONS – TYPES OF OWNERSHIP

1. Minority Business Enterprise

A Minority Business Enterprise is a small business concern, as defined pursuant to Section 3 of the Small Business Act and implementing regulations, which is owned and controlled by one or more minorities. Owned and controlled means a business which is at least 51 percent of the stock of which is owned by one or more minorities.

“Minority” means a person who is a citizen or lawful permanent resident of the United States and who is Black, Hispanic, Asian/Pacific Islander, Indian/Alaskan Native, members of other groups, or other individuals found to be economically and socially disadvantaged by the Small Business Administration under Section 8 (a) of the Small Business Act amended (15 U.S.C. 637(a)).

2. Woman Business Enterprise

A Woman Business Enterprise is a small business concern, as defined pursuant to Section 3 of the Small Business Act and implementing regulations, which is owned and controlled by one or more women or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by one or more women.

Send completed ‘Bidder’s Mailing List Application’ to:
New York City Health and Hospitals Corporation
Materials Management
346 Broadway – Room 516
New York, New York 10013
Bidders.List@nychhc.org