



THE CITY OF TOPEKA WANTS CONTRACTORS LIKE YOU

Your company could become eligible to bid construction projects for the Department of Neighborhood Relations and help build pride in our Topeka Neighborhoods.

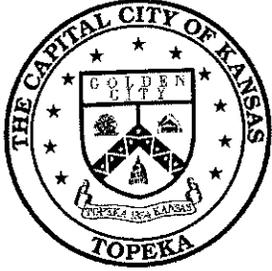
We are looking for Qualified Contractors to:

- | | |
|--|--|
| Install roofs | Pour concrete |
| Build access ramps | Rebuild porches |
| Replace furnaces and AC units | Repair bathrooms & kitchens |
| Connect new electrical services | Demolition, and much more |

If you think you may be interested in becoming a contractor for the Department of Neighborhood Relations, please call (785) 368-4450 and ask for a Contractor Application.



Call Warren Woodruff at Dept. Of Neighborhood Relations Today, (785) 368-4450



CITY OF TOPEKA

Department of Neighborhood Relations
620 SE Madison Street, 1st Floor
Topeka, Kansas 66607-1118
Phone: (785) 368-3711
Fax: (785) 368-2546

Date _____

General Contractor's Reference Questionnaire (Registration Application)

Section A (Business Organization):

Business Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Federal I.R.S. Tax I.D. Number (or Social Security Number): _____ DUNS Number _____

Type of Ownership: _____
(sole proprietorship) (partnership) (corporation)

Is this a Minority Owned Business Enterprise? _____

Is this a Women's Owned Business Enterprise? _____

Company Principals and Title: _____
(Owners or Corporate Officers)

(Co-Owners or Corporate Officers)

If a Corporation are you in good standing with the state of Kansas? _____

Number of years in business under this name: _____

If the company name has changed, what was/were the original name(s):

1.) _____
(company name) (address) (date(s))

2.) _____
(company name) (address) (date(s))

List any jobs in which your company has been found negligent:

To the best of my ability, I, the undersigned, assume that the information listed in this application is true and correct. I further authorize the City of Topeka to verify information supplied.

Signature of Owner _____ Date of Application _____

List any State and City of Topeka Licenses or certifications that you hold:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

What is the predominant type of work you actually do?

List Types of work your Company does or wishes to specialize in:

- 1.) _____
- 2.) _____
- 3.) _____

Section B (References):

Work in Progress:

List the Names, Phone Numbers and Dollar Value for three (3) most recent jobs completed or in progress:

Name	Phone Number	Dollar Value
1.) _____	_____	\$ _____
2.) _____	_____	\$ _____

Complaints:

Have you ever had unresolved complaints at the Better Business Bureau or other consumer protection group:

Yes ___ No ___ If yes, please explain: _____

Past work:

List the Name, Phone Number, dollar Value, and Completion Date of a t lest three (3) prior contracts:
Do not use ones from above.

Name	Phone Number	Dollar Value	Completion Date
1.) _____	_____	\$ _____	_____
2.) _____	_____	\$ _____	_____

Section C (Financial):

List Financial Institutions with whom you have established credit; include maximum credit line:

Institution	Maximum Credit Line
1.) _____	\$ _____
2.) _____	\$ _____
3.) _____	\$ _____

Last years Gross Dollar Value: \$ _____

Number of Jobs Completed as a General: _____ Largest Dollar Amount: \$ _____

How many Employees does your Company have: _____

Name of Lead Person: _____ Years with Company _____

What are your Maximum Credit Line and Working Capital Amount?

Maximum Credit Line: \$ _____ Working Capital: \$ _____

Suppliers:

List two (2) Major Suppliers from who you purchase construction materials; list name, phone number and credit limit of each:

Name	Phone Number	Credit Limit
1.) _____	_____	\$ _____
2.) _____	_____	\$ _____

Sub-Contractors:

Provide a current list of Sub-Contractors with whom your company has done business. List Name of Company, Phone Numbers and Contact Person for each Sub-Contractor:

Sub-Contractor	Contact Person	Phone Number
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____
5.) _____	_____	_____
6.) _____	_____	_____

Section D (Insurance):

Current Liability Insurance

Company Carrier _____

Agent _____

Address _____

Phone Number _____

Amounts \$ _____ \$ _____ \$ _____

Current Workman's Comp. Insurance

Company Carrier _____

Agent _____

Address _____

Phone Number _____

Amounts \$ _____ \$ _____ \$ _____

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								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
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or								
Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - 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
 - 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.

City of Topeka ACH Authorization Form

Vendor Information

Vendor Name		
Address		
City	State	Zip
Contact Name for Payables	Phone	Ext
E-mail Address for Remittance Advice		

Above named Vendor hereby authorizes City of Topeka to originate Automated Clearing House electronic fund transfer (EFT) credit entries to Vendor's account, as indicated below, for payment.

Banking Information

Name on Bank Account	Bank Name
Bank Routing Number	Bank Account Number

At this time, the City of Topeka can only send payments to a checking account.

If any changes are made to your banking information, please notify the City immediately in written form. Please note if you fail to notify us prior to a payment it may take us up to 30 days to reissue the payment. If you have any questions please call 785-368-3970.

Vendor Authorization:

Authorized Signature

Date

Authorized Name

Title

Please complete the above form and return to:

Email to: cwright@topeka.org

Fax to: (785) 368-2546

Mail to: City of Topeka Housing & Neighborhood Development

Attn: Corrie Wright

620 SE Madison St. 1st Floor - UNIT 8

Topeka, KS 66607

Official City Use

Vendor Number	Entered by	Date Entered in System
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