

Vendor Questionnaire Domestic - Instructions

Instructions:

This vendor questionnaire form is to be completed by vendors seeking to do business with NMSU and by vendors that require recertification. Incomplete forms will not be processed. Please print or type legibly. Return completed forms to:

NMSU Procurement Services
PO Box 30001 MSC 3890
Las Cruces, NM 88003
Phone: 575-646-2916, Fax: 575-646-3736
E-mail (preferred method of submission): vendors@nmsu.edu

Section 1: Vendor Information

Tax Identification Number: Enter the individual's or company's 9-digit tax identification number. Example: Social Security Number, Tax Identification Number, or Employer Identification Number.

NMSU Aggie #: Enter Aggie number, if known.

Prior Name: Enter prior name of individual or company.

Legal Name: Enter legal name as it appears on your federal tax return. No nicknames, initials or abbreviations are accepted.

Business Name or DBA: Enter business name or doing business as name, if applicable.

Order Address: Enter order address information.

Remit Address: Enter remit address information, if different from order address.

Phone: Enter phone number starting with the area code.

Fax: Enter fax number starting with the area code.

E-mail Address: Enter e-mail address, if available.

Internet Address: Enter internet address, if available.

Section 2: Business Types.

Select only one business type.

Section 3: Additional Business Types.

Select all that apply. For vendor types with an asterisk (*), attach copies of your certification for this category of business from the Small Business Administration (SBA) or other certifying agency.

Section 4: Conflict of Interest.

Questions must be answered regardless of the business type. If the answer to any question is "Yes," you must provide details.

Section 5: Independent Contractor Determination.

To be completed by individuals, sole proprietors, and limited liability companies. All questions must be answered to describe the goods and/or services to be provided to NMSU.

Section 6: Terms and Conditions.

Read listed NMSU's terms and conditions. Print your name; sign your name, and date. If you do not agree with NMSU's terms and conditions, please attach documentation with the proposed changes. Failure to agree to NMSU's terms and conditions may effect consideration of becoming a vendor, NMSU being the sole judge of this determination.



Vendor Questionnaire - Domestic

This form is to be completed by vendors seeking to do business with NMSU and by vendors that require recertification. To use this form, vendors must be working on a current purchase with an NMSU department. The form must be completed correctly for processing. Incomplete forms will not be processed. Please print or type legibly. **Return this form to NMSU, Procurement Services, PO Box 30001 MSC 3890, Las Cruces, NM 88003. Phone 575-646-2916, fax 575-646-3736, or e-mail at vendors@nmsu.edu. Email is the preferred delivery method.**

SECTION 1: REQUESTOR INFORMATION

Are you currently working with a department on a purchase? Yes-Dept Name _____ No. Do NOT continue to fill out this form. Please see out Online Bidding System to view Procurement Opportunities: <https://nmsu.ionwave.net/Login.aspx>

Social Security Number/ Federal Employer ID Number: Aggie # (if known):

Prior Name (if applicable): _____

Legal Name (as shown on your Federal tax return): _____

Business Name or DBA: _____

Order Address: _____ City: _____ State: _____ Zip: _____

Remit to Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____ Internet Address: _____

SECTION 2: BUSINESS TYPES - Select ONE only.

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Federal or State Govt. Agency | <input type="checkbox"/> Limited Liability (type) _____ |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Not-For-Profit Organization | D =Disregarded entity
C =Corporation
P =Partnership |

SECTION 3: ADDITIONAL BUSINESS TYPES - Select all that apply.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> One time payment | <input type="checkbox"/> Woman Owned Small Disadvantaged* | <input type="checkbox"/> Large Business | <input type="checkbox"/> Minority Owned* |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Veteran Owned Small Business* | <input type="checkbox"/> Large Disadvantaged Business* | <input type="checkbox"/> Historically Black College* |
| <input type="checkbox"/> Small Disadvantaged Business* | <input type="checkbox"/> Hubzone Small Business* | <input type="checkbox"/> Woman Owned Large Business* | <input type="checkbox"/> Native American Owned* |

(* Attach copies of your certification for this category of business from the SBA or other certifying authority.

SECTION 4: CONFLICT OF INTEREST

Are you an employee of NMSU? Yes No Department: _____

Is any immediate family member employed by NMSU, its community colleges, or affiliated programs? Yes No

If yes, list name: _____ Relationship: _____

To the best of your knowledge, are any officers, directors, trustees, partners, or any individual holding any position in management of this company, a member of the NMSU Board of Regents, an immediate family member of the NMSU Board of Regents, or an employee of NMSU or any of its community college? Yes No

If yes, details: _____

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SECTION 5: INDEPENDENT CONTRACTOR DETERMINATION

To be completed by individuals, sole proprietors and limited liability companies as indicated in your response to **BUSINESS TYPES**. Select all that apply.

- Travel
- Services _____
- Honorarium
- Interview Candidate
- Speaker/Guest Lecture
- Reimbursement
- Other _____

1. Will the proposed services be performed in the United States? _____

2. Describe the services that you will be providing to NMSU. _____

3. Describe any NMSU owned property or equipment that will be utilized in performance of the proposed services. _____

4. Describe any training that NMSU will be providing you. _____

5. Describe any specific instructions or set order of work that NMSU will be providing that you must follow to provide services. _____

6. Describe any special skills that are required to perform the services. _____

7. Who sets the work hours that you will be required to follow? _____

8. Are these services related to an ongoing or continual relationship? If yes, please explain. _____

9. Please list any other public entity that you provide same or similar services. _____

10. In providing these services, does your business realize a profit or loss? _____

11. How are your costs billed to NMSU? i.e. hourly, salary, by the job? _____

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SECTION 6: TERMS AND CONDITIONS

FEDERAL LAW REQUIRES NMSU TO OBTAIN THIS INFORMATION WHEN MAKING A REPORTABLE PAYMENT TO YOU. IF YOU DO NOT PROVIDE US WITH THIS INFORMATION, YOUR PAYMENTS MAY BE SUBJECT TO 28% FEDERAL INCOME TAX BACKUP WITHHOLDING PENTALTY IMPOSED BY THE IRS UNDER SECTION 6723.

UNDER 15 U.S.C. 645(d), ANY PERSON WHO MISREPRESENTS ITS SIZE STATUS SHALL (1) BE PUNISHED BY A FINE, IMPRISONMENT, OR BOTH; (2) BE SUBJECT TO ADMINSTRATIVE REMEDIES; AND (3) BE INELIGIBLE FOR PARTICIPATION IN PROGRAMS CONDUCTED UNDER THE AUTHORITY OF THE SMALL BUSINESS ACT.

I acknowledge that NMSU policy calls for issuance of an official NMSU purchase order signed by an authorized individual for all purchases except those accomplished with a NMSU procurement card prior to a purchase being made. Failure to obtain an NMSU purchase order prior to supplying goods or services may result in either delay of payment or non-payment.

Further, I acknowledge that information obtained in this questionnaire will be used to establish/update NMSU's database and that these changes may affect information in related databases such as student records or employee information.

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 backup withholding because:
 - a. I am exempt from backup withholding; or,
 - b. I have not been notified by the 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. person (including a U.S. resident alien), unless otherwise indicated herein. If not, complete IRS W-8BEN form.

CERTIFICATION INSTRUCTIONS: You must cross out item 2 under CERTIFICATION 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.

1. For real estate transactions, item 2 does not apply.
2. 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.

BY SIGNING THIS FORM, THE SIGNEE CERTIFIES THE STATEMENTS ABOVE AND AGREES TO NEW MEXICO STATE UNIVERSITY'S STANDARD TERMS AND CONDITIONS. TERMS AND CONDITIONS ARE AVAILABLE ONLINE AT <http://purchasing.nmsu.edu/>, OR A HARD COPY CAN BE REQUESTED BY CONTACTING THE CENTRAL PURCHASE OFFICE.

If you do not agree with NMSU's terms and conditions please attach documentation with the proposed changes. Failure to agree to NMSU's terms and conditions may affect consideration of becoming a vendor, NMSU being the sole judge of this determination.

Signing this form does not entitle vendor a preferred vendor status. Information on this form is used to set up a vendor in NMSU's purchasing system and will not automatically make you eligible for online bidding system. To register for our online bidding system you will need to visit our website <http://purchasing.nmsu.edu/automated-bid-system/>.

Printed Name: _____ Signature: _____ Date: _____