



VENDOR APPLICATION FORM

Please complete, sign, and submit this form along with your **W-9 form and Certificate of Insurance** to the school/department requesting the goods or services.

Handwritten or Incomplete Applications or W-9s WILL NOT BE PROCESSED.

Check one of the following actions:

NEW

UPDATE/REVISE

DEACTIVATE

REACTIVATE

Possible Conflict of Interest Situations per Florida Statute 112.313 and School Board Policies

If You Answer "Yes" to Any Question Below, Please Contact the Director of Purchasing Before Completing the Rest of the Form.

1. Are you an employee of the School Board of Seminole County (includes substitutes and community coaches)? Yes No

2. Is any employee of the School Board of Seminole County, FL, an owner, proprietor, partner, director, or officer of this business? Yes No
If yes, Employee's full name: _____

3. Is any spouse, parent, or child of any employee of the School Board of Seminole County, FL, an owner, proprietor, director, or officer of this business? Yes No
If yes, Employee's full name: _____ Relationship to Employee: _____

General Business Information

Legal Name of firm as registered with IRS (Must Match W-9): _____ FEIN or Social Security Number: _____

Fictitious/d.b.a., if applicable (to be used on Purchase Orders): _____ Fax #: _____

Mailing Address (to be used on Purchase Orders): _____ City, State, Zip: _____

Remittance Mailing Address (if different than above): _____ City, State, Zip: _____

For Existing Vendors, does your new address replace all prior?
Mailing Address Yes No Remittance Mailing Address Yes No

Note: A separate list may be attached if more space is needed

Vendor Contact Name and Title: _____ Phone # (Required): _____

Would you like to receive Purchase Orders Electronically?
 Yes No **Dedicated Email Address** (Required): _____

Purchase Order Email Address: _____

Would you like to sign up for the e-Payables Payment Program? Yes No

For more information, please visit:

<https://www.scps.k12.fl.us/district/departments/finance-budget/accounts-payable/forms.shtml>

Complete Description of Goods, Services or Software to be provided (Attach Additional Pages if Necessary):

If providing services, where will they be performed?

On School Board Property Off Site Location Supplies Only

For Insurance Requirements, please visit: <https://www.scps.k12.fl.us/district/departments/purchasing/vendor-info/certificate-of-insurance-requirements.shtml>

Note: Failure to provide proper insurance documentation may result in rejection or delay in processing of the application.

By signing below, I certify that the above is true and accurate to the best of my knowledge, and I will notify the Purchasing Department within 10 business days of any changes.

Printed Name of Authorized Representative

Signature of Authorized Representative

Date

The School Board of Seminole County, Florida · Purchasing & Distribution Services Department

400 East Lake Mary Blvd., Sanford, FL 32773 · Phone: 407-320-0239 · Fax: 407-320-0474

<https://www.scps.k12.fl.us/district/departments/purchasing/vendor-info/>

Name of Vendor:			
FOR USE OF REQUESTING SCHOOL/DEPARTMENT BOOKKEEPER (REQUIRED):			
Bookkeeper Name:		Date:	
Requestor Name: (If Other Than Bookkeeper)		School/Department Name:	
Add to School Funds (SFO) <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Purchase Amount:	
Is there an Agreement associated to this VAP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Agreement # _____ If the Agreement has not been approved by Purchasing, please include it with this VAP.			
If Existing Vendor, PeopleSoft ID#:		<input type="checkbox"/> ODP (Facilities Department only)	
SBSC RISK MANAGEMENT ONLY (Allow 2 Business Days for Processing):			
Certificate of Insurance Received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			
Comments:			
RM Staff Approval:		Date:	
SBSC PURCHASING ONLY (Allow 2 Business Days for Processing):			
Date Received:	Debarment Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sunbiz Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	
Contract Number if Available:		Procurement Agent Approval:	Date:
SBSC ACCOUNTS PAYABLE ONLY (Allow 2 Business Days for Processing):			
Date Received:		TIN Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vendor#:		1099: <input type="checkbox"/> Yes <input type="checkbox"/> No	
e-Payables Flag Activated: <input type="checkbox"/> Yes <input type="checkbox"/> No		A/P Contact:	Date: