



University of Connecticut Health Center
Procurement Operations & Contracts

To Whom It May Concern,

In order to conduct business with the University of Connecticut Health Center the attached supplier application must be fully completed and **returned to the person/department who sent these forms to you** via facsimile or e-mail (PDF). Please **do not** send directly to Procurement Operations & Contracts. **Failure to return the package fully completed will prevent us from doing business with your organization.** Included in the supplier application are as follows:

- Supplier Information, Purchase Order Distribution, Signature Authorization, Debarment Certification
- W-9
- Non-Discrimination Certification

If you have any questions about completing the new supplier paperwork, please contact our Vendor Management Coordinator Tim Misterka at 860-679-8976.

If your principal place of business is located in the State of Connecticut and you think that you may qualify as a Small or Minority Owned Business, please contact our Supplier Diversity & Compliance Coordinator Nicole Smith at 860-679-2244.

The links listed below are provided for your convenience. It is your responsibility to ensure that you are compliant with the most current laws, regulations, rules & policies.

Refer to “Guidance for Vendor Authorizations” at the following website:

http://www.das.state.ct.us/purchase/info/vendor_authorization_and_guidance_081106.pdf

Refer to “Guide to the Code of Ethics For Current or Potential State Contractors” at the following website:

<http://www.ct.gov/ethics/cwp/view.asp?a=3488&q=414966>

Refer to “State of Connecticut Supplier Diversity Program” at the following website:

<http://www.das.state.ct.us/cr1.aspx?page=34>



STATE OF CONNECTICUT

UNIVERSITY OF CONNECTICUT HEALTH CENTER

Procurement Operations & Contracts

**263 Farmington Avenue, MC4036
Farmington, CT 06032-4036**

IMPORTANT: ALL pages of this application must be completed, signed and returned. Failure to complete and submit all pages may constitute grounds for rejection of your application. By completing this application the Supplier agrees that it is in compliance with all applicable UCHC policies and procedures, federal, state, and local laws and regulations, including but not limited to Connecticut General Statutes Sections 10a-151a and 10a-151b, 4a-60 and 4a-60a.

SECTION 1 of 4: SUPPLIER INFORMATION

COMPLETE LEGAL BUSINESS NAME:	TAXPAYER ID NUMBER (TIN):
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE):	WEBSITE ADDRESS (IF APPLICABLE):
LIST TYPES OF PRODUCTS AND OR SERVICES PROVIDED:	
IS YOUR BUSINESS CURRENTLY A STATE OF CT CERTIFIED SMALL BUSINESS ENTERPRISE? IF SO, PLEASE ATTACH A COPY OF THE CERTIFICATE? (PLEASE CHECK) <input type="checkbox"/> YES <input type="checkbox"/> NO	IS YOUR BUSINESS CURRENTLY A FEDERALLY CERTIFIED SMALL BUSINESS? IF SO, PLEASE ATTACH A COPY OF THE CERTIFICATE? (PLEASE CHECK) <input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR BUSINESS CURRENTLY REGISTERED WITH THE STATE OF CT SECRETARY OF THE STATE'S OFFICE TO DO BUSINESS IN THE STATE OF CT? (PLEASE CHECK) <input type="checkbox"/> YES <input type="checkbox"/> NO	
CORPORATE ADDRESS:	REMITTANCE ADDRESS:
ADDRESS:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
TELEPHONE NUMBER:	

SECTION 2 of 4: PURCHASE ORDER DISTRIBUTION

PLEASE INDICATE THE BEST METHOD OF PURCHASE ORDER DISTRIBUTION (PLEASE CHECK): <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL	
CONTACT NAME:	
TELEPHONE NUMBER:	
FAX NUMBER:	
E-MAIL ADDRESS:	

SECTION 3 of 4: SIGNATURE AUTHORIZATION

SIGNATURE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ABOVE NAMED BUSINESS: SIGN HERE	DATE EXECUTED:
NAME OF AUTHORIZED PERSON:	TITLE OF AUTHORIZED PERSON:

SECTION 4 of 4: DEBARMENT CERTIFICATION

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - - LOWER TIER COVERED TRANSACTIONS

INSTRUCTIONS FOR CERTIFICATION

- 1) By signing and submitting this application, the prospective recipient of Federal assistance funds is providing the certification as set out below.
- 2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, UCHC may pursue available remedies, including suspension and/or debarment.
- 3) The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this application is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "application," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549.
- 5) The prospective recipient of Federal assistance funds agrees by submitting this application that, should the proposed covered transactions be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by UCHC.
- 6) The prospective recipient of Federal assistance funds further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determined the eligibility of its principals. Each participant may, but is not required, to check the List of Parties Excluded from procurement or Non-Procurement Programs.
- 8) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9) Except for transactions authorized under Paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is debarred, suspended, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, UCHC may pursue available remedies including suspension and/or debarment.

Before signing Certification, read all the instructions which are an integral part of the Certification.

- 1) The prospective recipient of Federal assistance funds certifies, by submission of this application, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this application.

Name of Authorized Representative

Title of Authorized Representative

Signature

Date

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.



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – Representation
By Entity
For Contracts Valued at Less Than \$50,000

Written representation that complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at less than \$50,000 for each year of the contract. Complete all sections of the form. Submit to the awarding State agency prior to contract execution.

REPRESENTATION OF AN ENTITY:

I, _____, _____, of _____,
Authorized Signatory Title Name of Entity

an entity duly formed and existing under the laws of _____,
Name of State or Commonwealth

represent that I am authorized to execute and deliver this representation on behalf of

_____ and that _____
Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

Authorized Signatory Date

Printed Name