



**SOLANO COMMUNITY COLLEGE DISTRICT
MEASURE Q BOND PROGRAM
SMALL, LOCAL AND DIVERSE BUSINESS PROGRAM**

VENDOR/CONTRACTOR PROFILE FORM

(Please print legibly)

Company Name: _____

Contact Person: _____ Title: _____

Address, City, Zip: _____

Telephone #: _____ Fax#: _____

Cell#: _____ Website: _____ Email: _____

Date Firm Established: _____

Annual Gross Receipts: 2014 _____ 2013 _____ 2012 _____

Client Reference: _____

Name Firm Phone

Ownership (Check all that apply):

Women-owned: Yes No Minority-owned: Yes No

Veteran-owned: Yes No

Certification Status: If your firm is currently certified, please check all that apply.

SBE WBE MBE DBE DVBE

Certifying Agency(ies): _____

Type of Business:

Supplier Contractor Professional Services

FOR CONSTRUCTION CONTRACTORS:

Construction Trade/Specialty: _____

NAICS Codes

(List all that Apply): _____

CSLB License No.: _____ License Type: _____

Estimator Name: _____ Phone: _____ Email: _____

Are you signatory to a Union? Yes No If yes, specify _____

Do you have bonding now? Yes No

If no, have you ever been bonded? Yes No Year _____

Bonding company: _____

Bonding capacity (max amount): _____

For this project, do you think you would need assistance with Bonding? Yes No

Assistance with meeting insurance requirements? Yes No

Assistance with securing any materials or equipment? Yes No

Firm EMR _____

SB 854 Compliance: Are you registered with the State DIR Compliance Monitoring Unit, so as to be SB854 compliant? Yes No Not sure/Need more information

FOR SUPPLIERS AND PROFESSIONAL SERVICES FIRMS:

Supplier (Specify products or industry): _____

Professional Services (Specify services): _____

NAICS Codes (List all that apply): _____

If you have any questions, contact Sheldon Jefferson at 510-545-6302 or at Sheldon.Jefferson@solano.edu

*******THANK YOU!*******