

Exhibit A

VENDOR'S QUESTIONNAIRE AND CERTIFICATE BY COMPLIANCE

The following information is requested for information purposes only. It will not be used in determining bid award.

Date: _____

Firm Name **Telephone**

Business Fax **Email Address** **Website**

Street Address **City/State** **Zip Code+ 4®**

Mailing Address **City/State** **Zip Code + 4®**

Type of Organization (Check one) **Individual** **Partnership** **Corporation**

Name of Owner(s) applicable) **State of Incorporation (if applicable)**

Name of Partners **(I) Indicate (G) General (L)Limited**

Local Address

Amount of Annual Business

The District is identifying vendor ownership as follows:

	Asian-American (Chinese, Japanese, Korean, Vietnamese)	Black or African-American	Filipino	Latino (other than Mexican or Mexican-American)	Mexican or Mexican-American	Native – American	Pacific Islander, other Asian	White	Disabled	Veteran	Women	Subcontractor	Employee	Apprentice
Total #														
% of assets														

The District is identifying vendor workforce as follows:

	Asian-American (Chinese, Japanese, Korean, Vietnamese)	Black or African-American	Filipino	Latino (other than Mexican or Mexican-American)	Mexican or Mexican-American	Native – American	Pacific Islander, other Asian	White	Disabled	Veteran	Women	Subcontract or	Employee	Apprentice
Total #														

Explain whether current workforce is racially and ethnically proportionate to the area from which the workforce is drawn (national, state, or local). Use separate sheet if necessary.

Detail steps taken by vendor since inception to assure non-discriminatory recruiting, hiring, and apprenticeship, placement, promotion, demotion, layoff and termination practices. Use separate sheet if necessary.

What are you interested in providing the District? (e.g., construction, consulting, goods or services).

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Main Headquarters Office(s) Address/Telephone (List all as applicable)	1. 2. 3.
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Total # of Employees _____

Local Office(s) Address/Telephone (List all as applicable)	1. 2. 3.
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Total # of Employees _____

Name and list residential zip code for each employee, subcontractor, or apprentice for awarded contract (Please use the Zip+4®) Use separate sheet as Necessary	1. 2. 3. 4. 5. 6.
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