



FORM B - VENDOR APPLICATION

To be included on the Chicago Cook Workforce Partnership (The Partnership) Vendor List, please complete the attached form and **submit it to Sylvia Ortiz-Rivera, Legal Assistant, at srivera@workforceboard.org or 69 W. Washington, Suite 2860, Chicago, IL 60602 along with a copy of your organization's marketing material.** All agencies that complete and submit this form will be added to the Vendor List. The Partnership will forward requests for bids and requests for proposals to its Vendor List, as applicable, based on the information provided.

Legal Name of Agency:	
Doing Business As (if different from legal name):	
Mailing Address:	
Contact Name:	Contact Title:
Contact Office Phone:	Contact Cell Phone:
Contact Fax Number:	Contact Email Address:
Agency website:	

Type of Organization (check one)

<input type="checkbox"/>	Not-for-Profit Agency	<input type="checkbox"/>	For-Profit Agency	<input type="checkbox"/>	Institution of Higher Learning
<input type="checkbox"/>	Other (describe):				

Is your organization a minority or women-owned business?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, which jurisdiction is it certified by?			

What types of services does your organization offer (check all that apply)?

	Advertising/Design/Marketing/Communications
	Accounting/Audit
	Business Services/Management
	Consulting Services (list field(s) of expertise):
	Human Resources/Temporary Staffing/Staff Training
	Information Technology
	Legal
	Printing/Mailing/Document Management/Awards
	Research and Evaluation (list field(s) of expertise):
	Workforce Training Provider
	Other (specify):

Provide a short (1 paragraph) explanation of the types of services that your organization provides.

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Agency Acknowledgement

Our agency acknowledges that submitting this application does not guarantee selection by The Partnership for contracts or grant awards. The Partnership reserves the right to select vendors that are not on the Vendor List through competitive bid processes in accordance with its procurement policies.

Authorized Signature

Date

Printed Name

Title