



Vendor Application

University of Arkansas at Fort Smith

Procurement & Contracts Office

PO Box 3649

Fort Smith, AR 72913-3649 - Phone (479) 788-7041

Mail application to the address listed above. Applications may also be sent by email attachment to lance.killough@uafs.edu.

Name of Business: _____

Mailing Address:

City / State / Zip Code: _____

Contact Person

Name / Title: _____

Telephone: _____ **Email:** _____

Website: _____

Home Office Address (if different than above): _____

Type of organization:

Type of business:

Ownership of business (if applicable):*

*** MINORITY AND WOMEN-OWNED BUSINESS (MWOB) POLICY.** It is the policy of the State of Arkansas to support equal opportunity as well as economic development in every sector. In accordance with the Minority and Women-Owned Business Economic Development Act, UAFS shall support to the fullest all possible participation of companies owned and controlled by minority persons and women in state-funded and state-directed public programs and in the purchase of goods and services to meet an annual goal of fifteen percent (15%) of the total expended.

Pursuant to Ark. Code Ann. § 19-11-229, 19-11-230 the State of Arkansas encourages all small, minority, and women owned business enterprises to submit competitive sealed bids and proposals for University

projects. Encouragement is also made to all general contractors that in the event they subcontract portions of their work, consideration is given to the identified groups.

I am interested in submitting my business to the Minority and Women-Owned Business Enterprise Directory with the State of Arkansas

I am interested in applying for certification as a Minority and Women-Owned Business (MWBE) with the State of Arkansas

Do you qualify as a small business? Yes No

Net worth of business: \$ _____ as of (date) _____

How long in present business? _____

List any other governmental entities or institution of higher education you have sold to or serviced (if any):

Please describe the type of service / commodities you provide:

Attach any other additional information that you feel is relevant.

Signature: _____

Printed Name / Title: _____

Date: _____