CITY OF PHILADELPHIA
VENDOR APPLICATION FORM
OFFICE OF HOMELESS SERVICES
CONTRACT ADMINISTRATION UNIT
Municipal Services Building
1401 JFK Boulevard, 10th Floor
Philadelphia, PA 19102

AGENCY INFORMATION

DATE COMPLETED _____________________________

TYPE OF APPLICANT AGENCY: ☐ New City of Philadelphia Provider
☐ Current City of Philadelphia Provider

Legal Contractual Name of Corporation: __________________________________________

Program Name__________________________________________________________

Executive Director Name ______________________________________________________

Corporate Mailing Address: _____________________________________________________

City, State and Zip Code: ______________________________________________________

E-Mail Address _____________________________________________________________

Phone: _____________________________                   Fax: ____________________________

General Business Information

Contact Person for Business Operations: ________________________________

Title: ___________________ E-Mail Address for Business Operations____________________

Business Telephone: _______________________          Business Fax: __________________

Fiscal Contact Person for Financial Operations: _________________________________

Title: ___________________ E-Mail Address for Financial Operations____________________

Business Telephone: _______________________          Business Fax: __________________

If different from above, Person responsible for preparing program budget, fiscal reports, etc.:

Name ___________________________   Title _________________________________

Phone ___________________________   E-Mail: _______________________________
Is your organization: (check all that apply)

☐ NON-PROFIT CORPORATION ☐ FOR PROFIT CORPORATION
☐ INDIVIDUAL ☐ PARTNERSHIP
☐ MANAGED LIMITED LIABILITY COMPANY ☐ LIMITED LIABILITY COMPANY

Please provide the following for your organization:

Federal Tax Identification Number: ________________________________

Federal Central Contractor Registration (CCR) Number (if available): ______________

Data Universal Numbering System (DUNs) Number (if available): ________________

Philadelphia Tax Identification Number: ________________________________

City of Philadelphia Business Privilege License Number: ________________________

Is the organization certified with the City Office of Economic Opportunity (OEO)? ☐ Yes ☐ No

### AGENCY DEMOGRAPHIC INFORMATION

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<th>TITLE</th>
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<th>RACE</th>
<th>YEARS ON BOARD</th>
<th>Disabled? (Y/N)</th>
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Names & Titles of persons with written authorization/resolution to sign contracts

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Provide the name of the agency Executive Director and the names, positions and demographic information for ALL staff who report directly to the Executive Director

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Program Information

Program Name: ________________________________________________________________

Grant /Contract #: ____________________________________________________________

Site Address(es): (If services are provided in multiple sites, please list all addresses.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Capacity (for each listed site) ________________________________________________

Program Director Name (each individual project site) ____________________________

Program Director Mailing Address _____________________________________________

Program Director Phone __________________ Program Director Fax ____________

E-Mail Address for Program Director __________________________________________

Emergency Contact Person: ________________________________________________ Title__________

Emergency Contact Daytime Telephone: (_____) ________________________________
ATTACHMENT “B”

Evening Telephone: (_____) ____________________________

Does the organization have any outstanding violations issued by the City of Philadelphia against properties to be used in the provision of services, i.e. L&I violations, Property tax delinquencies/liens, etc.? (Yes or No) (Include explanation in Proposal Package.)

Is the facility/property owned by the applicant organization? (Include copy of deed or mortgage in proposal package.)

☐ Yes, owned ___  ☐ Not owned ___

Is the facility/property leased by the applicant organization? (Include Copy of Lease agreement with proposal package.)

☐ Yes, leased ___  ☐ Not leased

Please list and attach a copy of all current applicable Federal, State or Local licenses required for the services to be provided i.e., Certificate of Occupancy, Housing Inspection License, Food Preparation License, ServSafe Certifications, etc.
ATTACHMENT “B”

SUB CONTRACT AGENCY INFORMATION
(IF APPLICABLE)

Name of Organization _____________________________________________________________

Executive Director_______________________________________________________________

Mailing Address _________________________________________________________________

E-Mail Address (es)__________________________ Phone _____________________________

City, State and Zip Code: ________________________________

Additional Contact Person: ______________________________

Title: __________________________ E-mail ________________________________

Telephone (_____) __________________________ Fax No. (_____) ______________________

Is the Sub Contractor certified by the City’s Office of Economic Opportunity (formerly Minority Business Enterprise Council (MBEC)? ☐ Yes ☐ No

Sub Contractor Federal Tax Identification Number: ________________________________

Sub Contractor City of Philadelphia Tax Identification Number: ____________________

Sub Contractor Philadelphia Business Privilege License Number: ____________________