

MISSISSIPPI DEPARTMENT OF EDUCATION

COVINGTON COUNTY SCHOOL DISTRICT

Babette Duty, Superintendent
1211 South Dogwood
Collins, MS 39428

VENDOR PRE-QUALIFICATION FORM

COMPANY NAME: _____

FEDERAL TAX ID: _____

ADDRESS: _____

CONTACT NAME: _____

PHONE #: _____ FAX# _____

EMAIL: _____

General Questions

1. Is anyone working for your company, who is in a position to make decisions for the company, related by blood or marriage to any person employed by the Covington County School District (MS)?

YES NO

If yes, please provide the name(s) of the said person(s) employed by CCSD and the department where they work.

NAME: _____ DEPARTMENT: _____

NAME: _____ DEPARTMENT: _____

NAME: _____ DEPARTMENT: _____

2. When was your Company established? ____/____/____

3. How many employees do your Company employ?

0-9 10-39 40-59 60 and above

4. How many employees will your Company have available and fully capable of executing and completing this project in its entirety in a timely and professional manner, and at its highest quality possible?

5. If awarded, who will serve as the primary point of contact (Project Manager) for this project?

_____, Project Manager

_____ Email Phone: _____

Checklist for Pre-qualifying as a Vendor

By completing this package, your Company is requesting to be approved as a Vendor. The following checklist has been provided to assist you in completing this package. Please review this list and verify that all necessary items have been completed. The provided checklist is a courtesy and may or may not list ALL requirements. Each vendor is responsible for ensuring that all required information and/or documents are submitted.

- 1. All information on this form has been completed and truthfully answered.
- 2. Provide proof that Manufacturer of products has been established and in good standings for a minimum of five (5) years of documented experience.
- 3. Complete work experience section below. This will also be used as a reference list.
- 4. Provide Manufacturer certification(s) (held by bidder).
- 5. Must be capable of system integration with surveillance system; provide proper certification(s) for the stated Manufacturer.
- 6. Provide proof of liability insurance at a minimum of \$2,000,000 and workman's compensation insurance.
- 7. Provide Bidder's ISO9001 certification (not Manufacturer).
- 8. Provide Manufacturer Dealer support/comfort letter with recommendation from Manufacturer AND include your authorized Manufacturer representative.

Applications not completed in their entirety will not be approved. If approved, your Company will be added to the vendor list and further instructions will be provided.

PROJECT EXPERIENCE

Please provide a **minimum of three** projects with a similar scope completed within the past 24 months and use the space below to give a brief overview of the work your Company provided. In order to process your application, all columns must be filled out.

School District	Project Start/End Dates	Contact	Phone

School District	Project Start/End Dates	Contact	Phone

School District	Project Start/End Dates	Contact	Phone

School District	Project Start/End Dates	Contact	Phone

**PLEASE SUBMIT ALL OTHER REQUIRED
DOCUMENTS WITH THIS FORM.**

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