Richmond R&HA
Building Communities.
Changing Lives.

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Richmond, VA 2321

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CHIEF EXECUTIVE OFFICER
Steven B. Nesmith

DIVISION OF PROCUREMENT &
CONTRACT ADMINISTRATION

600 East Broad Street, 4th Floor
Richmond VA 23219

Phone: (804) 780-3450

Fax: (804) 780-8712

Dear Potential Vendor,

Richmond Redevelopment and Housing Authority (RRHA) looks forward to a mutually beneficial partnership. For those desiring to do business with RRHA, the following information is required from all vendors.

To ensure the collection of all applicable information, RRHA is requesting that you update the attached Vendor Questionnaire and provide a copy of the following:

- W-9 (Request for Taxpayer Identification Number and Certification) for remittance address
- Business License
- Contractor's License
- Insurance Certificate: Please note, if you are selected as a vendor, RRHA may be named as an Additional Insured. Please use the name and address as listed below. If you have any questions, please email purchasing@rrha.com .
- Small, Woman, Minority Business Certificate

RRHA asks that you complete all questions on the survey. This information is needed to provide data to various federal, state, and local monitoring agencies.

Please mail, fax or email:

RRHA Richmond Redevelopment & Housing Authority
Procurement and Contract Administration 600 East
Broad Street, 4th Floor
Richmond, VA 23219
purchasing@rrha.com
FAX: 804-780-8712

Thank you for your immediate attention.

BUILDING COMMUNITIES. CHANGING LIVES. Richmond Redevelopment and Housing Authority (RRHA) is Virginia's largest public housing authority serving over 10,000 residents and managing nearly 4,000 units through the public housing program. RRHA provides subsidized housing assistance to more than 3,000 families and is a catalyst for quality affordable housing and community revitalization. For more information about RRHA programs and objectives, visit **rrha.com** and keep up with us on social media: Facebook | Instagram | Twitter | LinkedIn

VENDOR QUESTIONNAIRE

Please complete this questionnaire and return it to the address below within three (3) business

Company Information

TAX ID NUMBER (If not a sole proprietor) or Social Security Number or individual: _____

Contact Person's Name: _____ Contact Person's Telephone No.: _____
Company Name: _____ D.B.A.: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Dun & Bradstreet No: _____

Accounts Receivable Information

Accounts Receivable Contact Name: _____
Accounts Receivable Telephone No.: _____
Payment Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (   )_____ Fax Number: (   )_____

Terms: 2% 10 day   ☐   or   Net 30 ☐   Email Address:

Classification 1 Woman, Disabled, Minority Business, Section 3 Certified

The vendor is at least 51% owned by one or more women? ☐Yes   ☐ No   Please submit M/WBE Certification

The vendor is at least 51% owned by one or more disabled individuals   ☐Yes   ☐ No

The vendor is a minority owned business?   ☐Yes   ☐ No
If yes, please attach certifiction from Commonwealth of VA Department of MBE, DOT, City of Richmond or any other local, state, or federal agency that certifies businesses as a minority business.

| ☐ African American (Black) | ☐ Hispanic | ☐ Caucasian |
| ☐ Native American | ☐ Asian American | ☐ Pacific Islander |

Classification 2 Type of Products/Services

What are the primary products or services your company provides? *Please check only one of the following options.*

☐Advertising Marketing	☐H.A.P. Payment	☐Maint. Srv. Contracts	☐Reimbursement
☐Automotive	☐Health Services	☐Office Supplies	☐Security Services
☐Computer Services	☐ Insurance	☐Other	☐Telecommunication
☐Contruction/Demoliton	☐Lease and Rentals	☐Permits, Licenses	☐Training
☐Employee Benefits	☐Legal Services	☐Professional Services	☐Utility
☐Financial Services	☐Lodging	☐Real Estate Dev.	☐Wage Assignments
☐Food and Beverage	☐Maintenance Sply & Mtrl.	☐Consultant	☐Temp. Emp. Agency

Additional products or services provided: _____

Classification 3 Enterprise Classification

What is classification of your enterprise? Please check on of the following options.

___Corporation   ___Partnership   ___Non Profit   ___Employee   ___Public Housing Authority
___Government   ___Tenant   ___Utility   ___Sole Proprieter ___Other

Signed:_____ Title:_____ Date:_____

Form **W-9**

(Rev. March 2024)

Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

6 City, state, and ZIP code

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X

Form **W-9** (Rev. 3-2024)