

## <u>Vendor/Subcontractor List – Diversity in Contracting – Introduction</u>

Buckeye Broadband is dedicated to developing and maintaining diversity with vendors and subcontractors with whom we contract for projects within Buckeye Broadband. We recognize that a diversified vendor and subcontractor supply generates creative thinking, ideas and results.

Vendor/subcontractor diversity is not a project or a program, but rather the way that we conduct business. We believe strongly in providing equal opportunity to all qualified vendors and subcontractors who participate in the bid process. We strive to facilitate nondiscriminatory business opportunities for female and minority owned businesses.

We encourage all vendors and subcontractors to complete the Diversity Vendor/Subcontractor Application below. We at Buckeye Broadband will use this list in our search for expanding the companies that we use when various projects arise.

If we have a project involving a product or service that your company provides, we will contact you with further information regarding the next steps and provide you with further details.

If no current need exists for a vendor or subcontractor, the information that you provide will remain in our database **for up to two years** for use when the need arises.

Please print and complete the Diversity Vendor/Subcontractor Application below. Return via fax or postal service to:

Kevin McCormick Buckeye Broadband 2700 Oregon Rd. Northwood, OH 43619 Fax: 419-724-7074



## **VENDOR/SUBCONTRACTOR DIVERSITY APPLICATION FORM**

## **BUSINESS INFORMATION**

| Business Address:   |                        |  |  |
|---|------------------------|--|--|
| City  | State:                 | Zip  |  |
| Telephone Number:   |                        | Fax Number:  |  |
| Company Website Add   | dress:                 |  |  |
| Legal Structure:  |                        |  |  |
| ☐Sole-Proprietors<br>☐Joint Venture   | hip                    | ☐Corporation<br>☐Partnership<br>☐Other   |  |
| Primary Business Fundance  Carpet/Flooring  Copy Machine/Reconstruction  Dry Wall  Electrical  Fire Extinguishe  HVAC Construction  Irrigation  Lawn mowing | epair<br>r/Suppression | Landscaping Janitorial Painting Pest Control Plumbing Snowplowing Roofing Vending Machine Supplier Window Cleaning Other |  |
| Please briefly describe   | the nature of your bu  | siness:  |  |
| Please briefly describe   | the job that you are b | idding on:   |  |

| Can you provide a Certificate of Liability Insurance? ☐Yes ☐No   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Can you provide a Worker's Compensation Certificate?   Yes   No  |  |  |  |  |  |  |
| Name of CEO/President/Owner:   |  |  |  |  |  |  |
| CONTACT INFORMATION  |  |  |  |  |  |  |
| Name of Contact Person:  |  |  |  |  |  |  |
| Telephone Number:  |  |  |  |  |  |  |
| DIVERSITY INFORMATION  |  |  |  |  |  |  |
| Is your company 51% Owned or Operated by a Minority Group? ☐Yes ☐No  |  |  |  |  |  |  |
| If yes, check the ethnic category and indicate % of ownership:   |  |  |  |  |  |  |
| American Indian/Alaskan Native% African American% Hispanic% Asian/Pacific Islander% Other%   |  |  |  |  |  |  |
| Is your company 51% Owned or Operated by Women? ☐Yes% ☐No  |  |  |  |  |  |  |
| Is your company certified as a minority, disadvantaged, or women-owned business by an agency or association?   Yes No If yes, please name the entity or attach a copy of your certification: |  |  |  |  |  |  |
| BUSINESS REFERENCES  |  |  |  |  |  |  |
| Reference One:   |  |  |  |  |  |  |
| Business Name:   |  |  |  |  |  |  |
| Business Address:  |  |  |  |  |  |  |
| City: State: Zip:  |  |  |  |  |  |  |
| Telephone Number:  |  |  |  |  |  |  |
| Reference Two:   |  |  |  |  |  |  |
| Business Name:   |  |  |  |  |  |  |

|   | Business Address: |        |      |  |  |  |  |
|---|-------------------|--------|------|--|--|--|--|
|   | City:             | State: | Zip: |  |  |  |  |
|   | Telephone Number: |        |      |  |  |  |  |
| R | Reference Three:  |        |      |  |  |  |  |
|   | Business Name:    |        |      |  |  |  |  |
|   | Business Address: |        |      |  |  |  |  |
|   | City:             | State: | Zip: |  |  |  |  |
|   | Telephone Number: |        |      |  |  |  |  |