



Procurement Services

Dear Applicant,

Thank you for your interest in doing business with DeKalb Community Services ("CSB"). The Bidder List is used to develop a mailing list for Request of Quotations (RFQ), Request for Proposals (RFP), Request for Information (RFI) and Request for Qualified Contractors (RFQC). This package includes information helpful in successfully completing your application (s), including:

- DeKalb CSB Bidder's List Application
- Detailed instructions for the completion of the application
- The National Institute of Governmental Purchasing (NIGP) Commodity & Services Code

Index After you have completed the application (s) for your company, return it

to: DeKalb Community Service Board Procurement
Services
445 Winn Way
4th Floor, Room 446
Decatur, Georgia 30030

Or

DeKalb Community Service Board Procurement
Services
P.O. Box 1648
Decatur, Georgia 30031

Please retain a copy of the application (s) for your records. If your company changes its address, phone number, contact information or commodity information, you must notify DeKalb CSB. You may do so by emailing teiresj@dekcsb.org copy of your old information and new information.

We value the participation of all interested vendors in DeKalb CSB's competitive bidding system and encourage all vendors to register with the State of Georgia Procurement Registry.

Respectfully,

Teiresias Jones, MBA
Purchasing/Procurement Associate
Office: 404-508-7728
teiresj@dekcsb.org



VENDOR APPLICATION

TYPE OR PRINT IN INK ~ COMPLETE EACH SECTION

Initial Application

Revision

SECTION I:	SECTION II:
Federal Employer ID Number:	Company Name and Address:
Social Security Number:	Street Number and Name
E-Verify Number:	City State Zip

SECTION III:	SECTION IV:
Previous Company Name and Address:	Mail Bid Request to:
Street or PO Box:	Street or PO Box:
City State Zip	City State Zip

SECTION V:	
Category: (In addition to selecting a category below, also see NIGP list for category of services. Indicate the service(s) you provide by marking them on the list.)	
<input type="checkbox"/> Manufacturer or Producer	<input type="checkbox"/> Retail Merchant
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Service Establishment
<input type="checkbox"/> Authorized Dealer	<input type="checkbox"/> Professional Services

SECTION VI:	SECTION VII:
Primary Business	Organized as: (Select one)
<input type="checkbox"/> Construction Firm	<input type="checkbox"/> Individual
<input type="checkbox"/> Authorized Dealer	<input type="checkbox"/> Partnership
<input type="checkbox"/> Service Firm	<input type="checkbox"/> Corporation
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Limited Liability Corp.

SECTION VIII:	SECTION IX:
Primary Company Contact Person	Commodity / Service Information
Name:	Principal Line of Business:
	a)
Title:	b)
	c)

