Charlotte-Mecklenburg Schools Vendor Profile

Date Completed:

Company Information					
Company Name:				Year Business Established:	
Company Address:					
Street	City	, State	Zip Code	County	
Mailing Address: (if different from Company Ad	·	, claic	_ ,p 3 000	ooun,y	
Company Address:	duress above)				
Street	City	v, State	Zip Code	County	
Company Phone:			Company Fax:		
Company Website:					
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	4161 41				
Company Classification/Cer	tification	<u>):</u>			
Please check the classification that best desc	cribes your cor	npany. If you a	are classified as a N	Minority-Owned Business, be	e sure
to also select the best descriptive choice with	in that categor	ry (i.e. African-		•	
	()	Certified?		the certifying agency (i.e., NC	Certification
Classification	(x) all that apply	(Y/N)		harlotte Business Inclusion, ut of state certification agency)	Expiration Date
Minority-Owned Business	117	,	1122110, 01 011 01	at or otato continuation agono,	† '
African American (BBE)					
Asian-American (ABE)					
Hispanic-American (HBE)					
Native American (NBE)					
Women-Owned Business (WBE)					
Small Business Enterprise (SBE)					
Disadvantaged Business Enterprise (DBE)					
Veteran-Owned Business (VBE)					
		Į.	•		
Trade/Business Specialty/N	AICS Co	dae			
				a anaaa halaaa Dlaasa ha	
Please describe the products/commodities, special as specific as possible in your description(s). Incl		•		•	2d
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2)					
3)					
4) 5)					
5)					
6)					
7)					
8)					

Architect and Engineering Firms, Construction Firms, Trades and Suppliers Section Only

Capacity/Interests

Please indicate the capacity at which your firm is interested and capable to provide products and/or services.

\$ Amount	(x) all that apply	Is your company able to provide a bond/proof of insurance for this amount? (Y/N)
\$50,000 and below		
\$50,000 - \$100,000		
\$100,000 - 300,000		
\$300,000 - \$500,000		
\$500,000 to \$1 Million		
\$1 - \$3 Million		
\$3 - \$5 Million		
\$5 Million and above		

Goods and Services Section Only (not related to construction, architecture/engineering)

Areas of Interest/Summary of Services Provided

Please complete all fields below to ensure accurate information is entered in our vendor database.

Type of Good/Service (i.e. office supplies, literacy consulting, catering, IT, etc.)	Accept P-Cards (Y/N)?	Is your good/service <u>student-based</u> (provided to students in schools or virtually), <u>staff-based</u> (provided to staff at schools and/or central office in-person or virtually) or <u>both</u> ?

Company Contacts: please list all contacts who would like to receive information about upcoming opportunities

Contact Name	Title	Phone	E-mail Address

I understand that by submitting the Vendor Profile, I agree to be entered into the Charlotte-Mecklenburg Schools Office of Diversity & Inclusion database(s) so that I may be contacted regarding upcoming opportunities with CMS. I understand submission does not guarantee work, contracts or payments.

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The information submitted on the Vendor Profile shall be entered into our database(s) so that you may be contacted regarding upcoming opportunities with CMS. Should you have any questions or concerns about the information requested on the form, please contact our office using the contact information below. Should your company information change from the original profile, it is your company's responsibility to submit such changes to CMS so that we may update your company information accordingly. Thank you for your continued interest in working with Charlotte-Mecklenburg Schools.

PLEASE REMIT COMPLETED FORM BY E-MAIL TO SUPPLIERDIVERSITY@CMS.K12.NC.US

Questions may be directed to any of the following team members:

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