



**GLENN COUNTY OFFICE OF EDUCATION
CUPCCAA Bidders List Information Form
2022 Calendar Year**

1. Insert below the name and complete address, including zip code, to which a Notice To Contractors or Proposal should be mailed:

Legal Name of Contractor or Vendor:	
Name of Requestor:	
Address:	
City/State/Zip Code:	

2. Insert below the telephone and facsimile numbers at which the Contractor may be reached, as well as email address and web address, if applicable.

Telephone:	
Fax:	
Email:	
Web address:	

3. The Class of Contractor's License(s) held and Contractor License Number(s) are to be provided on the following page.

4. The type(s) of work in which the Contractor is interested and currently licensed to perform are to be indicated on the following page.

5. Additional Information:

DIR Number	
Taxpayer Identification Number	
Social Security Number OR	
Employer Identification Number	

Submit form to:

Randy Jones, Assistant Superintendent

Glenn County Office of Education, 311 S. Villa Ave., Willows, CA 95988

Completed forms may be submitted via email to rjones@glenncoe.org for receipt on behalf of the Office of Education, or via facsimile to: (530) 934-6654

All submittals, via email or facsimile, must be clearly labeled "**Glenn County Office of Education CUPCCAA Bidders List Information Form.**"

Contractor: List all current license and classes descriptions.

NOTE: you must have a current and active contractor's license to do business as a contractor with GCOE.

Example:

C20

CA123456

Warm Air Htng, Ventilation & A/C

CLASS	LICENSE NUMBER	DESCRIPTION

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Agricultural (specify):
_____ <input type="checkbox"/> Appliances (specify):
_____ <input type="checkbox"/> Art & Vocational Art (Equipment/Supplies) <input type="checkbox"/> Athletic/Gym Equipment <input type="checkbox"/> Audio/Visual (Equipment/Supplies) <input type="checkbox"/> Automotive and Auto Body Supplies <input type="checkbox"/> Aviation Equipment and Supplies <input type="checkbox"/> Beauty Equipment & Supplies <input type="checkbox"/> Chemicals – Scientific <input type="checkbox"/> Childcare Equipment & Supplies <input type="checkbox"/> Communications (radios/pagers/telephones) <input type="checkbox"/> Computer (hardware/peripherals) <input type="checkbox"/> Computer (software/supplies) <input type="checkbox"/> Computer – Other (specify):
_____ <input type="checkbox"/> Drafting (equipment/supplies) <input type="checkbox"/> Electrical Supplies (specify):
_____ <input type="checkbox"/> Electronics (TV, VCR, etc.) (specify):
_____ <input type="checkbox"/> Fencing Supplies <input type="checkbox"/> Flooring Supplies <input type="checkbox"/> Freight (moving and related services) <input type="checkbox"/> Food Service/Culinary Equipment <input type="checkbox"/> Furniture – classroom, office, copy machines, etc. (specify): _____ <input type="checkbox"/> Glass (windows/supplies) <input type="checkbox"/> Hardware (hand tools, nails, screws, etc.) <input type="checkbox"/> Heavy Equipment/Machinery (specify):
_____ <input type="checkbox"/> HVAC, Boiler Supplies <input type="checkbox"/> Industrial Arts-Welding <input type="checkbox"/> Janitorial/Cleaning (specify):
_____ <input type="checkbox"/> Laboratory Supplies <input type="checkbox"/> Landscaping & Horticulture Materials/Supplies | <ul style="list-style-type: none"> <input type="checkbox"/> Lighting (lamps/fixtures) <input type="checkbox"/> Locks/Locksmith Services <input type="checkbox"/> Lumber <input type="checkbox"/> Mailroom (equipment/supplies) <input type="checkbox"/> Maintenance Services (specify):
_____ <input type="checkbox"/> Measuring Instruments <input type="checkbox"/> Medical/Dental/Nursing Equipment & Supplies <input type="checkbox"/> Musical Instruments/Sheet Music <input type="checkbox"/> Office Services (photocopying, printing, graphics) <input type="checkbox"/> Office Supplies (paper products, etc.) <input type="checkbox"/> Paint Supplies <input type="checkbox"/> Photography (equipment/supplies) <input type="checkbox"/> Plumbing – fixtures and supplies <input type="checkbox"/> Police – equipment and supplies <input type="checkbox"/> Pool (equipment and supplies) <input type="checkbox"/> Power Tools <input type="checkbox"/> Rentals (equipment) (specify):
_____ <input type="checkbox"/> Rentals – Other (specify):
_____ <input type="checkbox"/> Roofing (materials/supplies) <input type="checkbox"/> Safety Equipment & Supplies <input type="checkbox"/> Sewing Equipment & Supplies <input type="checkbox"/> Signs (traffic/safety/directional) <input type="checkbox"/> Theater (stage, sets, lighting, etc.) <input type="checkbox"/> Trucking (dumping, trash removal, etc.) (specify): _____ <input type="checkbox"/> Uniforms <input type="checkbox"/> Utilities Provider (electric/gas/water/telephone) <input type="checkbox"/> Vehicles (carts, bus, auto, etc.) <input type="checkbox"/> Warehouse (material handling equipment/supplies) <input type="checkbox"/> Window Coverings (draperies, etc.) <input type="checkbox"/> Other – Not listed above:
_____ |
|---|---|

SELF – CERTIFICATION

Dear Consultant/Contractor/Vendor/Supplier:

The Glenn County Office of Education seeks Local, Small, Emerging, and Disabled Veteran-Owned Business Enterprises to participate in our major capital improvement projects. Please self-certify your business by checking the appropriate boxes below, in order to identify the criteria under which your business qualifies.

My business qualifies as the following (check all that apply):

Small Business – Please check all that apply:

- My company's annual gross sales are less than \$1 million.
- My business is certified with the Small Business Administration (SBA).
- My business is an Architectural/Engineering firm with annual gross sales of \$4 million or less.
- My business is a Landscape Architectural firm with annual gross sales of \$5 million or less.
- My business is a Specialty Trade Contractor with annual gross sales of \$5 million or less.
- My business is a General Contractor with annual gross sales of \$5 million or less.
- Emerging Business – defined as one who has been in business less than five years. I started my business on _____.
- Service-Disabled Veteran-Owned Business.
- Veteran-Owned Business – (current certification on file with _____ (agency).

Local Business – Please check if applicable:

- My business is located within Colusa, Butte, Glenn, or Tehama counties.

My business also qualifies as (check all that apply). Include Agency where certificate is currently on file:

- Minority Business Enterprise** _____
- Woman-Owned Business Enterprise** _____
- HUB-Zone Business Enterprise** _____
- Disadvantaged Business Enterprise** _____
- Other Business** – defined as one that does not meet any of the other definitions above.

Name/Title

Signature

Company

Date

Street Address, City, State, ZIP

Phone Number

Fax Number

If you would like to receive notifications of business opportunities via email, please provide email address.
