



HIDALGO COUNTY PURCHASING DEPARTMENT Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department
via e-mail: darlene.betancourt@co.hidalgo.tx.us, facsimile: (956) 318-2629 or (956) 292-7612
in person or regular mail to: 2812 S. Business Hwy. 281, Edinburg, Texas 78539

Company Name: <u>ASPA</u>		Telephone No. <u>(202) 393-7878</u>
dba Name:		
Legal Name: <u>American Society for Public Administration</u>		
Mailing Address: <u>1301 Pennsylvania Ave., N.W.</u>		Fax No. <u>(202) 638-4952</u>
Physical Address: <u>1301 Pennsylvania Ave., N.W. #A Zip 20004</u>		
City, State, Zip <u>Washington, D.C.</u>		Tax I.D. No. <u>36-2340300</u>
Remit to Address:		City, State, Zip
E-Mail Address: <u>dcrawley@aspanet.org</u>		
Representative(s) Name(s) & Title(s)		
Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other, Specify		
State Identification No. _____ (Please attached completed W-9 form with this application) Federal Identification No. or (if individual) SS No. _____		
State of Incorporation: <u>Illinois</u> Date: <u>1945</u> Other: _____		
Type of Business (check one): <input type="checkbox"/> Distributor <input checked="" type="checkbox"/> Service Organization <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Broker <input type="checkbox"/> Other, Specify		
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: <u>Duane Crawley, Director Administrative Services</u>		
Small and/or Disadvantaged Business Information (check application criteria)		
Small Business: _____ Disadvantaged Business (At Least 51% Ownership)		
<ul style="list-style-type: none"><input type="checkbox"/> Less than 125,000 annual gross receipt<input type="checkbox"/> Less than 250,000 annual gross receipt<input type="checkbox"/> Less than 499,000 annual gross receipt<input type="checkbox"/> More than 500,000 annual gross receipt		
<ul style="list-style-type: none"><input type="checkbox"/> Black American<input type="checkbox"/> Hispanic American<input type="checkbox"/> Asian Pacific American<input type="checkbox"/> Native American<input type="checkbox"/> Women<input type="checkbox"/> Other		
Have you been certified as a HUB or an MBE/WBE source?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Indicate Certification No.(s): _____ or are Certificate(s) attached?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
What type of product(s) is/are solicited by your company?:		
Would you like to be provided with specifications for procurements of such products?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
To Be Completed by the County: Rec'd by (Purchasing): _____ Date Rec'd by (Purchasing): _____		
Date Forwarded Information to Auditor's Office: _____ Entry Date: _____ Vendor No.: _____		