

NEW YORK POWER AUTHORITY SUPPLIER DIVERSITY PROGRAM

VENDOR PROFILE	1. TYPE OF RESPONSE <input type="checkbox"/> Initial <input type="checkbox"/> Revision	2. DATE
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NOTE: Complete all items on this form. Insert N/A in items not applicable. Please include company literature or brochure with this form.

3. NAME AND ADDRESS OF NYPA ENTITY TO WHICH FORM SUBMITTED New York Power Authority 123 Main Street White Plains, NY 10601-3104 Attention: Contract Administration Division, SDP	4. NAME AND ADDRESS OF APPLICANT (include country and nine-digit ZIP+4)
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5. TYPE OF ORGANIZATION (CHECK ONE): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation (Incorporated under the laws of the State of _____)	6. ADDRESS TO WHICH SOLICITATIONS ARE TO BE MAILED (if different than Item 4)
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7. NAMES OF OFFICERS, OWNERS OR PARTNERS

A. PRESIDENT	B. VICE PRESIDENT	C. SECRETARY
D. TREASURER	E. OWNERS OR PARTNERS	

8. AFFILIATES OF APPLICANT (Names, locations, nature of affiliation, etc.)

9. IDENTIFY EQUIPMENT, SUPPLIES, AND/OR SERVICES ON WHICH YOU DESIRE TO MAKE AN OFFER
 (Provide SIC Codes, if available)

10. SIZE OF BUSINESS <input type="checkbox"/> Small Business <input type="checkbox"/> Other than Small Business	11. AVERAGE NUMBER OF EMPLOYEES (including affiliates) FOR FOUR PRECEDING QUARTERS (Add "P" if for Parent Company) AS OF ____/____/____ MO/DAY/YR	12. AVERAGE SALES OR RECEIPTS FOR PRECEDING THREE FISCAL YEARS (Add "P" if for Parent Company) \$ _____ AS OF ____/____/____ MO/DAY/YR
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13. TYPE OF OWNERSHIP (See definitions in NYPA Guide) <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Women-Owned Business Enterprise NYS M/WBE Certification No. _____	14. TYPE OF BUSINESS <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Manufacturing Representative <input type="checkbox"/> Service Establishment <input type="checkbox"/> Consultant (Personal Services) <input type="checkbox"/> Regular Dealer <input type="checkbox"/> Surplus Dealer <input type="checkbox"/> Construction Concern
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15. DUNS NO. (If available)	16. YEAR BUSINESS FORMED? (Add "P" if year Parent Company formed)
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17. PAYEE IDENTIFICATION NUMBERS
 A. FEDERAL SOCIAL SECURITY ACCOUNT NUMBER: _____
 B. FEDERAL EMPLOYER ID NUMBER: _____

18. COLLECTIVE BARGAINING AGREEMENTS (List of locals and Trades, if any, with contract expiration dates)	19. LICENSING AGREEMENTS (List any licensing agreements required to provide your product/service, exp. Dates, and whether your business is licensee or licensor)	20. BONDING REFERENCE (List highest bond received, date and bonding reference)
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CERTIFICATION: I certify that information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any agency of the State of New York from making offers for furnishing materials, supplies, or services to the State of New York or any agency thereof.

21. Name/Title of Person Authorized to sign (Type or Print)	22. SIGNATURE	23. DATE
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