

**HIDALGO COUNTY
DRAINAGE DISTRICT NO.1**

VENDOR NO.: _____ **ENTRY DATE:** _____

Bidder/Vendor Application

Complete in print or type. It is the vendor's responsibility to return this application to Hidalgo County Drainage District No.1.

Company Name: _____		Telephone No. () _____	
Mailing Address: _____		Fax No. () _____	
City, State, Zip: _____		Tax I.D. No.: _____	
Remit to Address: _____		City, State, Zip: _____	
Representative(s) Name(s) & Title(s): _____			
Type of Organization (check one): ____ Individual ____ Partnership ____ Corporation			
____ L.L.C. ____ Other, Specify _____			
Federal Identification No. or (if individual) SS No.: _____			
State of Incorporation: _____		Other: _____	
Type of Business (check one): ____ Manufacturer ____ Wholesaler ____ Retailer ____ Broker			
____ Distributor ____ Service Organization ____ Other, Specify _____			
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: _____ _____			
Small and/or Disadvantaged Business Information (check application criteria)			
Small Business:		Disadvantaged Business (At Least 51% Ownership)	
<input type="checkbox"/> Less than 125,000 annual gross receipt	<input type="checkbox"/> Black American	<input type="checkbox"/> Native American	
<input type="checkbox"/> Less than 250,000 annual gross receipt	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Women	
<input type="checkbox"/> Less than 499,000 annual gross receipt	<input type="checkbox"/> Asian Pacific American	<input type="checkbox"/> Other	
<input type="checkbox"/> More than 500,000 annual gross receipt			
Have you been certified as a HUB or an MBE/WBE source?:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate Certification No.(s): _____			or are Certificate(s) attached?: <input type="checkbox"/> Yes <input 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 type="checkbox"/> No			

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been certified as a HUB or an MBE/WBE source: Yes No

If yes, by whom: State General Services Commission Other

Indicate Certification No(s). _____ Or Are Certificate(s) Attached: Yes No

LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid or RFQ is to be subcontracted with Certified HUB sources?
_____ % (List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status: _____

Certifying Agency (Check all applicable): State General Services Commission Other

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone No.: () _____ Subcontract Amount: \$ _____

Description of work to be performed: _____

HUB Subcontractor Name: _____ HUB Status: _____

Certifying Agency (Check all applicable): State General Services Commission Other

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone No.: () _____ Subcontract Amount: \$ _____

Description of work to be performed: _____

HUB Subcontractor Name: _____ HUB Status: _____

Certifying Agency (Check all applicable): State General Services Commission Other

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone No.: () _____ Subcontract Amount: \$ _____

