

VENDOR / CONTRACTOR QUESTIONNAIRE



All information provided shall be considered confidential

SECTION 1: GENERAL INFORMATION *(Required for all applicants)*

Company Name: _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Fax: _____ **Website:** _____

Type of Company or Enterprise:

Corporation Partnership Individual Other (specify) _____

Date incorporated: _____ **U.S. State Registered:** _____

PRIMARY CONTACT:

Name: _____ **Title:** _____

Email: _____ **Office Phone:** _____ **Cell Phone:** _____

SECONDARY CONTACT:

Name: _____ **Title:** _____

Email: _____ **Office Phone:** _____ **Cell Phone:** _____

EMERGENCY/OFF HOURS CONTACT:

Name: _____ **Phone:** _____

Please indicate if your company identifies as any of the Business Classifications listed below. If "Yes" to any classification, you must submit a Corresponding Certification for each category.

• Disadvantaged Business (DBE)	Yes	No
• Small Disadvantaged Business (SDB)	Yes	No
• Women-Owned Small Business (WOSB)	Yes	No
• Veteran-Owned Small Business (VOSB)	Yes	No
• Women-Owned Business (WEB)	Yes	No
• Minority-Owned Business (MBE)	Yes	No
• Service-Disabled Veteran-Owned Business (SDVOB)	Yes	No
• LGBT-Owned Business	Yes	No
• Service-Disabled Veteran-Owned Small Business (DVOSB)	Yes	No

Does your company provide:

Materials
(tangible goods)

Services

Materials and
services



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*****Section 2 is only for material suppliers. Service-only providers should skip to section 3*****

SECTION 2: MATERIAL SUPPLIER INFORMATION

(Required for vendors of tangible goods)

1. List all types of products/materials that your company sells or distributes:

2. What type of value-added services does your company offer?

a. Vendor stocking

Yes No

b. Consignment

Yes No

c. Training

Yes No

d. Free delivery

Yes No

e. Monthly summary billing

Yes No

f. Job site delivery

Yes No

3. Any other information you would like to provide about your company?

4. In order to be considered as a supplier, you must read and agree to comply with [Central Hudson's terms and conditions.](#)



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SECTION 3: CONTRACTOR INFORMATION *(Required for service providers)*

1. Provide information for the officer(s) authorized to sign contracts for your company.

Name	Title	Email address

2. Select any of the following services you provide:

Architectural / Engineering / Design	Hydrovac
Consulting / Training	Excavation / URD and Other Trenching
Software Development / Computing Needs /	Repair and Repave Streets
Data Processing / Info Services	Soil Remediation / MGP
Accounting / Audit / Financial	Hazardous Material Handling
Electric Line / Substation Construction	Non Hazardous Disposal and Control
Electric Line Clearance	Testing & Sampling
Electric Inspection	Meter Painting & Meter Repair
Gas Construction	Security Services
Gas Inspection	Temporary Employment Agency
Flagging	Transportation Maintenance
Janitorial	Architectural / Engineering/ Design
Landscape and Snow Removal	Underwater Divers
General Site Work	
Other: _____	

3. List below major equipment presently owned and operated by your company:



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4. Has your company ever failed to complete a contract in the past 5 years?

No Yes, explain below

5. Has your company ever been involved in litigation in the past 5 years?

No Yes, explain below

SECTION 4: ADDITIONAL INFORMATION AND CERTIFICATION

(Required for all applicants)

1. Person who completed this questionnaire:

Name: _____

Title: _____

Phone: _____ **Email:** _____

2. Complete signed [W-9 form](#) and send to AP@cenhud.com

3. Send this completed form and any other relevant information via email to purchasing@cenhud.com

Email is preferred. Only if you are unable to email, send documentation to:

Central Hudson Gas & Electric Corp.
ATTN: Purchasing Dept.
284 South Ave.,
Poughkeepsie, NY 12601
845-486-5835

