

UCLA Health System Business Information Form (UCLA BIF)

SUPPLIERS OF GOODS OR SERVICES ONLY. To be completed by ALL FIRMS OR INDIVIDUALS proposing to do business with the University of California Health System (regardless of commodity, service or product offered).

COMPANY NAME:		CONTACT PERSON: (INDICATE MS, MR, ETC.)			
STREET ADDRESS: STREET		CITY	STATE	ZIP	
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) STREET		CITY	STATE	ZIP	
TELEPHONE NUMBER: () - EXT	TOLL-FREE NUMBER: () - EXT	FAX NUMBER: () -			
E-MAIL:		WEBSITE:			
FEDERAL EMPLOYER IDENTIFICATION NUMBER (NOT SOCIAL SECURITY NUMBER) -		DUNS NUMBER:			
PRIMARY TYPE OF BUSINESS: (CHECK ALL THAT APPLY) <input type="checkbox"/> Broker <input type="checkbox"/> Fabricator <input type="checkbox"/> Retail <input type="checkbox"/> Dealer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer's Agent <input type="checkbox"/> Wholesaler <input type="checkbox"/> Other. Please specify: _____					
PRINCIPAL OWNERS: NAME TITLE SEX (M or F) ETHNICITY % OF OWNERSHIP					
_____		_____	_____	_____	_____ %
_____		_____	_____	_____	_____ %
Are any of the owners or owners' relatives currently employed by the University of California? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide details on an attached sheet of paper.					
THIS IS A PARENT COMPANY: (NAME OF SUBSIDIARIES)			THIS IS A SUBSIDIARY: (NAME AND LOCATION OF PARENT COMPANY)		
NUMBER OF YEARS IN BUSINESS	AVERAGE ANNUAL SALES (PRIOR 3 YEARS) \$	NET WORTH OF BUSINESS \$	NORMAL INVENTORY VALUE \$	APPROX. SIZE OF FACILITIES (SQ FT)	NUMBER OF EMPLOYEES
DESCRIPTION OF PRODUCTS & SERVICES (ATTACH SALES LITERATURE AS APPROPRIATE)			NAICS Code(s): _____		
PERSON(S) AUTHORIZED TO COMMIT YOUR FIRM TO A CONTRACT:			NAME TITLE		
NAME TITLE			NAME TITLE		
OWNERSHIP OF BUSINESS: (CHECK ALL THAT APPLY) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Foreign Ownership <input type="checkbox"/> Not for Profit <input type="checkbox"/> Other: _____ <input type="checkbox"/> Large Business <input type="checkbox"/> Small Business <input type="checkbox"/> Male - Owned <input type="checkbox"/> Female - Owned <input type="checkbox"/> N/A <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian / Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Veteran - Owned <input type="checkbox"/> Service Disabled Veteran-Owned <input type="checkbox"/> Disadvantaged <input type="checkbox"/> HUBZone <input type="checkbox"/> Hist. Black College/Univ. <input type="checkbox"/> Minority Institution <input type="checkbox"/> Alaska Native Corporation / Indian Tribe					
Certifications: _____					
_____		_____		_____	
Signature		Title		Date	

UCLA Health System Purchasing

CERTIFIED WITH SMALL BUSINESS ADMINISTRATION (SBA)

For additional information, visit www.sba.org
(Must include a copy of CCR/Small Business Profile. See www.ccr.gov)

Check the business categories that apply:

- SMALL DISADVANTAGED BUSINESS (SDB)** - Under new federal procurement regulations, the SBA certifies SDBs for participation in federal procurements aimed at overcoming the effects of discrimination. The new guidelines are designed to ensure that benefits used in the federal procurement program are fair and effective, and conform with the U.S. Supreme Court's 1995 Adarand decision. SBA certifies small businesses that meet specific social, economic, ownership and control eligibility criteria.
- 8(a)** - Named for Section 8(a) of the Small Business Act, this development program helps small disadvantaged businesses compete in the marketplace. It also assists such companies in gaining access to federal and private procurement markets.
- HISTORICALLY UNDERUTILIZED BUSINESS ZONE (HUBZone)** - To qualify for this program, a small business must be (1) based in a "historically underutilized zone"; (2) owned and controlled at least 51% by U.S. citizens; and (3) at least 35% of its employees must reside in a HUBZone.
- HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU)** - Defined as any nationally accredited institution of higher education established prior to 1964 with a principal mission of educating African Americans. See www.ed.gov/about/inits/list/whhbcu/edlite-list.html for the list of HBCUs.
- MINORITY INSTITUTIONS (MI)** - These include institutions of higher education whose enrollment of a single minority or a combination of minorities exceeds 50% of the total enrollment. The list of minority institutions is compiled by the National Center for Education Statistics within the U.S. Department of Education. "Minority" is defined as American Indian, Alaskan Native, Black (not of Hispanic origin), and Hispanic (including persons of Mexican, Puerto Rican, Cuban, and Central or South American origin). See www.ed.gov/about/offices/list/ocr/edlite-minorityinst-list.html for the list of minority institutions.
- ALASKA NATIVE CORPORATIONS (ANCs) and INDIAN TRIBES** that are not small businesses.
- ALASKA NATIVE CORPORATIONS (ANCs) and INDIAN TRIBES** that have not been certified by the Small Business Administration (SBA) as a Small Disadvantaged Business.

"Alaska Native Corporation (ANC)" means any Regional Corporation, Village Corporation, Urban Corporation or Group Corporation organized under the laws of the State of Alaska in accordance with the Alaska Native Claims Settlement Act, as amended (43 U.S.C. 1601, et seq.) and which is considered a minority and economically disadvantaged concern under the criteria at 43 U.S.C. 1626 (e)(1). This definition also includes ANC direct and indirect subsidiary corporations, joint ventures and partnerships that meet the requirements of 43 U.S.C. 1626(e)(2).

"Indian tribe" means any Indian tribe, band, group, pueblo or community, including native villages and native groups (including corporations organized by Kenai, Juneau, Sitka and Kodiak) as defined in the Alaska Native Claims Settlement Act (43 U.S.C.A. 1601 et seq.), that is recognized by the federal government as eligible for services from the Bureau of Indian Affairs in accordance with 25 U.S.C. 1452(c). This definition also includes Indian-owned economic enterprises that meet the requirements of 25 U.S.C. 1452(e).

SELF-CERTIFICATION

Check the business categories that apply:

- SMALL BUSINESS (SB)** - An independently owned and operated concern certified, or certifiable, as small business by the Federal Small Business Administration (SBA). Size standards by North American Industry Classification System (NAICS) codes may be found in the Federal Acquisition Regulations, Section 19.102. The University may rely on written representation by the vendors regarding their status.
- VETERAN-OWNED SMALL BUSINESS (VOSB)** - A business that is at least 51% owned by one or more disabled veterans or, in the case of any publicly owned business, at least 51% of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more such individuals. "Veteran" refers to a person who served in the active military, naval or air service of the United States as defined in 38 U.S.C. 101(2).
- SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB)** - A business that is at least 51% owned by one or more disabled veterans or, in the case of any publicly owned business, at least 51% of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more such individuals. A disabled veteran is a veteran of the military, naval or air service of the United States with a service connected disability. To qualify as a veteran with a service-connected disability, the person must be currently declared by the United States Veterans Administration to be 10% or more disabled as a result of service in the armed forces.
- WOMEN-OWNED SMALL BUSINESS (WOSB)** - A business that is at least 51% owned by a woman or women who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management.

UCLA Health System Purchasing

PRIVACY NOTIFICATIONS

FEDERAL Pursuant to the Federal Privacy Act of 1974, you are hereby notified that the disclosure of your Social Security number is voluntary. This recordkeeping system was established pursuant to the authority of The Regents of the University of California under Art. IX, Sec. 9 of the California Constitution. The Social Security number is used to verify your identify.

STATE The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University of California to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose of requesting the information on this form is to evaluate your qualifications as a supplier to the University and for reporting purposes in accordance with state law and University policy.

Furnishing all information (except Social Security number) requested on this form is mandatory; failure to provide all requested information will delay or may prevent evaluation of your firm's ability to do business with the University.

I hereby certify under penalty of perjury under the laws of the State of California that I have read this application and know the contents thereof, and that the business category and ethnicity indicated above reflect the true and correct status of the business in accordance with Federal Small Business Administration criteria and Federal Acquisition Regulations, FAR 19, pertaining to small, disadvantaged, woman, disabled veteran, small and disadvantaged, and small and woman-owned business enterprises. I understand that falsely certifying the status of this business, obstructing, impeding or otherwise inhibiting any University of California official who is attempting to verify the information on this form may result in suspension from participation in University of California business contracts for a period up to 5 years and the imposition of any civil penalties allowed by law. In addition, I understand that this business must notify the University of California in writing 30 days in advance of any changes in size, ownership, control or operation which may affect this business's continued eligibility as a SBE, DBE, WBE, ANC, DVBE, SDBE, SWBE or SDVBE.

INFORMATION FURNISHED BY: (Name of Owner and/or Principal)

NAME OF BUSINESS: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

FOR U.C. USE ONLY (do not write in this area)		
Reviewed by:	Date	Comments