



Application to be Included on the Vendor's List

Name of Organization: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Contact Person:** _____
Title of Contact Person: _____ **Contact Email:** _____

Please check the following Vendor Categories for which you would like to receive Notices of Request for Proposals, Bids, and/or Written Quotes (Check all that apply):

DIRECT DELIVERY OF SERVICES			
<input type="checkbox"/>	AEL Operations & Management (Adult Education & Literacy)		Rapid Response
<input type="checkbox"/>	Child Care Operations & Management		Vocational Rehabilitation Operations
<input type="checkbox"/>	Online High School		Workforce Center Operations & Management
<input type="checkbox"/>	PEO (Professional Employment Services)		Youth Services
TRAINING VENDORS			
<input type="checkbox"/>	Training		
QUALITY CONTROL MONITORS			
<input type="checkbox"/>	EEO / ADA Compliance		Programmatic (Workforce, Child, AEL, Vocational Rehab)
<input type="checkbox"/>	Fiscal		
MARKETING / OUTREACH SERVICES			
<input type="checkbox"/>	Media		Social Media
SUPPORTIVE SERVICES			
<input type="checkbox"/>	Uniforms	<input type="checkbox"/>	Tools
<input type="checkbox"/>		<input type="checkbox"/>	Books
<input type="checkbox"/>	Child Care Supplies (toys, furniture, sunshades)		
VENDOR SERVICES			
<input type="checkbox"/>	ACCOUNTING / BANKING SERVICES		LEGAL SERVICES
<input type="checkbox"/>	ADA (AMERICAN DISABILITY ACT) EQUIPMENT		PAPERLESS SERVICES / SOFTWARE
<input type="checkbox"/>	GRANT READER/WRITING		PLANNER
<input type="checkbox"/>	PROCUREMENT SPECIALIST		

Please remit this completed form via fax (with cover sheet), electronic mail, postal service, or deliver by hand to:

Workforce Solutions Brazos Valley Board, Attention: Vicki Wilkins

Drawer 4128, 3991 E 29th Street, Bryan, TX 77805

Phone 979-595-2800 Ext. 2011

Fax: 979-595-2810

Electronic Mail: Vicki.Wilkins@bvcog.org

Equal opportunity employer / program. Auxiliary aids and services are available upon request to individuals with disabilities.

Relay Texas (800) 735-2989, TDD (800) 735-2988 Voice, TTY (979) 595-2819