



Application to be Included on the Vendor 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)	<input type="checkbox"/>	Vocational Rehabilitation Employment Services Provider
<input type="checkbox"/>	Child Care Operations & Management	<input type="checkbox"/>	Workforce Center Operations & Management
<input type="checkbox"/>	PEO (Professional Employment Services)	<input type="checkbox"/>	Youth Services
<input type="checkbox"/>	Rapid Response	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
TRAINING VENDORS			
<input type="checkbox"/>	Training	<input type="checkbox"/>	
QUALITY CONTROL MEASURES			
<input type="checkbox"/>	EEO / ADA Compliance	<input type="checkbox"/>	Programmatic Monitoring (Workforce, Child Care, AEL, Vocational Rehab)
<input type="checkbox"/>	Fiscal		
MARKETING / OUTREACH SERVICES			
<input type="checkbox"/>	Media	<input type="checkbox"/>	Social Media
SUPPORTIVE SERVICES			
<input type="checkbox"/>	Uniforms	<input type="checkbox"/>	Tools
<input type="checkbox"/>		<input type="checkbox"/>	Books
<input type="checkbox"/>		<input type="checkbox"/>	Child Care Supplies (toys, furniture, sunshades)
VENDOR SERVICES			
<input type="checkbox"/>	ACCOUNTING / BANKING SERVICES	<input type="checkbox"/>	LEGAL SERVICES
<input type="checkbox"/>	ADA (AMERICAN DISABILITY ACT) EQUIPMENT	<input type="checkbox"/>	PAPERLESS SERVICES / SOFTWARE
<input type="checkbox"/>	GRANT READER/WRITING	<input type="checkbox"/>	PLANNER
<input type="checkbox"/>		<input type="checkbox"/>	PROCUREMENT SPECIALIST

Please remit this completed form as follows:

Workforce Solutions Brazos Valley Board, Attention: Vicki Wilkins
 Mail to: WSBV Board, PO Drawer 4128, Bryan, TX 77805-4128
 Hand Deliver to: WSBV Board, 3991 E 29th Street, Bryan, Texas 77802
 Fax: 979-595-2810 Email: Vicki.Wilkins@bvcog.org Phone 979-595-2801 Ext. 2011

Equal opportunity employer/program.
 Auxiliary aids and services are available upon request to individuals with disabilities.
 Deaf, hard-of-hearing and speech-impaired customers may contact:
[Relay Texas](http://RelayTexas.org) (800) 735-2989 (TTY) or 711 (Voice).
Equal Opportunity is the Law