



**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"/>	
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	<input type="checkbox"/>	
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"/>	PLANNER
<input type="checkbox"/>	ADA (AMERICAN DISABILITY ACT) EQUIPMENT	<input type="checkbox"/>	PROCUREMENT SPECIALIST
<input type="checkbox"/>	GRANT READER/WRITING	<input type="checkbox"/>	PROPOSAL REVIEWER
<input type="checkbox"/>	LEGAL SERVICES	<input type="checkbox"/>	SPEAKER
<input type="checkbox"/>	PAPERLESS SERVICES / SOFTWARE	<input type="checkbox"/>	

Please remit this completed form as follows:

Workforce Solutions Brazos Valley Board, Attention: Leslie Davis  
 Mail to: WSBV Board, PO Drawer 4128, Bryan, TX 77805-4128  
 Hand Deliver to: WSBV Board, 3991 E 29<sup>th</sup> Street, Bryan, Texas 77802  
 Fax: 979-595-2810      Email: [Leslie.Cooks@bvcog.org](mailto:Leslie.Cooks@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.com) (800) 735-2989 (TTY) or 711 (Voice).

**Equal Opportunity is the Law**