

Supplier ID

# Supplier Application - City of Minneapolis

For policies on how to submit an invoice to the City.

**Form Instructions:**

Refer to: [http://www.minneapolismn.gov/finance/procurement/procurement\\_compassvendor\\_index](http://www.minneapolismn.gov/finance/procurement/procurement_compassvendor_index)

The City requests that all suppliers provide an e-mail address for general correspondence. In addition each supplier should provide an e-mail for Purchase Order Notification and e-mail for Payment Advises Statements to be sent to the suppliers' accounts receivable department. For suppliers that do not have multiple departments, the same e-mail can be used. Please provide a general e-mail address and refrain from using individual sales or accounting personnel since often these contacts change.

The City encourages all suppliers to sign-up for ACH/EFT automatic deposit providing access to your payment funds from the City more quickly. **Once the application including a W-9 is received, your organization will be assigned a Supplier ID allowing you to conduct business with the City.** Thank you for your cooperation in completing the application. For any questions regarding the application process, contact (612) 673-5781 for assistance.

**Submit completed application to:** [accountspayable@minneapolismn.gov](mailto:accountspayable@minneapolismn.gov) Fax (612) 673-2042 Mail to address below.

City of Minneapolis Accounts Payable, Attn: Supplier Maintenance 350 South 5th Street Room 325M Minneapolis MN 55415-1315

**Section 1. Supplier Contact Information** For Non-Profit organizations, please also include additional information in Section 1 Part D.

Business Name or Payee:

Date of Application

**A) Supplier Contact Information**

Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Main Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

**B) Supplier Payment Remittance Address**

Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Payment Advise Email: \_\_\_\_\_

**C) Supplier Purchasing Address**

Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Purchase Order Email

**D) Non-Profit Organization**

Executive Director: \_\_\_\_\_ Fiscal Year End MM/DD: \_\_\_\_\_

Date organization received non-profit status from IRS: \_\_\_\_\_ Subject to A-133 Audit:  YES  NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Controller: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 2. Legal Entity**

- U.S Partnership
- U.S Corporation State Incorporated \_\_\_\_\_
- Individual/Sole Proprietorship
- Limited Liability Corporation
- 501C Not For Profit
- Local or State Government Agency
- Education Institution
- Foreign Corporation Country \_\_\_\_\_
- Foreign Government Organization
- Foreign Partnership

**Section 3. 1099 Reporting Classification**

- Attorney or Legal Firm
- Physician or Medical/Health Care Provider
- Rent

**Section 4. Supplier SIC/NAICS Codes**

Refer to <http://www.sba.gov/size/>

to look up NAICS Codes assigned to your type of business.

Description of Type of business \_\_\_\_\_

SIC/NAICS Code Assigned \_\_\_\_\_

**Section 5. State/Federal Classification**

- SBA 8(a) Certification
- Small Disadvantaged Business Certification
- HubZone Certification
- Women Owned
- Minority-Owned Business

**Section 6. Certified Business Enterprise (CERT)**

- African American
- Hispanic
- Asian/Pacific Islander
- Native American
- Non-Minority Female
- Non-Minority Small

**Section 7- Payment Preference**

Delivery method you prefer to receive payment?

- Check  ACH/EFT (refer to Enrollment Section 9.)
- Already registered with City for ACH/EFT

**Section 8- Target Market Program**

Are you an approved Target Market Program supplier with the City of Minneapolis? [Target Market Program](#)

- Yes  No

**Section 9 – ACH/EFT Enrollment**

As part of the City of Minneapolis continuing efforts to efficiently process our supplier payments and lower our processing costs, the City has implemented an ACH/EFT disbursement program for the payment of supplier invoices.

**Why Should Your Company or Organization Enroll?** By participating in this program, you can eliminate waiting in long lines at your bank and gain the benefit of a quicker deposit to your company's account. Not only does it free your staff's time, but an ACH payment gives you access to the money more quickly, rather than having to wait for a check deposit to clear. We encourage all of our suppliers to join the City of Minneapolis ACH/EFT disbursement program and enjoy the benefits of a no-hassle payment process and quicker access to your money.

**How Does It Work?** You will be notified when you will begin receiving payment via ACH/EFT. You will continue to submit your invoices in the same manner for approval and processing.

Name of Finance Institution \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

Account Type:  Savings  Checking

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**AGREEMENT**

I hereby authorize and request the City of Minneapolis to initiate credit entries, and, if necessary, a debit entry in accordance with NACHA rules for reversing a credit entry made in error, to my account at the financial institution named above. Upon a need for a reversing entry, the City of Minneapolis will communicate with you in advance to arrange repayment. The electronic payment data remains in effect until withdrawn by:

- (a) Written notification to the City
- (b) My death or legal incapacity
- (c) The financial institution or Signature \_\_\_\_\_ Date \_\_\_\_\_
- (d) City of Minneapolis Name \_\_\_\_\_ Title \_\_\_\_\_

**Agreement Requires Signature & Date To Be in Effect**

**I certify that the information supplied on this supplier application is correct to the best of my knowledge. I further certify that in doing business with the City of Minneapolis my firm is in compliance with policy relating to conflict of interest.**

Conflict of Interest policy available at: [http://www.minneapolismn.gov/finance/procurement/procurement\\_compassvendor\\_index](http://www.minneapolismn.gov/finance/procurement/procurement_compassvendor_index)

Name of Person Completing/Authorizing Supplier Application \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Send Supplier Application along with a completed W-9 Form back to the City staff person you are coordinating the purchase with.

Form available at: [http://www.minneapolismn.gov/finance/procurement/procurement\\_compassvendor\\_index](http://www.minneapolismn.gov/finance/procurement/procurement_compassvendor_index)