

Chittenden County Homeless Alliance
Prospective Vendor Questionnaire

1. Contact Information

Name of Individual/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Company (if applicable): _____

Telephone Number: _____ Fax Number: _____

Website: _____ Email Address: _____

2. Key Personnel

Pres/General Manager: _____ Years of Experience: _____

Facilitator: _____ Years of Experience: _____

Other Personnel: _____ Years of Experience: _____

3. Small Business Classification

Check all that apply:

- Small Business
- Minority Owned
- Woman Owned
- Veteran Owned

4. General Information

Number of Employees: _____

Does your company sub-contract? Yes No

Does your company provide liability coverage for sub-contractors: Yes No

Number of Years in Business: _____

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5. Prospective Vendor Questionnaire

Please list three business references:

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Phone Number: _____

Email: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Phone Number: _____

Email: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Phone Number: _____

Email: _____

*Please include a copy of your company W-9 with your vendor questionnaire reply.

Please return this questionnaire to:

Strategic Planning Committee

c/o Chittenden County Homeless Alliance

Sarah Russell: srussell@burlingtonvt.gov

Nicole Kubon: nicolek@stepsvt.org