



City of Jackson, Mississippi

Vendor Application

Federal Tax ID: #64-6000-503

Note on Vendor Self Service: The City of Jackson has launched a [Vendor Self Service](#) portal, which vendors can use to complete the registration process online. We highly recommend that vendors use the online portal versus completing this paper application. If you have already completed an online application, there is no need to fill out this form.

INTRODUCTION

Dear Vendor,

The City of Jackson would like to thank you for your interest in becoming a vendor. We appreciate your business, and it is our desire to develop a long-term relationship with you. We seek to ensure that every vendor feels comfortable doing business with the City of Jackson and receives prompt payment from the City after fulfilling the terms of a purchase order (PO) or contract. The procurement process is designed to protect both the vendor and the City, and to foster a mutual understanding of the obligations of both parties under all applicable terms and conditions.

Prior to receiving a PO or contract from the City, it is required that all vendors first register with the City of Jackson. This ensures that vendors have the required federal, state, and local credentials to operate as a business; ensures the City can compile and submit required tax documentation; and ensures the City can process vendor payments after a PO or contract has been fulfilled.

The City of Jackson operates under the mandates of the Mississippi Code, as well as applicable City policies and ordinances. Prior to conducting business with the City of Jackson, it is important that vendors properly receive a signed purchase order (PO) or contract from the City. The PO or contract will define the terms and conditions of the purchase. The PO will also serve as a guarantee to the vendor that funds have been appropriated, and upon delivery of goods and/or services, a payment will be rendered. The PO or contract must also bear a valid City of Jackson identification seal. The vendor takes on the liability of possible non-payment if goods and/or services are delivered prior to a PO or contract being issued. The vendor should reject any PO or contract not in agreement with their quotes or the terms and conditions reflected in the PO or contract. The vendor should immediately notify the City of any discrepancies. After receiving a valid PO or contract, and after properly delivering the required goods and/or services, the vendor must submit an invoice to the department that issued the PO or contract. Failure to submit an invoice could lead to non-payment.

If you have any further questions regarding the procurement process, please contact the Purchasing Division by emailing vendorhelp@jacksonms.gov or by calling 601-960-1025.

Updated: June 28, 2024

We appreciate your business!

Regards,

The City of Jackson, Mississippi

Department of Administration
Purchasing Division
Warren Hood Building, 6th Floor
200 S. President St.
Jackson, MS 39201

INSTRUCTIONS – PLEASE READ CAREFULLY

1. **Out of State?** All vendors need to first register with the Mississippi Secretary of State's Office before applying to be a vendor with the City of Jackson. This will help facilitate all purchase orders (PO) in a timely manner. Vendors can register by going to: <https://www.sos.ms.gov/business-services-regulation>
2. **Complete Vendor Application and W-9 Form:** If you have completed a vendor application online there is no need to fill out this form. The online application can be found at <selfservice.jacksonms.gov/vss>. If you would like to fill out this paper form instead, please complete the entire form and attach a completed W-9 form, which can be found at <jacksonms.gov/vendor-resources/>. Then submit your completed vendor application and W-9 form to vendorapp@jacksonms.gov.
3. **Direct Deposit (ACH) Form:** In addition to filling out this paper application and a W-9 form, all vendors should complete a [direct deposit \(ACH\) form](jacksonms.gov/vendor-resources/) which can be found online at <jacksonms.gov/vendor-resources/>. Direct deposit forms may be submitted in one of three ways (**EMAILED FORMS CANNOT BE ACCEPTED DUE TO DATA SECURITY RISKS**):
 1. Upload your completed direct deposit (ACH) form as a part of your online application through the [Vendor Self Service](jacksonms.gov/vendor-resources/) portal at <selfservice.jacksonms.gov/vss>. If you have not signed up for VSS, you will need to first register and setup an account using your existing Vendor ID # and either your SSN or FID #.
 2. Drop off your Direct Deposit (ACH) form in-person at the Accounts Payable Office, which is located at:

Department of Finance Administration – Accounts Payable Section
Warren Hood Building, 6th Floor
200 S. President St.
Jackson, MS 39201
 3. Mail your original and completed form (no faxes or copies accepted) to the Accounts Payable Office. Please make sure your form is marked as **CONFIDENTIAL**:

City of Jackson
Attn: Gloria Jones, ACH Coordinator
Accounts Payable Section
200 S. President St.
Jackson, MS 39201

HELPFUL RESOURCES

Need Help? Contact the Vendor Helpline!

- Email: vendorhelp@jacksonms.gov
- Phone: 601-960-1025
- Hours: 8 am, 5 pm; Monday – Friday (excluding public holidays)

Need More Information?

Visit jacksonms.gov/purchasing

Want to Register Online Instead?

Visit selfservice.jacksonms.gov/vss

Looking for live bid opportunities? You have three options!

1. City of Jackson: <https://www.jacksonms.gov/bid-opportunities/>
2. Central Bidding: <https://www.centrauctionhouse.com/rfpc10376-city-of-jackson.html>
3. State of Mississippi: [https://www.ms.gov/dfa/contract bid_search/Bid?autoloadGrid=False](https://www.ms.gov/dfa/contract_bid_search/Bid?autoloadGrid=False)

FOR OFFICIAL USE ONLY

Vendor Number (to be assigned by the city):

Date Originated (office use only):

Vendor Address (for submitting bids)

Address #1:

City: State: Zip Code:

Address #2:

City: State: Zip Code:

Contact Person #1

Contact Person #2

Name:

Name:

Phone:

Phone:

Fax Number:

Fax Number:

Email Address:

Email Address:

Vendor Tax Identification Information

It is unlawful for any person to carry on any business in the City of Jackson without a valid business tax certification.

Taxpayer Identification Number (FEIN/EIN):

Complete a W-9 as a part of your application

Social Security Number (if you do not have a FEIN/EIN):

***Owner SSN required for sole proprietorship and DBA's. ***

Business Type (check all that apply)

Partnership Corporation Construction Sole Proprietorship

LLC Other (please specify):

Business Classification (check all that apply)

Construction Wholesale Commodities Manufacturer

Retailer Prime-Contractor Sub-Contractor MFG Rep

Non-profit Other (please specify):

Equal Business Opportunity (EBO) Plan (please check one of the following, if applicable)

African American Asian Hispanic Native American
Female Other (please describe)

Does your business have a minority business enterprise (MBE) certification?

Yes No

Would you be interested in applying for an MBE?

Yes No

Minority Business Enterprise (MBE) Certification

It is the policy of the City of Jackson to promote full and equal business opportunities for all persons doing business with the City. If you would like to get MBE certified, please contact the Equal Business Opportunity (EBO) office at 601-960-1856. You may also obtain more information on the program by visiting the website at jacksonms.gov/ebo/ or jacksonms.gov/minority-business-certification.

Vendor References

Have you done business with other governmental entities in the past?

Yes No

If yes, please list the names and address of those governmental entities.

<u>Reference #1</u>		
Agency:		
Address #1:		
City:	State:	Zip Code:
Address #2:		
City:	State:	Zip Code:
<u>Contact Person #1</u>	<u>Contact Person #2</u>	
Name:	Name:	
Phone:	Phone:	
Fax Number:	Fax Number:	
Email Address:	Email Address:	

Reference #2

Agency:

Address #1:

City:

State:

Zip Code:

Address #2:

City:

State:

Zip Code:

Contact Person #1

Name:

Phone:

Fax Number:

Email Address:

Contact Person #2

Name:

Phone:

Fax Number:

Email Address:

Reference #3

Agency:

Address #1:

City:

State:

Zip Code:

Address #2:

City:

State:

Zip Code:

Contact Person #1

Name:

Phone:

Fax Number:

Email Address:

Contact Person #2

Name:

Phone:

Fax Number:

Email Address:

