



[www.womenwithdrive.org](http://www.womenwithdrive.org)

### **AUTHORIZED VENDOR SURVEY (AVN)**

Thank you for your interest in becoming a member of the Authorized Vendor Network (AVN) for the Women With Drive Foundation (WWDF). Please fill out the survey as fully as possible, so that our participants may make an informed choice when selecting businesses to patronize. If you have chosen to grant WWDF participants a reduced fee for labor or services rendered by your organization or business, you may qualify for a tax exemption. Please contact us directly at [wwdfpartner@gmail.com](mailto:wwdfpartner@gmail.com) with the words TAX EXEMPTION VENDOR in the subject line.

If your business would like to donate, volunteer or otherwise support our programs, please email [wwdfpartner@gmail.com](mailto:wwdfpartner@gmail.com) with BUSINESS PARTNERSHIP in the subject line.

As an Authorized Vendor, we will provide Point Of Purchase promotional signage, including all disclaimers related to our nonprofit status.

In order to simplify this process, you don't need to provide supporting documents (for example, accounts, certificates, statements or policies) with this questionnaire. **However, WWDF may ask to see these documents at a later stage.** You may also be asked to clarify your answers or provide more details.

Please return this form to:  
Women With Drive Foundation  
2471 N. Albany Ave.  
Chicago, IL 60647  
ATTN: WWDF VENDOR

If you have any questions about this form please contact:

Authorized Vendor Relations  
[wwithdr1ve@gmail.com](mailto:wwithdr1ve@gmail.com)

### **Basic Details Of Your Organization**

1. Business Name:

\_\_\_\_\_

Contact name for billing/tax questions if applicable:

\_\_\_\_\_

Contact position (Job Title):

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website address: \_\_\_\_\_

**Business Activities**

2. What is the main business activity of your concern? Do you have more than one location? (circle) Yes / No If so, please list any locations you would like included as part of the AVN.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How many staff are employed by your business? \_\_\_\_\_ (If you are a sole owner, please say so)

4. How many years have you been in operation? \_\_\_\_\_

5. Please provide three references (ie. previous client, vendors, contracts). Name, contact information, service provided/procured, date of transaction:

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you had any contracts terminated for poor performance in the last three years? (circle) Yes /No

**Quality Assurance**

7. Does your business (or any staff) hold a recognized industry quality management certification/licensure - for example Automotive Service Excellence (ASE) or designations/equivalent? (circle) Yes /No

8. If not, does your business have a quality management system? (circle) Yes /No If you do not have quality certification or a quality management system, please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Equality and Diversity**

9. Does your business have a written equality and diversity policy, to avoid discrimination and promote equal opportunities? (circle) Yes /No

**Professional And Business Standing**

Do any of the following apply to your business, or to (any of) the director(s) / partners / proprietor(s)?

1. Has been convicted of a criminal offense related to business or professional conduct? (circle) Yes /No
2. Has committed an act of grave misconduct in the course of business (circle) Yes /No
3. Is guilty of serious misrepresentation in supplying information (circle) Yes /No
4. Is not in possession of relevant licenses or membership of an appropriate organization where required by law (circle) Yes /No

If the answer to any of these is "Yes" please give brief details below, including what has been done to put things right.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgement**

In signing above, I declare that to the best of my knowledge the answers submitted in this vendor questionnaire (and any supporting materials) are correct. I understand that the information will be used in the evaluation process to assess my business' suitability to be invited to tender for the Women With Drive Foundation's requirement.

**Form Completed By (Please Print)**

Name: \_\_\_\_\_

Position (Job Title):  
\_\_\_\_\_

Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_

email: \_\_\_\_\_

Signature: \_\_\_\_\_

S:\Procurement\SP 7 Framework\SP 7 11 Model Documents (other than Conditions)\Vendor Questionnaire - short JAN2017.doc  
\*Women With Drive Foundation is a registered 501(c)3 organization. A tax ID number is available on request.