

## REQUIREMENTS

1. Fill in the vendor questionnaire below. Instructions on filling in the form are on the following 3 pages followed by the vendor questionnaire
2. Submit your company registration documents.
  - Company registration documents
  - Confirmation letter from the bank confirming your banking details (the letter must be signed and dated)
  - Tax clearance certificate
  - Licenses and certifications

## Instructions for Completing CARE Vendor Questionnaire

### NOTE:

*The grey boxes on the CARE Vendor Questionnaire form allow you to type in the information directly into the document on your computer.*

1. Please complete all sections of the form completely. If a piece of information is not applicable (n/a), please indicate this on the form.
2. If you are a US company or individual subject to US Federal Tax regulations, you are required to provide a completed tax form [W-9](#). If non-US company or individual, it is a tax form [W-8](#). CARE uses this information for documentation of compliance with US regulations.
3. Please provide the following list of documents attached to this Questionnaire:
  - Legal Business Registration Form
  - Business Owner Information
  - Supplier Activity Category
  - Registration Tax Identification Number
4. Also, in compliance with US tax codes, use the following definitions for determining your status as a “Qualified Business Concern”

*Definitions of “qualified business concern” as set forth in FAR 52.219-8*

**“HUBZone business concern”** means a business concern that appears on the List of Qualified HUBZone Business Concerns maintained by the Business Administration.

**“Service-disabled veteran-owned business concern”**

(1) Means a business concern -

- (i) *Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and*
- (ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

- (2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service connected, as defined in 38 U.S.C. 101(16).

**“Small business concern”** means a small business as defined pursuant to Section 3 of the Small Business Act and relevant regulations promulgated pursuant thereto. Refer to <https://www.sba.gov/federal-contracting/contracting-guide/size-standards> to determine the appropriate size standard for your business.

**“Small disadvantaged business concern,”** (8 (a)) means a small business concern that represents, as part of its offer that— (1) It has received certification as a small disadvantaged business concern consistent with 13 CFR part 124, Subpart B; (2) No material change in disadvantaged ownership and control has occurred since its certification;

- (3) Where the concern is owned by one or more individuals, the net worth of each individual upon whom the certification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and
- (4) It is identified, on the date of its representation, as a certified small disadvantaged business in the database maintained by the Small Business Administration (PRO-Net).

**“Veteran-owned business concern”** means a business concern -

- (1) Not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and
- (2) The management and daily business operations of which are controlled by one or more veterans.

**“Women-owned business concern”** means a business concern -

- (1) That is at least 51 percent owned by one or more women, or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and
- (2) Whose management and daily business operations are controlled by one or more women.

**“Minority-owned business concern”** means a business concern -

- (1) That is at least 51 percent owned by one or more Minority, or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more Minority; and
- (2) Whose management and daily business operations are controlled by one or more Minority.

**“Native American business concern”** means a business concern -

- (1) That is majority owned by one or more qualifying native Americans, or, for any publicly owned business, the majority of the voting stock is owned by one or more qualifying native Americans; and
- (2) Whose management and daily business operations are controlled by one or more native Americans.

5. References **MUST** be business clients who have received your products or services during the past three (3) years.
6. The form **MUST** be electronically-signed (e-signed) utilizing the built in [Adobe](#) signature feature and returned to your CARE representative.
7. Virtual Pay OPTION for US Bank (US based suppliers only): CARE has partnered with US Bank to provide an easy and expedient means of accepting payment. If you would like to participate in the Virtual Pay option, please choose this option on the Electronic Banking Form (last page of the VQ). The standard processing fee administered by a supplier’s merchant acquiring bank will apply. We encourage suppliers to review their merchant account agreement.

US Bank will contact your organization through the person you list below on the Vendor Questionnaire (see “Your company’s Contact” line on following page) . Benefits your organization may experience when you accept payment through Virtual Pay:

- Accelerated payment
- Reduced paperwork and streamlined accounts receivables process
- Real-time notifications for each card payment
- Complete remittance detail to support efficient receivables posting
- No changes or modifications to your existing card acceptance procedures
- CARE will be provided an End of Year rebate to further our operational Mission & Vision of saving lives around the world, defeating poverty and achieving social justice.

Note that even if you select the Virtual Pay option, we ask that you still complete the banking information on the Vendor Electronic Funds Transfer (EFT) Form on p. 6.

For question for specific to Virtual Pay, please contact: [zim.procurements@care.org](mailto:zim.procurements@care.org)

8. For questions regarding the completion of this form, please contact: [zim.procurements@care.org](mailto:zim.procurements@care.org)



# VENDOR QUESTIONNAIRE (Confidential)

(Please utilize electronic signature feature. If for any reason you are unable to electronically sign this form, please contact your CARE representative so that we may send you an alternate document).

Please review the attached instructions prior to completing this form. All information must be completed.

**Note: CARE Standard Payment Terms are Net 30 days from receipt of a CARE approved invoice.**

### REQUIRED INFORMATION (Please Print Clearly)

CARE Contact Name: Zim Procurement (zim.procurements@care.org)

Company/Individual Name (Match contract, bank, invoice & W9/8? DBA name?): \_\_\_\_\_

Your company's Contact name & title: \_\_\_\_\_ If legally incorporated, in what State or district: \_\_\_\_\_

If an individual, are you a U.S. citizen? Yes:  No:  If not, Country of Citizenship or licensing (required): \_\_\_\_\_

Federal Income Tax ID# (or Social Security #, if an individual [or green card holder]): \_\_\_\_\_

Primary and Secondary NAICS Codes: \_\_\_\_\_  
(Refer to 13 C.F.R. Part 121 or [www.SBA.gov](http://www.SBA.gov) website. If unknown, please indicate description of primary service.)

Contact's Email: \_\_\_\_\_ Website: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Number, Street, Floor, Suite #

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

Remit Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Number, Street, Floor, Suite #

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

Email for Payment Notification: \_\_\_\_\_

### Check or Fill in All That Apply

Please note that CARE procures products and services under government contract. If indicating your company qualifies as one of the following designations, refer to FAR 52.219.8 for definitions and to <https://www.sba.gov/federal-contracting/contracting-guide/size-standards> for size standards.

Cert. Small Disadv. Bus. 8(a) Certified:  Small-Bus. Enterprise:  Certified HUBZone Bus. Enterprise:

It is important to note that to qualify as one of the following businesses, a qualifying individual who has a controlling interest in the company must operate it.

Native American Owned:  Veteran Owned:  Minority Owned:  Women Owned:

### Additional Classifications:

Private Company:  Public Company:  Non-Profit:  Consultant

Sole Proprietorship:  Partnership:

### ADDITIONAL INFORMATION (fill in all that apply)

Parent Company: \_\_\_\_\_  
(If Applicable)

Dun & Bradstreet Number: \_\_\_\_\_  
(If Applicable)

**Business References**

**Provide 3 current business references, listing business, phone number, contact person, contact’s e-mail and a description of the product or service provided to the client (If you need additional space please use a separate page.)**

1.)

\_\_\_\_\_

2.)

\_\_\_\_\_

3.)

\_\_\_\_\_

**Protection from Sexual Exploitation and Abuse**

**CARE does not tolerate any activity that may constitute or result in the sexual exploitation or abuse of the vulnerable adults or children CARE supports through its work. CARE expects that any incidents of sexual exploitation or abuse will be promptly reported to CARE.**

- 1. Will your work under this engagement involve interaction with vulnerable adults or children? (If YES, please also complete Questions 2-6. If NO, please proceed to Section VI.) Yes  No
- 2. Do you have a policy addressing sexual exploitation or abuse? Yes  No
- 3. Do you engage in staff training on the issue? Yes  No
- 4. Do you conduct reference checks pre-hiring that includes investigation of complaints of sexual exploitation or abuse of program participants? Yes  No
- 5. In the past two years, has your organization been accused of sexual exploitation or abuse of vulnerable adults or children? (Your answer of YES does not automatically disqualify you from this engagement, but CARE will be requesting additional information.) Yes  No
- 6. If YES, please provide the name of a staff member whom we can contact for additional information and his/her contact information. \_\_\_\_\_

**Indicate below the products or services sold or provided by you (if applicable)**

[a] \_\_\_\_\_ [b] \_\_\_\_\_

[c] \_\_\_\_\_ [d] \_\_\_\_\_

**Indicate languages spoken:**

- French  English  Spanish  Portuguese
- Other \_\_\_\_\_

**Indicate below the specific areas of expertise, unique characteristics etc.**

[a] \_\_\_\_\_ [b] \_\_\_\_\_

[c] \_\_\_\_\_ [d] \_\_\_\_\_

**Indicate below the rates\* associated with your products or services (if applicable)**

[a] \_\_\_\_\_

\_\_\_\_\_

\*Daily and hourly rates preferred in USD



## Vendor Electronic Funds Transfer (EFT) Form

**Type of Request:**     New EFT Setup Authorization     Bank Change Authorization

### Vendor Information

Section A	Vendor/Contract Name (Individual or Company):	CARE Contact Name:
	Trade or Business Name (e.g. Doing Business As, if applicable):	If US Company, provide your <a href="#">Tax ID Number</a> :

### Payment into a Domestic / US Bank (Bank account located within the US)

Section B	Bank Name: <span style="color: red; font-weight: bold;">n/a</span>	Branch Name (If Applicable): <span style="color: red; font-weight: bold;">n/a</span>
	Bank Address (Street Address, City, States, and Zip): <span style="color: red; font-weight: bold;">n/a</span>	
	Account Name (account holder/Payee): <span style="color: red; font-weight: bold;">n/a</span>	9-digit ABA Number for <b>ACH Payments</b> (for US banks only): <span style="color: red; font-weight: bold;">n/a</span>
	Account Number: <span style="color: red; font-weight: bold;">n/a</span>	Account Type: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
	<b>Automated Clearing House (ACH)</b> refers to the U.S. payment network used by financial institutions to electronically transfer funds between banks. ACH payments cost significantly less than Wires for the parties involved.	Vendor Email Address (for Remittance Advice Alert/Notification):
	<b>Virtual Pay Option:</b> refers to CARE USA's partnership with US Bank to provide secure and expedited payments to our Approved Vendors with <b>US Banks</b> . Please see section 6 on p. 2 for more details.	By checking this box, you are agreeing to participate in this <b>Virtual Pay Option</b> <input type="checkbox"/>

### Payment into an International Bank (Bank account located outside the US)

Bank Name:	Branch Name (If Applicable):
Bank Address (Street Address, City, States/Province, Zip (postal code), and Country):	
Account Name (account holder/Payee):	Branch Code (National Code/Local Clearing Code) (If Applicable):
Account Number:	<a href="#">SWIFT/BIC</a> (8 or 11 alphanumeric code/not applicable to US banks):
<a href="#">IBAN Code</a> (if applicable):	Account Type: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Currency of Bank Account:	Email Address (for Remittance Advice Notification):

### Acceptable Forms of Verification

Section D	Vendor <b>must</b> attach one of the following bank account verification documents with complete banking details along with this form:
	Voided pre-printed domestic check for US Bank Only (within the US). Voided check without printed name will not be accepted. Bank Statement is also acceptable for Savings Account in lieu of voided check with *complete bank details (dated within the last 6 months)
	Letter from Bank on bank letterhead with *complete banking details to validate information (dated within the last 12 months)
Letter from Vendor on official company letterhead with *complete banking detail to validate details (dated within the last 6 months)	

CARE is not responsible for error, delays and other problems caused by or resulting from incorrect and/or incomplete banking instructions. Furthermore, CARE is not responsible for fees assessed by the intermediary/correspondent and/or beneficiary bank.

\*For **Domestic payments**, complete bank details refer to the Bank Name, Bank Address, Account Name, Type (checking or savings account), ABA Routing Number, and Account Number.

\*For **International payments**, complete bank details refer to the Bank Name, Bank Address, Branch Code (if applicable) Account Name, Type (checking or savings account), IBAN (if applicable), and SWIFT / BIC.

### Acknowledgement & Acceptance

I (the undersigned) certify that the information provided on this form is correct and complete and I hereby authorize CARE to electronically deposit payments to the bank account designated above. I understand that I must notify CARE in writing immediately of any changes in status or banking information and understand that this authorization will remain in full force and effect until CARE has received written notification by submitting a Bank Change Authorization.

I certify that the foregoing is true and complete to the best of my knowledge and belief and that no material changes have occurred to the business which would affect any of the above representations.

**CERTIFICATION REGARDING TERRORISM: Seller hereby certifies that it has not provided and will not provide material support or resources to any individual or organization that it knows, or has reason to know, is an individual or organization that advocates, plans, sponsors, engages in, or has engaged in an act of terrorism.**

Misrepresentation above may result in penalties and fines, including those as set forth in the Small Business Administration Act Section 16.d.2 and 18 U.S.C. § 1001. I have read the above statement and certify under oath that the information contained herein is true and accurate to the best of my knowledge and belief.

Title of Authorized Signer:	Email Address of Authorized Signer:
Phone Number of Authorized (for call-back verification) (XXX) XXX-XXXX):	Date Signed (MM/DD/YYYY):
Name of Authorized Signer:	Electronic Signature of Authorized Signer: <b>ATTENTION: Once you electronically sign the form, all parts of this form will lock the document to prevent subsequent changes and ensure security.</b>
Additional signature line if provider policy requires a different signature format, such as certificate-based digital signature, inserting digital signature, draw signature, etc.	