

Appendix A

Vendor Qualification Questions Form

This form should be completed by all suppliers and contractors. Vendors with long term relationships will need to complete this form at least every 5 years. Questions about this form should be directed to the Purchasing Department at purchasing@stlawu.edu.

Vendor _____ **Date** _____

SLU Initiator _____

1. Please identify all current and previous business relationships with the University and/or the other NY6 schools (Skidmore, Colgate, Hobart Williams-Smith, Hamilton, and Union)

2. Please identify if there are any affiliations between individuals in the governance and ownership structure (or any member of his or her immediate family) of your company or institution and St. Lawrence University? Is so, please describe those relationships here. An affiliation includes being a member of our Board of Trustees or having an employment or consulting relationship, with the University. It is not necessary to report affiliations with enrolled students.

3. If required by the University, can the organization provide the University's standard insurance requirements? The requirements are available on the Business Office website <http://www.stlawu.edu/business/insurance-requirements>. If required, a certificate of insurance must be on file before a P.O is issued or contract signed. Depending on the scope of the project or service, Risk Management may have additional requirements.

Vendor Representative Signature: _____ **Date:** _____

Vendor Representative Name: _____

Vendor Representative Title: _____