



Supplier Ready

PWC iSupplier Portal

Brandie Grubb
Local Vendor Analyst

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- ▶ In Operation since: 1905
- ▶ Services Provided:
 - Electric
 - Water
 - Wastewater Services
- ▶ Total Customers: 118,069
- ▶ Number of Employees: 646
- ▶ Six (6) major facility campuses
- ▶ Annual Operating Budget: \$401.9M
- ▶ Total Assets: \$1.44B



Before You Proceed



- ▶ Does your business provide goods, construction, technology, professional services, or general services that PWC procures?
- ▶ Does your business have the necessary time and resources to invest in the process?
- ▶ Determine whether your business is eligible for any special contracting programs such as “Small Local Supplier Certification” or “Disadvantaged Business Enterprise Certification.”

Goods, Equipment, and Supplies			Construction	Professional Services	Services
Chemicals	Forklifts	Gatorade	Electric Transmission and Distribution	Architectural	Temporary Personnel Services
Oils & Lubricants	Office Supplies	Office Furniture	Substation Support	Engineering	Equipment Repair
Vehicle Parts	Hand Tools	Technology	Water Main and Sewer Construction and Repair	Surveying	Printing/Publishing
Transformers	Poles	Cable	Building Construction Repair	GIS Mapping	Landscape & Mowing
Shop Towels/Rags	Power Tools	PPE	HVAC Repair & Maintenance	Annexation Design	Uniform Lease
Cement	Bug Spray	Cleaner	Plumbing	Legal	Demolition
Batteries	Flashlights	Paint	Construction supporting Water and Wastewater Treatment Plants	Right of Way	Hauling
Meters	Lighting Fixtures	Vehicles	Annexation	I.T. Services	Painting
Tie Down Straps	Meters	Uniform purchase	Utility Construction	Consulting	Pest Control

- ▶ Supplier self-service portal
- ▶ Enables suppliers to have real-time access to information regarding open orders, shipments, creation of invoices, etc.
- ▶ Enables PWC and its suppliers to communicate with each other through a secure environment
- ▶ All prospective/new suppliers must be register as a PWC supplier using the iSupplier Portal.
- ▶ Signing up will allow suppliers to receive bid notifications through Constant Contact.





Register online here:

<https://www.faypwc.com/isupplier/>

What Suppliers need to Register:

- ▶ Point of Contact Information
 - ▶ Accounts Receivable Address
 - ▶ User Account Information
- ▶ W9
- ▶ NAICS code selection
- ▶ Certificate of Insurance (for services, construction/trades)
- ▶ Capability Statement

Step 1: Help and Support

iSupplier Portal Assistance:

- ▶ Any questions can be directed to the PWC iSupplier Support Team by e-mail.
- ▶ Hours of Operation: Monday through Friday, 8:00am – 5:00pm EST.
- ▶ E-mail: isupplier@faypwc.com
- ▶ Website: www.faypwc.com/purchasing/



Technical Assistance:

Free business counseling available from
SBTDC:

sbt dc.org/services/programs/gcap/



Step 2: Registration Overview

- ▶ Provide all valid information including your email address to receive updates from the system about your registration request.
- ▶ The registration form is divided into three (3) pages.
- ▶ The PWC iSupplier Administrator will review your application and if approved, you will be notified via email from ebs@faypwc.com
- ▶ Incomplete applications will require additional information. The PWC iSupplier Administrator will send you an email with a URL to update your application and re-submit.
- ▶ Rejected applications will require a new application in the future.
- ▶ **IMPORTANT-** Enter all mandatory fields marked with (*) sign or fill in any area that appears in **RED**.

Step 3: Basic Information

Welcome to Fayetteville PWC's iSupplier Vendor Portal

[FAYETTEVILLE PWC iSupplier Registration Training Manual](#)

Please have your Address and Products & Services (that you provide) ready to submit this registration.

Company Details

* Company Name
(Maximum 40 characters. If exceeds continue on Line 1 of the Address Book.)

* Tax Country 
Click on the Search icon and type in the letters Uni, GO and then select United States. Where provided, the tax country will be used to validate the format of the Tax Registration Number and/or Taxpayer ID.

* Taxpayer ID/SSN
Please enter the Taxpayer ID(XX-XXXXXXX) for your Company. If registering as an individual, enter Social Security Number(XXX-XX-XXXX).

DUNS Number

Contact Information

Please enter a valid email address. The email address entered here will be your username to access your information. Please ensure that PWC Fayetteville's emails are not marked as spam by your email provider.

* Email

* First Name

* Last Name

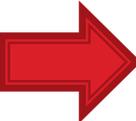
* Phone Area Code
Phone Area Code format should be XXX

* Phone Number
Phone number format should be XXX-XXXX

Phone Extension

Step 1 of 3

- ▶ Company Name, Country, Tax Country, Tax Registration Number or Taxpayer ID.
 - ▶ Under Contact Information, enter email address, name, phone details. This contact will get access to FPWC and will have a **User Account**
 - ▶ The entered email address will become the username.
 - ▶ Click button to go to next page.
- NOTE: Providing either Taxpayer ID/SSN is mandatory.



Address Book

At least one entry is required for Address Book

[Create](#)

Address Name	Address Details	Purpose	Update	D
No results found.				

Contact Directory

Please include contact info for alternate employees in your organization who should receive general communications about your account.

[Create](#)

First Name	Last Name	Phone	Email	Requires User Account	Update
------------	-----------	-------	-------	-----------------------	--------

- ▶ To provide your company address under 'Address Book' section, click on [Create](#)

Create Address

* Indicates required field

* Address Type
Please replace Address Type 'CORP' with your City Name

* Country

* Address Line 1

Address Line 2

Address Line 3

Address Line 4

* City/Town/Locality

* County

* State/Region
Please enter two letter state code.(Example: NC for North Carolina)

Province

* Postal Code

Phone Area Code

Phone Number

Fax Area Code

Fax Number

* Email Address
Please include the email that corresponds with this address entry

Please enable the appropriate Address Type

Purchasing Address

Payment Address

RFQ Only Address

- ▶ Enter address details and company/corporate email address.
- ▶ Click **Apply** button to go to next page.

NOTE: It will allow multiple addresses. If you would like to create more than one entry, use the **Create** button and name each address separately.

Create Address
 * Indicates required field

* Address Type
Please replace Address Type 'CORP' with your City Name

* Country

* Address Line 1

Address Line 2

Address Line 3

Address Line 4

* City/Town/Locality

* County

* State/Region
Please enter two letter state code.(Example: NC for North Carolina)

Province

* Postal Code

Phone Area Code

Phone Number

Fax Area Code

Fax Number

* Email Address
Please include address entry

Please enable:
 Purchasing Address
 Payment Address
 RFQ Only Address

Please enable the appropriate Address Type

- Purchasing Address
- Payment Address
- RFQ Only Address

- ▶ **Purchasing Address – Is this the Address that the Purchase Order is to be issued?**
- ▶ **Payment Address – Remittance Address**
 - If the address is the same for both purchase address and payment address click both. If they are different make separate addresses using the same steps.
- ▶ **RFQ Only Address – Is not needed at this time.**

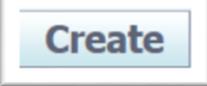
Step 5: Contact Directory



Contact Directory

Please include contact info for alternate employees in your organization who should receive general communications about your account.

First Name	Last Name	Phone	Email	Requires User Account
Test	Test	910-111-1111	Testing@nomail.com	✓

- ▶ At least one entry is required.
- ▶ Suppliers can have multiple users to access the iSupplier Portal system.
- ▶ Under ‘Contact Directory’, click  button to add additional users who may need to access.



Contact Title	<input type="text"/>	Phone Area Code	<input type="text"/>
* First Name	<input type="text"/>	Phone Number	<input type="text"/>
Middle Name	<input type="text"/>	Phone Extension	<input type="text"/>
* Last Name	<input type="text"/>	Alternate Phone Area Code	<input type="text"/>
Alternate Name	<input type="text"/>	Alternate Phone Number	<input type="text"/>
Job Title	<input type="text"/>	Fax Area Code	<input type="text"/>
Department	<input type="text"/>	Fax Number	<input type="text"/>
Contact Email	<input type="text"/>		
URL	<input type="text"/>		

Supplier User Account

Create User Account For The Contact

- ▶ An email address for each contact is mandatory if additional contacts wish to access iSupplier Portal.
- ▶ If you would like additional users to have a User Account, mark the 'Create User Account For The Contact' box. These users will have the ability to change information to include banking information.

Step 6: Business Classification

Classification	Applicable
Certificate of Insurance	<input type="checkbox"/>
Emergency Management	<input type="checkbox"/>
Federal 8(a)	<input type="checkbox"/>
Federal ASMPP - Small Mentor Protégé Program	<input type="checkbox"/>
Federal EDWOSB - Economically Disadvantaged Women-owned	<input type="checkbox"/>
Federal HUBZone	<input type="checkbox"/>
Federal MBE - Minority Business Enterprise	<input type="checkbox"/>
Federal SDB - Small Disadvantaged Business	<input type="checkbox"/>
Federal SDVOSB - Service Disabled Veteran Owned Small Business	<input type="checkbox"/>
Federal VOSB - Veteran Owned Small Business	<input type="checkbox"/>
Federal WOSB - Women Owned Small Business	<input type="checkbox"/>

LEED - Leadership in Energy and Environmental Design	<input type="checkbox"/>
Local Business - Physical presence in Cumberland, Harnett or Hoke County	<input type="checkbox"/>
NCDOA HUB - NC Dept of Administration Historically Underutilized Businesses	<input type="checkbox"/>
NCDOT ACDBE - Airport Concession Disadvantaged Business Enterprise	<input type="checkbox"/>
NCDOT DBE - Disadvantaged Business Enterprise	<input type="checkbox"/>
NCDOT MBE - Minority Business Enterprise	<input type="checkbox"/>
NCDOT SBE - Small Business Enterprise	<input type="checkbox"/>
NCDOT SPSF - Small Professional Service Firm	<input type="checkbox"/>
NCDOT WBE - Woman Business Enterprise	<input type="checkbox"/>

Classification	Applicable
Other	<input type="checkbox"/>
Small Local Supplier	<input type="checkbox"/>

Check 'Applicable' box for one or multiple classifications that are applicable to your business.

Step 7: Products and Services

Products and Services

Please select the NAICS commodity codes for all products and services that you can provide to PWC. Be sure to check the subcategories to see a complete list of available codes.

- ▶ At least one NAICS code is required.
- ▶ These codes will be listed on your Supplier Profile for PWC Departments to locate your business for Request for Quotes.
- ▶ If Suppliers would like to look for codes before registration:
www.census.gov/naics/
- ▶ Hit the button to open the list of codes to choose from.

STEP-1: Click on 'View Sub-Categories' for the applicable Product and Services Category

Browse All Products & Services
 Search for Specific Code and Product

Code	Products and Services	View Sub-Categories	Applicable
11	Agriculture, Forestry, Fishing and Hunting		<input type="checkbox"/>
22	Wholesale Trade		<input type="checkbox"/>
23	Construction		<input type="checkbox"/>
32	Manufacturing		<input type="checkbox"/>
33	Manufacturing		<input type="checkbox"/>
42	Wholesale Trade		<input type="checkbox"/>
44	Retail Trade		
45	Retail Trade		
48	Transportation and Warehousing		
51	Information		
52	Finance and Insurance		
53	Real Estate and Rental and Leasing		
54	Professional, Scientific, and Technical Services		
56	Administrative and Support and Waste Management and Remediation Services		

View Sub-Categories











Products & Services

Browse All Products & Services
 Search for Specific Code and Product

Code	Products and Services
11	Agriculture, Forestry, Fishing and Hunting
22	Wholesale Trade
23	Construction
32	Manufacturing
33	Manufacturing
42	Wholesale Trade
44	Retail Trade
45	Retail Trade
48	Transportation and Warehousing
51	Information
52	Finance and Insurance
53	Real Estate and Rental and Leasing
54	Professional, Scientific, and Technical Services
56	Administrative and Support and Waste Management and Remediation Services



View Sub-Categories

[Tree Icon]

Click 'Applicable' for one or more Sub Categories.

Additional choices will be listed under Sub-Categories.

Add Products and Services: 23 :Construction (test)

Code	Products and Services	View Sub-Categories	Applicable
236210	Industrial Building Construction		<input type="checkbox"/>
236220	Commercial and Institutional Building Construction		<input type="checkbox"/>
237110	Water and Sewer Line and Related Structures Construction		<input type="checkbox"/>
237130	Power and Communication Line and Related Structures Construction		<input type="checkbox"/>
238150	Glass and Glazing Contractors		<input type="checkbox"/>
238160	Roofing Contractors		<input type="checkbox"/>
238190	Other Foundation, Structure, and Building Exterior Contractors		<input type="checkbox"/>
238220	Plumbing, Heating, and Air		<input type="checkbox"/>
238290	Other Building Equipment Contractors		<input type="checkbox"/>
238390	Other Building Finishing Contractors		<input type="checkbox"/>
238910	Site Preparation Contractors		<input type="checkbox"/>
238990	All Other Specialty Trade Contractors		<input type="checkbox"/>



Step 3 of 3

Attachments

You may include a W9, capability statement, voided check or other related documents to support your organization.

**** Please do not use browser 'Go Back' button**

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
No results found.								

Step 3 of 3

- ▶ Suppliers may add attachments
 - ▶ W9
 - ▶ Certificate of Insurance
 - ▶ Capability Statement
- ▶ Hit when complete

- ▶ Submit the application once all mandatory details are entered. Your application will be received by PWC iSupplier Administrator for approval process. You will receive an email containing a URL.
- ▶ You may use this URL to monitor the status of the application.
- ▶ Once your application is approved, you will receive an email from ebs@faypwc.com containing your username and initial log-In password.
- ▶ Banking information may be added once a Supplier is approved by the **iSupplier User Account holder**.

W9 Template Reference



Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification		Give Form to the requester. Do not send to the IRS.
		▶ Go to www.irs.gov/FormW9 for instructions and the latest information.		
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
2 Business name/disregarded entity name, if different from above				
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Apply to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate			
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>			
	<input type="checkbox"/> Other (see instructions) ▶ _____			
5 Address (number, street, and apt. or suite no.) See instructions.				Requester's name and address (optional)
6 City, state, and ZIP code				
7 List account number(s) here (optional)				
Part I Taxpayer Identification Number (TIN)				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.				
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.				
Part II Certification				
Under penalties of perjury, I certify that:				
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and				
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and				
3. I am a U.S. citizen or other U.S. person (defined below); and				
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.				
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.				
Sign Here	Signature of U.S. person ▶	Date ▶		
General Instructions				
Section references are to the Internal Revenue Code unless otherwise noted.				
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 .				
Purpose of Form				
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.				
<ul style="list-style-type: none"> Form 1099-INT (interest earned or paid) Form 1099-DIV (dividends, including those from stocks or mutual funds) Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) Form 1099-S (proceeds from real estate transactions) Form 1099-K (merchant card and third party network transactions) Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) Form 1099-C (canceled debt) Form 1099-A (acquisition or abandonment of secured property) 				
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.				
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.				
Cat. No. 10231X				Form W-9 (Rev. 10-2018)

COI Template Reference



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	FAX:	
	PHONE (A/C, No, Ext):	(A/C, No):	
	E-MAIL ADDRESS:		
INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	ADDITIONAL SUBS (IND, W/D)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> SECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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Capability Statement Template



CAPABILITY STATEMENT Guide

Show your logo and contact information, with a specific person's name, phone and email.

Title this document: Capability Statement

TargetGov Tip: This is a CONTENT guide, not a design guide. Add color & graphic elements!

Use this section title: Core Competencies

Short introduction statement relating the company's core competencies to the agency's specific needs followed by key-word heavy bullet points

TargetGov Tips:

- No long paragraphs.
- Use short sentences followed by keyword heavy bullet points
- Create a new document for each agency, prime or teaming opportunity
- Tailor each Capability Statement to the agency mission or specific opportunity
- Call this document a Capability Statement
- Preferably, this Capability Statement is one page, one side
- Go to two sides only if absolutely necessary
- Save and distribute as a PDF, not a Word, PowerPoint or other format
- Keep the file format small, definitely under 1MB
- Use the whole page, keep page margins small

Section Title: Past Performance

List past customers for whom you have done similar work. Prioritize by related agency, to all federal to other government to commercial contracts. If the past projects do not relate to the targeted agency's needs, do not list it.

TargetGov Tip: Ideally, include specific contract details and contact information for immediate references. Include name, title, email, phone.

Section Title: Differentiators

Identify what makes you different from your competitors and how this benefits the targeted agency

TargetGov Tip: Relate your key differentiators to the specific needs of the agency, prime or teaming partner.

COMPANY DATA

One very brief company description detailing pertinent data.

TargetGov Tips: Readers will visit your web site for additional information. Make sure your web site is constantly updated and government-focused. Use graphics if they help tell your story and describe your fit with the target.

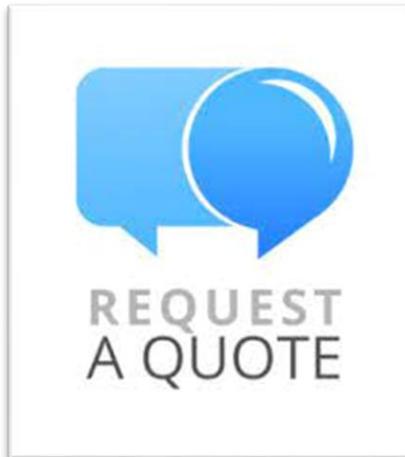
List Specific Pertinent Codes and Data:

- DUNS
- CAGE Code
- NAICS (a reasonable number, fewer than 15)
- Socio-economic certifications: 8(a), HUB Zone, SDVOB, WOSB, etc.
- Accept Credit and Purchase Cards
- GSA Schedule Contract Number(s) and SDNs
- Other federal contract vehicles
- BPAs and other federal contract numbers
- Pertinent teaming agreements

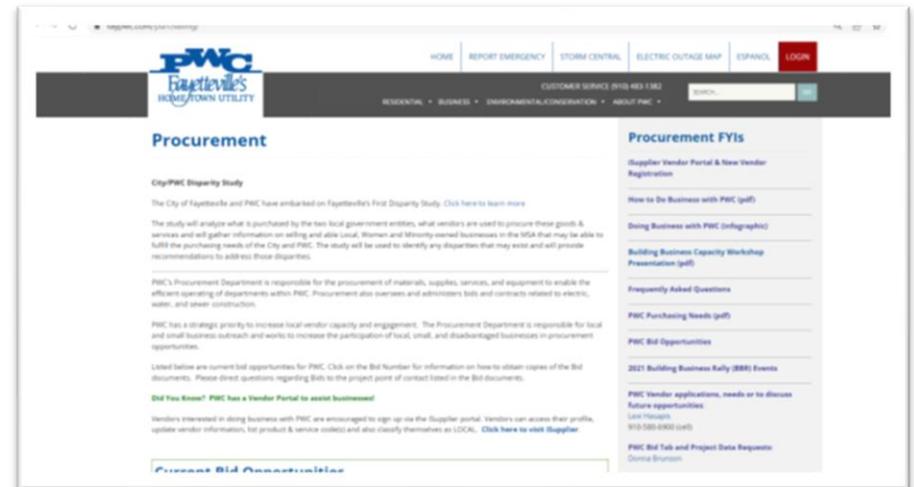
Your logo, address, phone numbers (voice, mobile and fax) email, web site and other related contact information

- ✓ Provide goods or services that PWC utilizes
 - ❑ Supplies, equipment, construction, professional services, technology, and general services
- ✓ Review Service Agreement PWC Terms and Conditions
 - ❑ Ability to meet insurance requirements
- ✓ Contact the Local Procurement Vendor Analyst
 - ❑ Register/attend a Supplier Event(s)
- ✓ iSupplier Registration, W9, certificate of insurance (COI), and capability statement
 - ❑ Added to Supplier Directory
- ✓ Does your business hold any certifications?
- ✓ Is your Business Local?
- ✓ Is your Business Small and Local?

PWC Departments may reach out
for a quote.

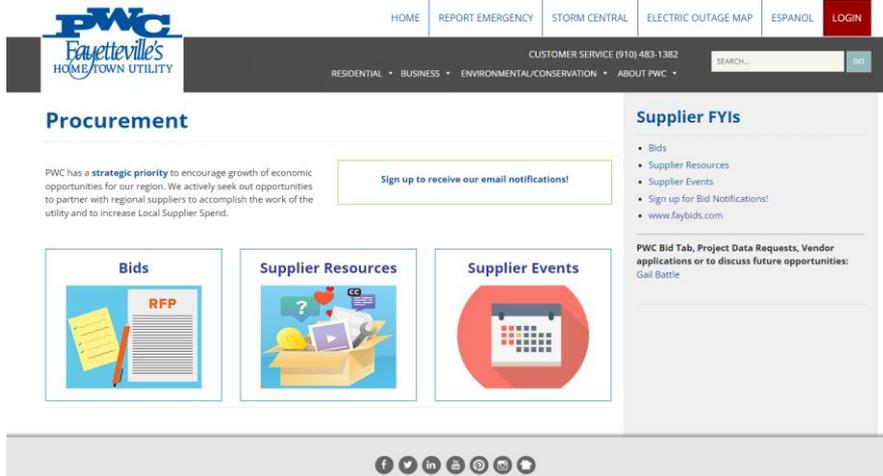


Please feel free to attend pre-bid
meetings.



www.faypwc.com/purchasing/

Sign up for iSupplier Classes and Bid Notifications



www.faypwc.com/purchasing/

