**SUPPLIER PROFILE SHEET**

**Conference Hardware Acquisition**

**Community Development Block Grant – Disaster Recovery**

**Puerto Rico Department of Housing**

**To: Puerto Rico Department of Housing**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supplier Data** | | | | | | | | | | | | | | | |
| 1. **Supplier’s Legal Name:** | |  | | | | | | | | | | | | | |
| 1. **Supplier’s Tax ID:** | |  | | | | | | | | | | | | | |
| 1. **Supplier’s DUNS No.:** | |  | | | | | | | | | | | | | |
| 1. **Supplier’s Physical Address:** | |  | | | | | | | | | | | | | |
|  | | *(Street Address Line 1)* | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
|  | | *(Street Address Line 2)* | | | | | | | | | | | | | |
|  | |  | | | | |  |  | | | | |  | |  |
|  | | *(City)* | | | | |  | *(State)* | | | | |  | | *(Zip)* |
| 1. **Supplier’s Postal Address:** | |  | | | | | | | | | | | | | |
|  | | *(Street Address Line 1)* | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
|  | | *(Street Address Line 2)* | | | | | | | | | | | | | |
|  | |  | | | | |  |  | | | | |  | |  |
|  | | *(City)* | | | | |  | *(State)* | | | | |  | | *(Zip)* |
| 1. **Supplier’s Phone Number:** | |  | | | | | | | | | | | | | |
| 1. **Supplier’s Email Address:** | |  | | | | | | | | | | | | | |
| 1. **Select the options**   **that apply, if any** | |  | **Women Business Enterprise** | |  | **Minority Business Enterprise** | | |  | | **Section 3 Resident** | | |  | **Section 3 Business** |
| 1. **Supplier’s Authorized Representative:** | | | | | | | | | | | | | | | |
|  |  | | |  |  | | | | | | | | | | |
|  | *(Authorized Representative Name)* | | |  | *(Authorized Representative Position)* | | | | | | | | | | |
| **The Supplier hereby certifies that the above information is accurate:** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | |  | | | |
|  | *(Authorized Representative Signature)* | | | | | | | | |  | | *(Date)* | | | |
|  |  | | | | | | | | |  | |  | | | |
|  | *(Authorized Representative Name)* | | | | | | | | |  | |  | | | |

**Instructions to obtain Data Universal Numbering System (DUNS) Number and System for Award Management (SAM)**

**DUNS Number**

In order to obtain a DUNS number access the following link: [www.dnb.com](http://www.dnb.com). Registering for a DUNS number is **Free of Charge**. If any organization or website solicits a fee or charge to acquire a DUNS number it is recommended to avoid them.

You will need all of the information listed below to obtain a DUNS number:

* Name of organization
* Organization address
* Name of the Chief Executive Officer (CEO) or Organization Owner
* Legal structure of the organization (e.g. corporation, partnership)
* Year the organization started
* Primary type of business
* Total number of employees (full and part-time)

**System for Award Management (SAM)**

The entity must access the System for Award Management (SAM) and register. There is **No Fee** for you to register or to renew/update your organization's information on SAM.gov**.** The link to SAM is as follows: [www.sam.gov](http://www.sam.gov) .

In addition, you can contact the Federal Contracting Center and request for technical assistance.

Phone number: 787-758-4747 ext. 3181

Email: [fecc@pridco.pr.gov](mailto:fecc@pridco.pr.gov)

Link to website: federalcontractingpr.com

If you need assistance for the registration process, please contact us at: [CDBGDR-PROCUREMENT@vivienda.pr.gov](mailto:CDBGDR-PROCUREMENT@vivienda.pr.gov)