

# COMPANY CONTRACT –WIN-- FORM

FOR PERIOD October 1, 2016 TO June 30, 2017

Wisconsin Procurement Institute (WPI)

## COMPANY INFORMATION

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
COMPANY CONTACT:				PHONE:	
E-MAIL:				FAX:	
<b>TYPE</b>	<input type="checkbox"/>	SMALL DISADVANTAGED BUSINESS (SDB – 8(a))	<input type="checkbox"/>	HUBZone	
<b>OF</b>	<input type="checkbox"/>	WOMAN-OWNED BUSINESS	<input type="checkbox"/>	DISADVANTAGED BUSINESS ENTERPRISE (DBE)	
<b>BUSINESS</b>	<input type="checkbox"/>	VETERAN OWNED BUSINESS	<input type="checkbox"/>	WI DISABLED VETERAN OWNED BUSINESS (DVB)	
<b>CHECK ALL</b>	<input type="checkbox"/>	SERVICE DISABLED VETERAN OWNED BUS	<input type="checkbox"/>	WI MINORITY BUSINESS ENTERPRISE (MBE)	
<b>THAT</b>	<input type="checkbox"/>	OTHER SMALL BUSINESS	<input type="checkbox"/>	WI WOMEN OWNED BUSINESS ENTERPRISE (WBE)	
<b>APPLY</b>	<input type="checkbox"/>	OTHER THAN SMALL BUSINESS	<input type="checkbox"/>	OTHER LOCAL GOVERNMENT CERTIFICATIONS	

## GOVERNMENT **CONTRACTS** – Federal, State and Local (use additional pages if needed)

CONTRACTING AGENCY FEDERAL / STATE / LOCAL:			
ESTIMATED CONTRACT \$\$ VALUE:		ESTIMATED NUMBER of CONTRACTS	
DESCRIPTION OF AWARD(s)	Date of AWARD:		
CITY:		STATE:	
CONTRACTING OFFICER:	PHONE:		

CONTRACTING AGENCY FEDERAL / STATE / LOCAL:			
ESTIMATED CONTRACT \$\$ VALUE:		ESTIMATED NUMBER of CONTRACTS	
DESCRIPTION OF AWARD(s)	Date of AWARD:		
CITY:		STATE:	
CONTRACTING OFFICER:	PHONE:		

CONTRACTING AGENCY FEDERAL / STATE / LOCAL:			
ESTIMATED CONTRACT \$\$ VALUE:		ESTIMATED NUMBER of CONTRACTS	
DESCRIPTION OF AWARD(s)	Date of AWARD:		
CITY:		STATE:	
CONTRACTING OFFICER:	PHONE:		

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## GOVERNMENT *SUB-CONTRACTS* - Federal, State and Local (use additional pages if needed)

PRIME CONTRACTOR:			
ESTIMATED CONTRACT \$\$ VALUE:		ESTIMATED NUMBER of CONTRACTS	
DESCRIPTION OF AWARD(s)		Date of AWARD:	
CITY:		STATE:	
CONTRACTING OFFICER:		PHONE:	

PRIME CONTRACTOR:			
ESTIMATED CONTRACT \$\$ VALUE:		ESTIMATED NUMBER of CONTRACTS	
DESCRIPTION OF AWARD(s)		Date of AWARD:	
CITY:		STATE:	
CONTRACTING OFFICER:		PHONE:	

PRIME CONTRACTOR:			
ESTIMATED CONTRACT \$\$ VALUE:		ESTIMATED NUMBER of CONTRACTS	
DESCRIPTION OF AWARD(s)		Date of AWARD:	
CITY:		STATE:	
CONTRACTING OFFICER:		PHONE:	

If you have received a number of awards on the same date – it is appropriate to enter total dollars / count and indicate “various” in the description /city /state / contracting officer and phone fields.

Please indicate how many

<b>Jobs Created</b>		<b>Jobs Retained</b>	
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CONTACT SIGNATURE: _____	DATE: _____
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