

**VA Form 10-1170
Supplemental Information Sheet**

Please provide the following information for facility contact as well as corporate contact and attach it to the completed and signed VA Form 10-1170:

Company Name: _____
Contact Person: _____
Title: _____
Address: _____
City/State/Zip: _____ (9-digit zip)
Overnight Mailing Address (if different from above):

Phone/Fax No.: _____ / fax _____ (9-digit zip)
E-Mail: _____
Administrator: _____
(If different than contact person)
Facility Address: _____
City/State/Zip: _____ (9-digit zip)
Facility Phone/Fax No.: _____ / fax _____
**Are you a Small or Socioeconomically Disadvantaged (Veteran-owned/Woman-
Owned, Minority-Owned) Business?** _____ **Yes** _____ **No**
If yes, which type? _____
County: _____
Tax ID No.: _____
DUNS No.: _____ / _____
Corporate No. Facility No. if Different

Please also attach a current copy of your state license, and current certificate of liability insurance.

In addition, please visit <https://www.sam.gov/SAM/> to ensure your **Contractor Registration stays current**. It is **mandatory** that your registration be current in order to award this contract. Further, please update the On-Line Representations and Certifications through the SAM site and ensure that your ORCA listing is active.

Be advised that this Application, Supplemental Information, and the requested documents may be scanned and e-mailed to me at: melvin.cole@va.gov.

If you have any questions or need assistance, please contact Melvin Cole at (615) 225-5630.