

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):	
	(9-digit zip)
Phone/Fax No.:	/ fax
E-Mail:	
Administrator:	
<small>(If different than contact person)</small>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which type? 	
County:	
Tax ID No.:	
DUNS No.:	/
	<small>Corporate No. Facility No. if Different</small>

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.