

COMPANY CONTRACT –WIN-- FORM

FOR PERIOD July 1 2017 to December 31 2017

Wisconsin Procurement Institute (WPI)

COMPANY INFORMATION

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
COMPANY CONTACT:				PHONE:	
E-MAIL:				FAX:	

TYPE	<input type="checkbox"/>	SMALL DISADVANTAGED BUSINESS (SDB – 8(a))	<input type="checkbox"/>	HUBZone
OF	<input type="checkbox"/>	WOMAN-OWNED BUSINESS	<input type="checkbox"/>	DISADVANTAGED BUSINESS ENTERPRSE (DBE)
BUSINESS	<input type="checkbox"/>	VETERAN OWNED BUSINESS	<input type="checkbox"/>	NATIVE / TRIBALLY OWNED BUSINESS
CHECK ALL	<input type="checkbox"/>	SERVICE DISABLED VETERAN OWNED BUS	<input type="checkbox"/>	WI MINORITY BUSINESS ENTERPRISE (MBE)
THAT	<input type="checkbox"/>	OTHER SMALL BUSINESS	<input type="checkbox"/>	WI WOMEN OWNED BUSINESS ENTERPRISE (WBE)
APPLY	<input type="checkbox"/>	OTHER THAN SMALL BUSINESS	<input type="checkbox"/>	OTHER LOCAL GOVERNMENT CERTIFICATIONS

Please complete the number of **JOBS CREATED / RETAINED** as a result of these awards on Page 2

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:	

COMPANY CONTRACT –WIN–FORM – page 2

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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

Jobs Created

Jobs Retained

CONTACT SIGNATURE: _____ DATE: _____

WISCONSIN PROCUREMENT INSTITUTE

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