

VENDOR CLASSIFICATION DISCLOSURE FORM



As part of the procurement process, we request that all vendors disclose their business classification(s). This information is collected for reference purposes only and will not be used as a basis for evaluation.

Vendor Name: _____

BUSINESS CLASSIFICATION TYPE

Please indicate which of the following business classifications apply to your organization.

(Check all that apply):

- | | |
|---|--|
| ☐ Minority-Owned Business Enterprise | ☐ Indigenous/Native American Owned Enterprise Business Enterprise |
| ☐ Woman-Owned Business Enterprise | ☐ Other: _____ |
| ☐ Small Business Enterprise* | ☐ Large Business Enterprise** |
| ☐ Veteran-Owned Business Enterprise | ☐ Prefer not to classify |
| ☐ Disabled-Owned Business Enterprise | |
| ☐ LGBTQ-Owned Business Enterprise | |

*Is independently owned and operated, not dominant in its field, and employs fewer than 100 full-time employees, OR has gross annual receipts of less than \$4 million in its last fiscal year

**Any business that employs an average of at least 100 full-time employees (or equivalent FTE), OR has gross annual receipts that exceeds \$4 million in its last fiscal year

Please contact the Procurement Officer if you have any questions on this form

SIGNATURE

I certify that the above information is accurate and complete to the best of my knowledge.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____