



## Vendor Profile and Classification Form

### Vendor Profile

Vendor Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Type of Business:  Individual/Sole Proprietor  
 Corporation  
 Partnership  
 Other

### Vendor Classification

Business Size:  Small Business (As defined by SBA)  
 Large Business

Small Business Categories (check all that apply):

<input type="checkbox"/> Women-owned Business Enterprise	<input type="checkbox"/> HUBZone Small Business
<input type="checkbox"/> Minority Business Enterprise	<input type="checkbox"/> Veteran-owned Enterprise
<input type="checkbox"/> LGBT-owned Business Enterprise	<input type="checkbox"/> None of the Above
<input type="checkbox"/> Service-Disabled Veteran Enterprise	<input type="checkbox"/> Other

Note: Please attach a copy of certification if your company is certified by the following organizations: Small Business Administration, National Minority Suppliers Development Council (NMSDC), Women's Business Enterprise National Council (WBENC), or National Gay & Lesbian Chamber of Commerce (NGLCC) Department of General Services (Veteran Business Only).

Is your business minority owned?

<input type="checkbox"/> Black / African American	<input type="checkbox"/> Pacific Asian
<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Indian Asian
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> 2 or more Races
<input type="checkbox"/> Nat. Hawaiian / Other	<input type="checkbox"/> Pacific Islanders

If you are not a Women-Owned Business Enterprise or Minority Business Enterprise or an LGBT owned Business Enterprise, do you have a diversity policy?

Yes, what percent and dollar value of your business goes to qualifying businesses? \_\_\_\_\_%  
\$ \_\_\_\_\_ Are figures actual or estimates? \_\_\_\_\_  
 No.

Completed By:

Name:  
Title:

Signature:  
Date: