



Supplier Diversity Form

In accordance with Board Policy 5.14, Minnesota State is committed to enhance and optimize business and contracting opportunities that promotes economic growth and prosperity of the student bodies and the communities we serve. Minnesota State created the Supplier Diversity program to foster partnerships with historically under-utilized businesses and ensure that diverse vendors are given equal opportunities to provide goods and services system-wide. Suppliers are encouraged to complete the information below that will be used to confirm eligibility based on their status and/or commitment to meeting the stated diversity goal for the specific project.

The Supplier must meet the following requirements:

1. Completion of the below Supplier Diversity Inclusion Form.
2. Be at least 51% owned, operated, and controlled by a woman and/or ethnic minority on a daily basis.
3. Certified by at least one of Minnesota State’s recognized certifying agencies:
 - a. [State of Minnesota – Department of Administration](#)
 - b. [Central CERT Certification Program \(CERT\)](#)
 - c. [North Central Minority Supplier Development Council \(NCMSDC\)](#)
 - d. [Women’s Business Development Center \(WBENC\)](#)
4. Attach a copy of agency certification.

The Supplier’s business is a certified W/MBE and meets the above requirements. The Supplier certifies that the information contained herein is true, accurate, and complete.

Business Name: _____

Contact Name _____

Phone: _____ Email: _____

RFX Name: _____ Institution: _____

Certified by: State of MN - Admin CERT NCMSDC WBENC

Ethnic Type: African/Black Native American Asian
 White Hispanic Other: _____

Gender: Female Male Non-Binary Prefer Not to Answer

The Supplier is **partnering or sub-contracting with** other certified W/MBEs who meet the above requirements. The Supplier certifies that the information contained herein is true, accurate, and complete.

Business Name: _____
Contact Name _____
Phone: _____ Email: _____
RFX Name: _____ Institution: _____
W/MBE Scope of Work _____
Percentage of work _____ Dollar Value \$ _____
Certified by: State of MN - Admin CERT NCMSDC WBENC
Ethnic Type: African/Black Native American Asian
 White Hispanic Other: _____
Gender: Female Male Non-Binary Prefer Not to Answer

Business Name: _____
Contact Name _____
Phone: _____ Email: _____
RFX Name: _____ Institution: _____
Percentage of work _____ Dollar Value \$ _____
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Certified by: State of MN - Admin CERT NCMSDC WBENC
Ethnic Type: African/Black Native American Asian
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Gender: Female Male Non-Binary Prefer Not to Answer

Add additional pages as needed