



Targeted Business Inclusion Form

In accordance with Board Policy 5.14, Minnesota State is committed to enhance and optimize business and contracting opportunities for historically under-utilized businesses. Vendors will receive ten percent (10%) of the entire Request for Proposal score allocated for Targeted Group Businesses (TGBs). The Vendor’s score may be negatively impacted by past performance such as non-compliance or failure to meet previous Woman- and/or Minority-Owned Business Enterprises (W/MBE) commitments.

The Vendor must meet the following requirements:

1. Completion of the below TGB Form.
2. Be at least 51% owned, operated, and controlled by a woman- and/or racial 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 TGB Certification.

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

Business Name: _____

Contact Name _____

Phone: _____ Email: _____

RFP Name: _____ Institution: _____

Certified by: State of MN - Admin CERT NCMSDC WBENC

Minority Type: African/Black Native American Asian
 Caucasian Hispanic Other: _____

Classification: Woman Minority Other: _____

The Vendor's business is a **partner or sub-contractor** certified W/MBE and meets the above requirements. The Vendor certifies that the information contained herein is true, accurate, and complete.

Business Name: _____
Contact Name: _____
Phone: _____ Email: _____
RFP Name: _____ Institution: _____
TGB Scope of Work: _____
Certified by: State of MN - Admin CERT NCMSDC WBENC
Minority Type: African/Black Native American Asian
 Caucasian Hispanic Other: _____
Classification: Woman Minority Other: _____

Business Name: _____
Contact Name: _____
Phone: _____ Email: _____
RFP Name: _____ Institution: _____
TGB Scope of Work: _____
Certified by: State of MN - Admin CERT NCMSDC WBENC
Minority Type: African/Black Native American Asian
 Caucasian Hispanic Other: _____
Classification: Woman Minority Other: _____

Business Name: _____
Contact Name: _____
Phone: _____ Email: _____
RFP Name: _____ Institution: _____
TGB Scope of Work: _____
Certified by: State of MN - Admin CERT NCMSDC WBENC
Minority Type: African/Black Native American Asian
 Caucasian Hispanic Other: _____
Classification: Woman Minority Other: _____