

Supplier Demographic Attestation

Vendor Name: _____

Procurement Description: _____

Please complete the following questions to assist the Wisconsin Economic Development Corporation more accurately track its procurement spending with diverse businesses.

The Vendor identified above is a:

Yes	No		Notes/Comments:
		<p>Minority-Owned Business Enterprise (MBE)</p> <ul style="list-style-type: none"> • Sole proprietorship, partnership, corporation, limited liability company or joint venture • Belong to an ethnic minority group: Native American, Black, Hispanic, Asian Indian, Asian Pacific, Aleut, Eskimo, Middle Eastern, North African, or Native Hawaiian • Be at least 51% owned, controlled, and actively managed by minority group members for at least the last one (1) year or the full term of the businesses' s existence 	
		<p>Woman-Owned Business Enterprise (WBE)</p> <ul style="list-style-type: none"> • Sole proprietorship, partnership, corporation, limited liability company or joint venture • Be at least 51% owned, controlled, and actively managed by women group members for at least the last one (1) year or the full term of the businesses' s existence 	
		<p>Disabled Veteran-Owned Business Enterprise (DBV)</p> <ul style="list-style-type: none"> • Sole proprietorship, partnership, corporation, limited liability company or joint venture • At least 51% owned, controlled, and actively managed by disabled veteran group members for at least the last one (1) year or the full term of the businesses' s existence 	
		<p>Veteran-owned business (VB)</p> <ul style="list-style-type: none"> • At least 51% of the business must be directly and unconditionally owned by one or more veteran(s) or service-disabled veteran(s) • At least 51% owned, controlled, and actively managed by one or more veterans for at least the last one (1) year or the full term of the businesses' s existence 	
		<p>LGBT-Owned Enterprise (LGBTE)</p> <ul style="list-style-type: none"> • Sole proprietorship, partnership, corporation, limited liability company or joint venture • At least 51% owned, controlled, and actively managed by one or more person(s) who identifies as lesbian, gay, bisexual, and/or transgender for at least the last one (1) year or the full term of the businesses' s existence 	
		<p>Disability-Owned Enterprise (DE)</p> <ul style="list-style-type: none"> • Sole proprietorship, partnership, corporation, limited liability company or joint venture • At least 51% owned, controlled, and actively managed by one or more person(s) with a disability for at least the last one (1) year or the full term of the businesses' s existence. A person with a disability is defined as a person with a physical and/or mental impairment that substantially limits one or more major life activities. 	

- Unable to identify Vendor's demographics due to organization status specified here (i.e. non-profit, government entity, etc.):_____
- Please check here if you are choosing not to provide demographic information.

I certify that the information provided is true and accurate to the best of my knowledge, and that I am authorized to execute this Attestation on behalf of the Vendor.

Signature:_____

Date:_____

Name:_____

Position:_____