

## 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:
		<b>Minority-Owned Business Enterprise (MBE)</b> <ul style="list-style-type: none"> <li>Sole proprietorship, partnership, corporation, limited liability company or joint venture;</li> <li>Belong to an ethnic minority group: Native American, Black, Hispanic, Asian Indian, Asian Pacific, Aleut, Eskimo, Middle Eastern, North African, or Native Hawaiian; and</li> <li>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.</li> </ul>	
		<b>Woman-Owned Business Enterprise (WBE)</b> <ul style="list-style-type: none"> <li>Sole proprietorship, partnership, corporation, limited liability company or joint venture; and</li> <li>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.</li> </ul>	
		<b>Disabled Veteran-Owned Business Enterprise (DBV)</b> <ul style="list-style-type: none"> <li>Sole proprietorship, partnership, corporation, limited liability company or joint venture; and</li> <li>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.</li> </ul>	
		<b>Veteran-owned business (VB)</b> <ul style="list-style-type: none"> <li>Sole proprietorship, partnership, corporation, limited liability company or joint venture; and</li> <li>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.</li> </ul>	
		<b>LGBT-Owned Enterprise (LGBTE)</b> <ul style="list-style-type: none"> <li>Sole proprietorship, partnership, corporation, limited liability company or joint venture; and</li> <li>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.</li> </ul>	
		<b>Disability-Owned Enterprise (DE)</b> <ul style="list-style-type: none"> <li>Sole proprietorship, partnership, corporation, limited liability company or joint venture; and</li> <li>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.</li> </ul>	

- ☐ 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:\_\_\_\_\_