# 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: |
|---|---|---|---|
| ☐ | ☐ | **Minority-Owned Business Enterprise (MBE)**<br>• Sole proprietorship, partnership, corporation, limited liability company or joint venture;<br>• Belong to an ethnic minority group: Native American, Black, Hispanic, Asian Indian, Asian Pacific, Aleut, Eskimo, Middle Eastern, North African, or Native Hawaiian; and<br>• 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. | |
| ☐ | ☐ | **Woman-Owned Business Enterprise (WBE)**<br>• Sole proprietorship, partnership, corporation, limited liability company or joint venture; and<br>• 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. | |
| ☐ | ☐ | **Disabled Veteran-Owned Business Enterprise (DBV)**<br>• Sole proprietorship, partnership, corporation, limited liability company or joint venture; and<br>• 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. | |
| ☐ | ☐ | **Veteran-owned business (VB)**<br>• Sole proprietorship, partnership, corporation, limited liability company or joint venture; and<br>• 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. | |
| ☐ | ☐ | **LGBT-Owned Enterprise (LGBTE)**<br>• Sole proprietorship, partnership, corporation, limited liability company or joint venture; and<br>• 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. | |
| ☐ | ☐ | **Disability-Owned Enterprise (DE)**<br>• Sole proprietorship, partnership, corporation, limited liability company or joint venture; and<br>• 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:_____