Targeted Business Inclusion Form

Business: ___________________________  Contact Name: ___________________________
RFP Title: ___________________________  Phone: ___________________________
Institution: ___________________________  E-mail: ___________________________

In accordance with Board Policy 5.14, Minnesota State aims to enhance and optimize business and contracting opportunities for historically under-utilized businesses. By checking one or both of the boxes below, the respondent will receive 10% of the entire RFP score which is allocated for Targeted Business (W/MBE) inclusion.

Certified W/MBE:
☐ Respondent is a currently certified W/MBE. Attach a copy of your current certification document. Certification agencies recognized by Minnesota State are identified in the Additional Notes section at the end of this document. *if MBE, identify the race, ethnicity, and/or gender of the person with at least 51% ownership.
Ownership Race/Ethnicity: Choose an item.
Ownership Gender: Choose an item.

W/MBE Partner or Sub-Contractor:
☐ Respondent will purchase goods/services or sub-contract 10% or more of the contract to a certified W/MBE. Respondent is required to attach a copy of the current W/MBE certificate for the Targeted business(es) partnering on this contract and list them below.

Targeted Business: ___________________________
Certification Agency: ___________________________
Scope of work to be completed by TGB partner(s): ___________________________

*if MBE, identify the race, ethnicity, and/or gender of the person with at least 51% ownership.
Ownership Race/Ethnicity: Choose an item.
Ownership Gender: Choose an item.
Certification Agency: ________________________________
Scope of work to be completed by TGB partner(s): ________________________________

*if MBE, identify the race, ethnicity, and gender of the person with at least 51% ownership.
Ownership Race/Ethnicity: Choose an item.
Ownership Gender: Choose an item.

Targeted Business: ________________________________
Certification Agency: ________________________________
Scope of work to be completed by TGB partner(s): ________________________________

*if MBE, identify the race, ethnicity, and gender of the person with at least 51% ownership.
Ownership Race/Ethnicity: Choose an item.
Ownership Gender: Choose an item.

Additional Notes:

1. Respondent’s score may be negatively impacted by past performance such as non-compliance or failure to meet previous W/MBE commitments.

2. Minnesota State defines a Targeted Business as one which is 51% owned and controlled by women or minorities, and certified as such by one of the following programs:

   - **State of Minnesota** – Department of Administration
   - **City of Saint Paul Central (CERT) Program** (certifies, WBE’s, MBE’s, and SBE’s)
   - **North Central Minority Supplier Development Council** (regional affiliate of the National Minority Supplier Development Council)
   - **Women’s Business Development Center** (regional affiliate of the Women’s Business Enterprise National Council)