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 Request For Proposal (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.

Minneapolis State is an affirmative action, equal opportunity employer and educator.
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**
   • **Central Certification (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)