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| **THE UNIVERSITY OF TOLEDO**Facilities and Construction | **A close up of a logo  Description automatically generated** |
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| **Supplier Diversity Form**15% Goal. 5% EDGE. Remaining 10% any combination of approved Diverse Suppliers and/or EDGE Vendors. |
|  |
| **Contractor’s Name:**       | **UT Project Name:**       |
| **Contractor’s Email:**       | **UT Project Number:**       |
| **Diverse Supplier’s Business Name:**       | **Diverse Supplier’s Business Address:**       |
| **Diverse Supplier’s Contact Email:**       | **Diverse Supplier’s Phone Number:**       |
| **Diverse Supplier’s FTIN:**       | **Diverse Supplier’s Certification Number:**       |
|  |
| **Diverse Supplier Area:** | **Material:** [ ]  | **Subcontractor:** [ ]  | **Prof. Services:** [ ]  |  |
|  |
| **Please check all diversity classifications that apply:** |
|  |
|  | [ ]  | Minority Business Enterprise (MBE) |
|  | [ ]  | Women Business Enterprise (WBE) |
|  | [ ]  | Veteran Business Enterprise (VBE) |
|  | [ ]  | Bureau of Services for the Visually Impaired (BSVI) |
|  | [ ]  | Service-Disabled Veteran Owned Business (SDVOB) |
|  | [ ]  | Lesbian, Gay, Bisexual, Transgender Business Enterprise (LGBTBE) |
|  | [ ]  | Other (please specify):       |
|  |
| ***Please attach an official certification for any of the diversity classifications selected above.*** |
|  |
| Dollar Amount: $       |
|  |
| Description of Materials, Labor, Service, Supplies, etc. provided:       |
| **Diverse Supplier’s Name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Diverse Supplier’s Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Diverse Supplier’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |