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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THE UNIVERSITY OF TOLEDO**  Facilities and Construction | | | | | | | **A close up of a logo  Description automatically generated** | | |
|  | | | | | | | | | |
| **Supplier Diversity Form**  15% Goal. 5% EDGE. Remaining 10% any combination of approved Diverse Suppliers and/or EDGE Vendors. | | | | | | | | | |
|  | | | | | | | | | |
| **Contractor Name:** | | | | | **UT Project Name:** | | | | |
| **Contractor Email:** | | | | | **UT Project Number:** | | | | |
| **Federal ID Number:** | | | | | **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 provide an official certification for any of the diversity classifications selected above to The University of Toledo.** | | | | | | | | |  |
|  | | | | | | | | | |
| Dollar Amount: $ | | | | | | | | | |
|  | | | | | | | | | |
| Description of Materials, Labor, Service, Supplies, etc. provided: | | | | | | | | | |
| **Diverse Supplier Name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Diverse Supplier Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Diverse Supplier Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |