



Supplier Diversity Vendor Form

Please complete the following Diversity questionnaire below:

Vendor Name _____

Vendor Phone Number: _____

Vendor Email Address: _____

Has your business ever been contracted to provide services or goods to Minneapolis Public Schools?

Yes No

If yes, please describe the services or goods provided and during what period of time?

I am not an M/WBE or diverse business. (If you check this box please stop here and do not answer any further questions).

___ Check the box which pertains to your enterprise certifications (you may select more than one)

Please submit a copy of your certification with your W-9.

Disadvantaged Business Enterprise

Minority owned and controlled (MBE)

8A Certified

Service Disabled Veteran

Small Business Enterprise

Veteran Owned

Woman Owned and Controlled

GLBT Owned

Is your business qualified to do business under a Minnesota State Contract or Cooperative Agreement?

Yes No

If your answer is yes, please identify what State or Cooperative Contract you belong to: _____

Please provide a brief description of the types of goods and/or services you offer:

If you are a certified diverse business and would you like your company name to appear in the MPS Diverse Business Directory please register at our link: <http://diversebusiness.mpls.k12.mn.us/>

Please return form to the line of business that reached out to you via email, fax, or mailing address.

Special School District #1
Purchasing Department
1250 West Broadway
Minneapolis, MN 55411