

**NOTE:** All sections on the profile shall be completed in its entirety. If an item does not apply to your business, mark "N/A". All profiles must include a current or updated M/WBE certificate, as applicable. Incomplete profiles will be returned.

#### Section 1. Business Information

Company Name						Date:		
Filed on Business License]								
Principal/Owner								
[name and title]								
Primary Contact								
[name, title, number]								
Business Address:								
Mailing Address								
[if different]								
Office Phone:	ffice Phone:		Fax:			Cell:		
Email Address:			Website:					
Business Established					l fals			
Date:			Method of	Acquisition:	Started New B	eck section below	/, as applicable]	
Date.					Bought Existing			
					Merger or Cor	-		
					Secured a Fra			
					Other [specify]			
Average 3-Year								
Annual Receipts:								
Dun & Bradstreet #:								
Owner(s)' Information		Ownership		Ethnicit	y and Gender	for tracking pur	poses]	
[Attach sheets if needed]		%	[check all that apply below for each minority & female			ty & female owne	er]	
			African	Asian- Indian	Asian-Pacific		Native	Female
Name and Title:			American	American	American	American	American	Non/
							[Indian]	Minority
Liot Non Minerity 9 Non	Famala O	nore end C	umarahin 0/	(halaus):	<u> </u>			
List Non-Minority & Non-	remale OW	ners and O	wnersnip %	(weiow):				



### Section 2. Type of Business

Business Industry Type:	Check p	•	Provide a concise description of company business, specialty to include MBE/WBE certification capabilities		
Broker's Agent					
Construction Contractor			1		
[Is your company bonded?]:	Yes	No	Amount?	Bonding/Security Company	
Engineering Consultant					
Professional Services					
Distributor			<u> </u>		
[List the average dollar value	of inventory]:				
Manufacturer					
Manufacturer's Rep.					
Service Contractor					
Other [please specify]					
	Structure			olicable]. Include affiliates, wholly owned subsidiaries, o	r divisions.
Corporation Limited Liability Company		Incorporati		, <del></del>	
Partnership		Organization Agreemen			
Sole Proprietorship		Incorporati			
	siness have			d/or trade qualifications? [check one, as applic	able]
		Name of I	License Holder	Type of License/Permit/Trade	Number
Yes					
No					
Does your bus	siness have	anv speci	al equipment?	[check one, as applicable]	
Yes		<b>,</b> -p	oqup	London one, an approximo	
[If yes, list and					
describe it.]					
No					



# Section 4. Provide three current business customer references whom you have performed services for within the last three years. [specify in detail]

	Company	Business Address	Contact Person/		Phone	Product/	Contract
			Buyer		Number	Service	Amount
1							
2							
3							
Sec	accept third-p	ns - MBE/WBE *MSD only rec party, self certification. Attach BE certificate and approval let	a current or	updated co	py of the foll	owing	
	Certifying Agency	Name of Regional Off			Certificate Exp		
	MBE:	3			•		
	*NMSDC						
	*U.S. SBA - 8a only						
	WBE:						
	*NWBOC						
	*WBENC						
	*U.S. SBA - 8a only						
	List other certificatio	ons that you currently have. [speci	ify in detail]				
	Hae your business b	een denied certification and/or de	cortified? [cn	ocify in data	:11		
	Yes	een demed certification and/or de	certified? [Sp	echy in deta	''',		
	[If yes, list and describe.]						
	No						
Sec	ction 6. General						
	How did you hear MS	SD's Supplier Diversity Program?	[specify in det	ail]			
		l/or owner's involved in any prese	nt lawsuit?				
		on a separate document]					
	Provide a copy of yo	ur bonding certificate, as applicat	ole.				



### **Section 7. Subcontractor Qualification**

Entity Name	Tax ID#	Equip	ment List	Description and Reason for Sharing			
	- Equipment						
argest Completed Projects (Li	mit to <i>thr</i> ee	(3) largest	completed wit	thin the last	five (5) years.	.):	
Project Name / Your Scope	Client Name		Project Location		Contract Value	Completion Date	
tems of work typically subcon	tracted to lo	ower tiers (r	not self-perfor	med) by you	r firm?:		
tems of work typically subcon	tracted to lo	ower tiers (r	not self-perfor	med) by you	r firm?:		
			-			of its contra	
NOTE: M/WBE firm(s) must pe with its own workforce.	rform, exer An M/WBE	cise respon E performs a	sibility for at I	east 75% of y useful fund	the total cost	s responsible	
NOTE: M/WBE firm(s) must pe	rform, exer An M/WBE	cise respon E performs a ntract and i	sibility for at I	east 75% of y useful fund	the total cost	s responsible	
NOTE: M/WBE firm(s) must pe with its own workforce. for execution of the wo performing, managing,	rform, exer An M/WBE rk of the co and superv	cise respon E performs a ntract and is ising the wo	sibility for at I a commercially s carrying out ork involved.	east 75% of y useful fund its respons	the total cost ction when it i ibilities by act	s responsible	
NOTE: M/WBE firm(s) must pe with its own workforce. for execution of the wo performing, managing, Vill firm provide own on-site fu the work (Y/N):	rform, exer An M/WBE rk of the co and superv	cise respon E performs a ntract and is ising the wo	sibility for at I a commercially s carrying out ork involved. Superintende	east 75% of y useful fund its respons	the total cost ction when it i ibilities by act y manage	s responsible	
NOTE: M/WBE firm(s) must pe with its own workforce. for execution of the wo performing, managing, Vill firm provide own on-site fu	rform, exer An M/WBE rk of the co and superv	cise respon E performs a ntract and is ising the wo	sibility for at I a commercially s carrying out ork involved. Superintende	east 75% of y useful fund its respons	the total cost ction when it i ibilities by act y manage	s responsible	
for execution of the wo	rform, exer An M/WBE rk of the co and superv	cise respon E performs a ntract and is ising the wo	sibility for at I a commercially s carrying out ork involved. Superintende	east 75% of y useful fund its respons	the total cost ction when it i ibilities by act y manage	s responsible	



#### **AFFIDAVIT**

I,, having been duly authorized to complete the foregoing "M/WBE Supplier Diversity Profile," do hereby swear that all of the information provided in the "M/WBE Supplier Diversity Profile" was provided by me; that all of the statements contained in the M/WBE Supplier Diversity Profile and all attachments hereto are true, complete and accurate; and that I have not knowingly concealed or in any way falsified or misrepresented the profile or status of						
[Compa	ny Name]					
	nd that if committed by me or any employee, member or principal of my icipation in the MSD Supplier Diversity Program and any MSD procurement					
* * * * * * * * * * * * * * * * * * * *	atement, and whether by affidavit, or by oral or written report or other se of influencing MSD's acceptance/denial of a certificate of MBE/WBE					
	her person or entity in fraudulently obtaining or attempting to obtain public deral or national certifying agency and/or any affiliate of such agency.					
national or federal MBE or WBE certification is fraudulent and and controlled by a minority or woman, MSD's Supplier Divers agency of the reported allegation and will request a full investi	r Diversity Profile," MSD receives an allegation that my company's define that my company is not legitimately owned, managed sity staff will immediately notify my company's home certifying digation with full disclosure to MSD of the outcome of the investigation.  c, in good standing, who is independent from the business and the Profile Form 1					
Name:						
[Print or Type]						
Signature:	Date:					
State of	) County of)					
The foregoing Affidavit was acknowledged before me this						
as as	of [Title]					
as his/he [Name of Company]	er voluntary and proper act and deed on behalf of the Company.					
My Commission Expires:[SEAL]	Notary Public State of					

Note: Return original completed form and copy of the certification(s) to:

ATTN: MSD Supplier Diversity Office

M/WBE Supplier Diversity Profile Form

700 West Liberty Street Louisville, KY 40203 502.540.6503 (phone), 502.540.6232 (fax) supplierdiversity@louisvillemsd.org

MSD M/WBE Supplier Diversity Profile Form