



M/WBE Supplier Diversity Profile Form

Louisville and Jefferson County
Metropolitan Sewer District

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 <small>Filed on Business License]</small>						Date:	
Principal/Owner <small>[name and title]</small>							
Primary Contact <small>[name, title, number]</small>							
Business Address:							
Mailing Address <small>[if different]</small>							
Office Phone:				Fax:			Cell:
Email Address:				Website:			
Business Established Date:			Method of Acquisition:	<small>[check section below, as applicable]</small>			
				Started New Business			
				Bought Existing Business			
				Merger or Consolidation			
				Secured a Franchise			
				Other [specify]			
Average 3-Year Annual Receipts:							
Dun & Bradstreet #:							
Owner(s)' Information <small>[Attach sheets if needed]</small>	Ownership <small>%</small>		Ethnicity and Gender <small>[for tracking purposes]</small> <small>[check all that apply below for each minority & female owner]</small>				
Name and Title:		African American	Asian- Indian American	Asian-Pacific American	Hispanic American	Native American [Indian]	Female Non-Minority
List Non-Minority & Non-Female Owners and Ownership % (below):							



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Section 2. Type of Business

Business Industry Type:	Check primary function below.	Provide a concise description of company business, specialty to include MBE/WBE certification capabilities
Broker's Agent		
Construction Contractor		
[Is your company bonded?]: Yes ___ No ___ Amount? _____ Bonding/Security Company _____		
Engineering Consultant		
Professional Services		
Distributor		
[List the average dollar value of inventory]:		
Manufacturer		
Manufacturer's Rep.		
Service Contractor		
Other [please specify]		

Section 3. Ownership Structure [Check All That Apply, as applicable]. Include affiliates, wholly owned subsidiaries, or divisions.

Corporation	Incorporation Date	_____
Limited Liability Company	Organization Date	_____
Partnership	Agreement Date	_____
Sole Proprietorship	Incorporation Date	_____
Does your business have any licenses, permits and/or trade qualifications? [check one, as applicable]		
Yes _____	Name of License Holder	Type of License/Permit/Trade
		Number
No _____		
Does your business have any special equipment? [check one, as applicable]		
Yes _____	_____	
[If yes, list and describe it.]	_____	
No _____		



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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/ Buyer	Phone Number	Product/ Service	Contract Amount
1						
2						
3						

Section 5. Certifications - MBE/WBE *MSD only recognizes the following certifications. MSD does not accept third-party, self certification. Attach a current or updated copy of the following MBE and/or WBE certificate and approval letter, as applicable. It must be submitted with this form.

Certifying Agency	Name of Regional Office	Certificate Expiration Date
MBE:		
*NMSDC		
*U.S. SBA - 8a only		
WBE:		
*NWBOC		
*WBENC		
*U.S. SBA - 8a only		

List other certifications that you currently have. [specify in detail]

Has your business been denied certification and/or decertified? [specify in detail]

Yes _____
[If yes, list and describe.]

No _____

Section 6. General

How did you hear MSD's Supplier Diversity Program? [specify in detail] _____

Is your business and/or owner's involved in any present lawsuit? _____

[If yes, provide details on a separate document]

Provide a copy of your bonding certificate, as applicable.



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Section 7. Subcontractor Qualification

Does your firm share office space, staff or equipment (including phone exchanges) with any other business(es) or organization (Y/N) _____ If "YES", list below:

Entity Name	Tax ID#	Equipment List	Description and Reason for Sharing

Largest Completed Projects (Limit to *three* (3) largest completed within the last *five* (5) years.):

Project Name / Your Scope	Client Name	Project Location	Contract Value	Completion Date

*Items of work typically subcontracted to lower tiers (not self-performed) by your firm?:

***NOTE:** M/WBE firm(s) must perform, exercise responsibility for at least 75% of the total cost of its contract with its own workforce. An M/WBE performs a commercially useful function when it is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved.

Will firm provide own on-site full-time Foreman and/or Superintendent to actively manage the work (Y/N): _____

Is there any equipment that the firm does not own but is needed to perform its work (Y/N): _____
