



INDIANA UNIVERSITY

OFFICE OF THE VICE PRESIDENT
AND CHIEF FINANCIAL OFFICER

Department of Business Diversity

Business Diversity Certification Form

For an explanation of all the diversity classifications listed below please visit our website at <http://www.indiana.edu/~busdiv/classification.html>. If any of the Business Classifications selected below are classified as **certified** you must include the certifications when returning this form.

Company Information

Company Name:	
Address:	
Phone :	
Fax:	
Contact Name:	
Email:	
List products or services this company provides:	
List NAICS codes (if known):	

Diversity Classifications

Is the owner or owners of this business a US citizen(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a non-profit (501) (c) organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this business certified as a qualified HubZone small business by the Small Business Administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this business a certified Minority Business Enterprise (MBE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If an MBE, please check all the minority classifications that apply below <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Native-American <input type="checkbox"/> Asian Pacific-American <input type="checkbox"/> Other (please specify: _____)	
Is this a certified Women Business Enterprise (WBE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Veteran-owned small business (VOSB) or Service-Disabled-Veteran-owned Small Business (SDVOSB)? Send DD214 or a military ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this business a Small Business as defined by the SBA? (See Small Business classification definition at www.indiana.edu/~busdiv)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this business certified as an 8(a) by the SBA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Signature:	
Name/Title:	
Date:	