

SUPPLIER PROFILE FORM

Company Name	DBA
Website	
Address	City / State / Zip Code
Contact Name	Title
Phone	E-Mail Address
# Of Employees	

What is your business organization type?

Sole Proprietorship

General Partnership

Limited Partnership

Limited Liability Company (LLC)

Limited Liability Partnership (LLP)

C-Corporation

S-Corporation

Foreign-Owned

Non-Profit Business

What is your geographic footprint?

Local

Regional

National

Please provide a brief description of your services.

Is your organization 51% owned, controlled and operated by individuals who are (check all that apply):

- Asian
- Black/African American
- Disabled
- Hispanic
- LGBTQ+
- Native American
- Woman
- Veteran
- Service-Disabled Veteran
- Other (Please describe: _____)

Is your organization a certified small, minority or disadvantaged business enterprise? (Has gone through a certification process by a third-party agency to confirm eligibility for certification.)

- Yes
- No

If yes, check all certifications that apply:

- Minority-Owned Business Enterprise (MBE)
- Small Disadvantaged-Owned Business (SDB/SBE including 8a and 8m)
- HUBZone (certified by the SBA)
- Women-Owned Business Enterprise (WBE/WOSB)
- Veteran-Owned Business (VET)
- Service-Disabled Veteran-Owned Business Enterprise (SDVOB)
- Disability-Owned Business Enterprise (DOBE)
- Lesbian, Gay, Bisexual and Transgender Businesses (LGBT)
- Other (Please describe: _____)

Do you have a supplier diversity policy/program at your organization or track spend with diverse companies?

- Yes
- No

Contact our Supplier Diversity Team

If you are an interested supplier, please email a completed copy of this form along with a copy of your certification(s) to Rose Flores, Diversity & Inclusion Program Manager – Finance at rflores@bmandg.com.