## ATTACHMENT A SUPPLIER DIVERSITY PARTICIPATION FORM

The University of Missouri System is committed to and supports supplier diversity as an essential part of the University's mission and core values. The University's Supplier Diversity efforts reflect this mission.

<u>Tier 2 Supplier Diversity Information</u> - The University strongly encourages Supplier Diversity participation in all of its contracts for goods and services. Tier 2 Spend is spend reported by primary (non-diverse) suppliers of the University of Missouri who subcontract work to, or make purchases from a diverse supplier. Depending upon the contract, primary (non-diverse) suppliers will be asked to submit Tier 2 information with Women and Diverse Owned companies. Suppliers have two options in reporting Tier 2 dollars depending on the terms of the contract: Direct and Indirect. Awarded suppliers may be asked to utilize CVM Solutions for reporting Tier 2 spend.

- <u>Direct dollars</u> those dollars directly spent with Women and Diverse Owned suppliers in the fulfillment of the contract.
- <u>Indirect dollars</u> based on a percentage of revenue the University represents to the supplier. An example is as follows:
  - o Supplier's Total Revenues: \$10,000,000
  - o Revenues from University \$: \$ 4,000,000
  - University % of Total Revenues: 40% (#2 divided by #1)
  - o Total MBE Dollars \$: \$ 150,000
  - o Total WBE Dollars \$: \$ 150,000
  - Total University Attributable MBE \$: \$ 60,000 (#3 multiplied by #4)
  - Total University Attributable WBE \$: \$ 60,000 (#3 multiplied by #5)
  - Total University Attributable MWBE \$: \$ 120,000 (Sum of #6 and #7)
  - University % Attributable Revenue: 3% (#8 divided by #2)
- Does your company have a Supplier Diversity Program? If so, describe efforts your company has
  made to increase business with Women and Diverse Owned businesses (i.e. does your company
  have a policy statement, participate in outreach activities, promote diverse firm subcontracting,
  publicize contract opportunities, provide certification assistance, etc.?) Please provide examples
  (use additional pages if needed):

2. If you are a non-diverse owned company, what percentage of your company's total contracting and procurement spend for the prior year was with Women and Diverse Owned businesses?

-	If you are a non-diverse owned company, complete the following table indicating the percent						
•	your company will subcontract with certified Women and Diverse Owned businesses sho your company be the successful bidder. Note: If your company does not plan to use Wor						
and D	liverse Owned businesses to f	ulfill your contract ob	oligations, ple	ease explain why not.			
	Supplier Name	% of C	Contract	Specify Direct or Indirect			

## ATTACHMENT B SUPPLIER REGISTRATION INFORMATION

Со	mpletion of this section is strongly encouraged. Please review and check ALL applicable boxes.
SIV	IALL BUSINESS CONCERN:YesNo
Sm sm do	e term "small business concern" shall mean a business as defined pursuant to Section 3 of the nall Business Act and relevant regulations issued pursuant thereto. Generally, this means a lall business concern organized for profit, which is independently owned and operated, is not minant in the field of operations in which it is bidding. We would consider any firm with 500 aployees or less a "small business concern".
W	OMAN OWNED BUSINESS (WBE):YesNo
ma op	woman owned business is defined as an organization that is 51% owned, controlled and/organaged, by a woman. The determination of WBE status depends solely on ownership and eration and is not related to employment. The firm should be certified by a recognized agency g., state, local, federal, etc.). Please see Public Law 106-554 for more detail.
MI	NORITY BUSINESS ENTERPRISE (MBE):YesNo
by an ag	minority business is defined as an organization that is 51% owned, controlled and/or managed minority group members. The determination of minority status depends solely on ownership d operation and is not related to employment. The firm should be certified by a recognized ency (e.g., state, local, federal, etc.). Please see Public Law 95-507 for more detail. Place an X the appropriate space below.
1.	Asian-Indian - A U.S. citizen whose origins are from India, Pakistan and Bangladesh (A)
2.	Asian-Pacific - A U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas.
3.	Black - A U.S. citizen having origins in any of the Black racial groups of Africa. (B)

4. Hispanic - A U.S. citizen of true-born Hispanic heritage, from any of the Spanish-speaking
areas Mexico, Central America, South America and the Caribbean Basin only (H)
5. Native American - A person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part. (N
A Veteran or Service Disabled Veteran business is defined as an organization that is 51% owned controlled and/or managed by Veterans. The firm should be certified by a recognized agence (e.g., state, local, federal, etc.). Please see Public Law 109-461 for more detail.
VETERAN BUSINESS ENTERPRISEYesNo
SERVICE DISABLED VETERAN BUSINESS ENTERPRISEYesNo
MISSOURI FIRM:YesNo
A Missouri Firm is defined as an organization which has and maintains within the State of Missour a regular place of business for the transaction of their business.
BUSINESS TYPE:
Manufacturer(M)  Distributor/Wholesaler(D)  Manufacturer's Representative(F)  Service(S)  Retail(R)  Contractor(C)  Other(O)
SOLE PROPRIETORSHIP:YesNo
SUPPLIER'S CERTIFICATION:

The undersigned hereby certifies that the foregoing information is a true and correct statement of the facts and agrees to abide by the laws of the State of Missouri and the rules and regulations of the University of Missouri System now in effect including any subsequent revisions thereof. Supplier acknowledges that it is his/her responsibility to keep the information current by notifying the University of Missouri of any changes.

Signature of Person Authorized to Sign this Supplier Registration Information Form							
Title:	Date:						