

# SUPPLIER DIVERSITY PROGRAM APPLICATION

## COMPANY INFORMATION

Company Name:		
Street address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Company Website URL:		

## CONTACT PERSON

Name:	
Phone:	E-mail:

## GENERAL COMPANY INFORMATION

Type of Business (Manufacturer, Distributor, Service, Other)					
Categorize the Products or Services offered by your company. Check all that apply.					
Clinical	Staffing	Environmental	Medical Equipment	Medical Supplies	Printing
Surgical Equipment	Surgical Supplies	Marking/Promotional	Information Technology	Products & Services	Food
Procurement Services	Other, Please specify:				
Describe your company's product or service.					
List NAICS Product Code(s)					
Are you a member of a Group Purchasing Organization?	No	Yes	If yes, indicate which one:		
What percentage of your company sales is within health care?					

## SUPPLIER DIVERSITY INFORMATION

A Minority Business Enterprise is defined as a company that is at least fifty-one percent (51%) owned, managed and controlled by one or more of the following. Please indicate which minority category you would be recognized.

Need List

Is your company a Minority Business Enterprise?	No	Yes	If yes, explain:
To be recognized through the Supplier Diversity program, companies must be certified through an official certification agency. For details, please contact either of the following agencies directly:			
NMSDC Certification		WBENC Certification	
Regional Council:		Regional Council:	
Certificate Number:		Certificate Number:	