

UNIVERSITY OF MINNESOTA
OFFICE FOR BUSINESS & COMMUNITY ECONOMIC DEVELOPMENT
CONSTRUCTION PROFILE FORM

PHONE: (612) 624-0530 FAX: (612) 625-9056 MAIL: 2221 University Ave. SE, Suite 136, Minneapolis, MN 55455

Information About Your Firm			
Vendor Name		Contact Name	
Address			
City		State	Zip Code
E-mail Address	Website Address	Telephone Number	Fax Number

Vendor Tax Information
Please fill in at least one of the tax options below. You may fill in both options if you choose.
Federal Tax ID:
MN Tax ID:

Certification												
Please check at least one of the certification agencies below.												
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; padding: 5px;"> <input type="checkbox"/> CERT Program (Sponsored collaboratively by Minneapolis, Saint Paul, Hennepin County, and Ramsey County.) </td> <td style="width: 30%; text-align: center; padding: 5px;">Date of Certification</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Minnesota Minority Supplier Development Council (MMSDC) </td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> National Minority Supplier Development Council (NMSDC) </td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> U.S. Small Business Administration (SBA) </td> <td style="text-align: center; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> State of Minnesota </td> <td style="text-align: center; padding: 5px;">_____</td> </tr> </table>	<input type="checkbox"/> CERT Program (Sponsored collaboratively by Minneapolis, Saint Paul, Hennepin County, and Ramsey County.)	Date of Certification	_____	_____	<input type="checkbox"/> Minnesota Minority Supplier Development Council (MMSDC)	_____	<input type="checkbox"/> National Minority Supplier Development Council (NMSDC)	_____	<input type="checkbox"/> U.S. Small Business Administration (SBA)	_____	<input type="checkbox"/> State of Minnesota	_____
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<input type="checkbox"/> U.S. Small Business Administration (SBA)	_____											
<input type="checkbox"/> State of Minnesota	_____											

Type of Business
Please select one or more types below.
<input type="checkbox"/> Woman-owned <input type="checkbox"/> Disabled-owned <input type="checkbox"/> *Minority-owned
*If <i>Minority-owned</i> was selected, please select Ethnicity:
<input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian and Alaskan Natives
Firm's Bonding Capacity: \$ _____
Business Description: (1-2 sentences) _____

North American Industry Classification System (NAICS)
The Primary NAICS code(s) for the above location is/are: _____