

Approved Vendor Questionnaire

REQUIRED FOR MINORITY-OWNED BUSINESS ENTERPRISE (MBE) AND WOMEN-OWNED BUSINESS ENTERPRISE (WBE) VENDORS

If your business is an eligible or certified MBE or WBE, please complete and return the form below to vendors@illinoisSFA.com. If not, you do not need to complete this form.

General Information

Company Name: _____

Address: _____

City, State, ZIP: _____

Contact & Title: _____

Email: _____

Phone: _____

THIS BUSINESS IS (SELECT ONE):

- An eligible MWBE¹
- A certified MWBE
- An MWBE in the process of certification

SECTION I: COMPANY PROFILE

Type of ownership (select one):

- Proprietorship
- Partnership

¹ If your company meets the criteria of an eligible MBE or WBE but has not received third-party certification, please check this box. Please note that while tracking the number of eligible MWBEs is useful in documenting the participation of MWBE firms in ILSFA, only third-party certified MWBEs may receive points for the Project Selection Protocol.

- Corporation
- Other: _____

Number of years in business: _____

SECTION II: DIVERSITY CERTIFICATION CLASSIFICATION:

An MBE/WBE is a business enterprise that meets one of the following requirements (check the appropriate box(es)):

- Minority-Owned Business Enterprise (MBE) – A business that is at least 51 percent owned by one or more minorities. A minority is defined as a person who is a U.S. citizen or lawful permanent resident of the United States and is African American, Hispanic American, Asian American, or Native American, as well as other groups found to be disadvantaged pursuant to Section 8(a) of the Small Business Act (15 U.S.C. § 637(a)).²
- Women-Owned Business Enterprise (WBE) – A business that is at least 51 percent owned by a woman or women who are U.S. Citizens or lawful permanent residents of the United States.

CERTIFICATION:

List the agencies, institutions, or major corporations that have certified your firm as an MBE or WBE. This may include municipal, county, state, or other public or non-public third-party certifying bodies approved by [ComEd/Exelon](#) and [Ameren Illinois](#), including but not limited to the National Minority Supplier Development Council and its regional affiliates and the Women’s Business Enterprise National Council and its regional affiliates, the City of Chicago, and the Illinois Department of Central Management Services.

Supporting documentation of certification from the certifying entity must be submitted along with this form.

Agency/Institution: _____

Contact Person: _____

Phone: _____

Approval Date: _____

² See the U.S. Small Business Administration’s page on [8\(a\) Business Development program](#).

Expiration Date: _____

Type of Documentation Provided: _____

Agency/Institution: _____

Contact Person: _____

Phone: _____

Approval Date: _____

Expiration Date: _____

Type of Documentation Provided: _____

Agency/Institution: _____

Contact Person: _____

Phone: _____

Approval Date: _____

Expiration Date: _____

Type of Documentation Provided: _____

SECTION III: AUTHORIZATION

I hereby certify that the information supplied in this form is complete and correct to the best of my knowledge and belief. I authorize Elevate Energy, the ILSFA Program Administrator, to verify any of this information as needed.

Signature: _____

Title: _____

Name: _____

Date: _____