

M&A Supplier Diversity Consultants Client Assessment Form

Company Name	
Contact Name	
Email Address	
Telephone Number	
Company Website	
Company Email	
Address, City, State & Zip Code	
Years in Business & Date of Incorporation	
Regional, national, or international areas your company supplies:	
A brief overview of your company background, goods/services offered, # employees, and annual gross revenue:	
How can M&A Supplier Diversity Consulting assist your business?	
Setting up our business structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> S or C Corp	
Applying for a Supplier Diversity Category:	
	State:
<input type="checkbox"/>	WBE – Women Business Enterprise
<input type="checkbox"/>	MBE – Minority Business Enterprise
<input type="checkbox"/>	DBE – Disadvantaged Business Enterprise
<input type="checkbox"/>	HUB – Historically Underutilized Businesses (<i>not available in all states</i>)
<input type="checkbox"/>	VBE – Veteran Business Enterprise
<input type="checkbox"/>	SDVOB – Service-Disabled Veteran Owned Business
	Federal:
<input type="checkbox"/>	WOSB – Women-owned Small Business
<input type="checkbox"/>	EDWOSB - Economically Disadvantaged women-owned small businesses
<input type="checkbox"/>	HUBZone
<input type="checkbox"/>	8 (a) Program
<input type="checkbox"/>	System Award Management (SAM) Registration
	Third Party Certifier:
<input type="checkbox"/>	WEBENC <input type="checkbox"/> GNMSDC