

Business Equity Attestation

Please indicate below the descriptor(s) that most accurately characterize(s) your business. Your information will assist us in assessing the inclusiveness of the pool of businesses successfully competing to work on projects with Venture General Contracting. Completing and submitting this attestation form indicates that you have a good faith belief that your business qualifies as the category of business equity enterprise you have designated below. *Providing this information will, in no way, influence or affect your eligibility or selection for any future work with Venture.*

Please mark ***all*** that apply:

- Minority Business Enterprise: A business entity licensed to do business in the State of Washington, including a sole proprietorship, corporation, or other legal entity, that is 50%+ owned and controlled by persons who are Asian American, Black American, Hispanic American, or Native American;
- Women's Business Enterprise: A business entity licensed to do business in the State of Washington, including a sole proprietorship, corporation, or other legal entity, that is 50%+ owned and controlled by a person or persons who are women;
- Veteran-owned: A business entity licensed to do business in the State of Washington and certified with the Washington State *Department of Veterans' Affairs (DVA)*;
- Small Business Enterprise: A legal entity licensed to do business in the state of Washington, including a sole proprietorship, corporation, partnership, or other legal entity that:
 - Can attest that it is owned and operated independently from all other businesses *and*,
 - Conforms to the U.S. Small Business Administration Size Standards of the North American Industry Classification System (NAICS) Codes in which it is to be engaged at the UW; *or*
 - Is certified with the OMWBE.
- State/OMWBE-certified: A business entity licensed to do business in the State of Washington and certified with the Washington *State Office of Minority and Women's Business Enterprises (OMWBE)*;
(If Applicable) OMWBE certification# _____
- None of the above apply to our company.

Thank you for you participation.

Name of Business: _____

Person completing profile (print): _____

Signature: _____ Date _____