Diversity and Equity Certification Form

The Atlanta Development Authority d/b/a Invest Atlanta (“Invest Atlanta”) is committed to monitoring the participation of businesses owned and operated by diverse persons in its procurement of services and goods. It is imperative that potential vendors and consultants provide the requested information and return this form to Invest Atlanta’s Director of Compliance as part of any purchasing process.

Vendor/Consultant Name: ____________________________________________

Business Address: ____________________________________________

Address    City    State    Zip Code

A **Minority Business Enterprise** is defined as being **at least 51% owned and controlled** by one or more of the following categories: African American, Asian American, Hispanic American, or Native American. A **Female Business Enterprise** is defined as being **at least 51% owned and controlled** by one or more women. A **Disabled Veterans’ Business** is defined as being **at least 51% owned and controlled** by one or more service-disabled veterans.

1. Check ALL categories that apply to your business entity. Indicate N/A if no categories are applicable.
   - ☐ African American Business Enterprise
   - ☐ Hispanic American Business Enterprise
   - ☐ Non-minority Female Business Enterprise
   - ☐ Asian American Business Enterprise
   - ☐ Native American Business Enterprise
   - ☐ Not Applicable

2. Check ALL categories that apply to any subcontractors to be used for the current procurement. Indicate N/A if no categories are applicable or if all work will be self-performed.
   - ☐ African American Business Enterprise
   - ☐ Hispanic American Business Enterprise
   - ☐ Non-minority Female Business Enterprise
   - ☐ Asian American Business Enterprise
   - ☐ Native American Business Enterprise
   - ☐ Not Applicable

3. Check ALL categories that apply to your business entity. If “Yes”, please provide a copy of the verification letter from the U.S. Department of Veteran Affairs, Center for Veterans Enterprise.
   - ☐ Veteran Owned Business
   - ☐ Service Disabled Veteran Owned Business
   - ☐ Not Applicable

4. Has your business been awarded certification as an M/FBE, or a DBE (whether SBA 8(a), DOT, or other) with another governmental agency, department, or authority? ☐ Yes ☐ No If yes, then please provide a copy of your certification letter or certificate.

5. Is your principle place of business located in the 20 County metro Atlanta area? ☐ Yes ☐ No
   (Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale, Spalding, Walton)

   Signature: ____________________________________________
   Title: ____________________________________________
   (Must be senior management level)

   Printed Name: ____________________________________________
   Date: ____________________________________________

Last Revised 4/25/19