



Van Andel Institute®

# Supplier Diversity Information

## Monono Negash

Supplier Inclusion Coordinator

Telephone: 616-234-5404

Fax: 616-234-5104

[monono.negash@vai.org](mailto:monono.negash@vai.org)

### New / Update

(Circle One)

333 Bostwick Ave NE  
Grand Rapids, MI 49503

[www.vai.org](http://www.vai.org)

Provide your Federal Employer Identification Number

-

If no FEIN is involved provide your Social Security Number

-   -

## Company Information

Company Name: \_\_\_\_\_

Company Acronym/Short Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Division: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ --- \_\_\_\_\_

Toll Free Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

Customer # / Acct. # for VAI: \_\_\_\_\_

### FOR REPORTING PURPOSES ONLY

Check all appropriate boxes:

This Firm/Company is NOT a Small Business Enterprise, Minority Owned Business, or Woman Owned Business.

This Firm/Company **IS** a Small Business Enterprise, Minority Owned Business, or Woman Owned Business.  
(If Yes, Please complete the remainder of this form)

51% Controlled and Operated

Minority Owned

Woman Owned

Small Business

Small Disadvantaged Business

<input type="checkbox"/> African American Owned	<input type="checkbox"/> Hispanic Owned
<input type="checkbox"/> Asian/Indian Owned	<input type="checkbox"/> Native American Owned
<input type="checkbox"/> Asian/Pacific American	<input type="checkbox"/> HubZone
<input type="checkbox"/> 8A Program -SDB	<input type="checkbox"/> Veteran Owned
<input type="checkbox"/> Service Disabled / Veteran Owned	
<input type="checkbox"/> Other _____	

Type of Firm:

Partnership

Sole Proprietorship\*

Corporation

Limited Liability Co.

Other: \_\_\_\_\_

Our firm is Self-Certifying this designation.



# Supplier Diversity Information

Our firm is registered in the Federal <https://governmentcontractregistration.com/> or with another city or state agency.

- If other than Federal contract registration please indicate where:  
\_\_\_\_\_
- If your firm is certified by an outside organization, please provide a copy of the certification with this form.

What are the Firm's principal business activities? \_\_\_\_\_

Ownership of Firm: Identify all partners, proprietors, and stockholders by name, gender, race/ethnic group, and percentage of ownership

Name:	US Citizen (Yes/No)	Legal Permanent Resident (Yes/No)	Gender	Race / Ethnic Group	Date of Ownership	Owned %	Voting %

Please attach a copy of your firms W9 form.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please return this form **by fax to Monono Negash at 616-234-5104 or by email to [monono.negash@vai.org](mailto:monono.negash@vai.org)**. All information on this form is used for reporting purposes only. If you have any questions regarding this form you may contact Monono Negash by phone at 616-234-5404 or by email.

More information regarding supplier diversity and inclusion may be found at these Federal websites:

<https://governmentcontractregistration.com/>

<http://www.mbd.gov/main/business-certification/how-certifications-can-help-grow-your-business>

<https://www.opm.gov/policy-data-oversight/diversity-and-inclusion/reports/governmentwidedistrategicplan.pdf>