

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MINORITY BUSINESS FORM**

State agencies are required to report the purchase of supplies, equipment and contractual services from minority businesses to the Governor's Office of Small and Minority Business Assistance. To assist the SCDHHS in meeting this requirement, please read this document and provide the requested information.

(ALL RESPONDENTS AND/OR PROVIDERS MUST COMPLETE AND SIGN THIS FORM)

Provider Name: _____

Provider #: _____ **SSN or EIN:** _____

What is the Provider's legal status?

Public _____ Private non-profit _____ Private for profit _____ NA- Individual _____

Eligibility requirements for certification as a Minority Business Enterprise (MBE) are found in 23 S.C. Code Ann. Regs. §19-445.2160 and Title 49, Part 26, of the Code of Federal Regulations (CFR).

Does your organization qualify as a Minority Business Enterprise?

Yes _____ No _____

If yes, do you qualify as:

1. African American Male _____
2. African American Female _____
3. Caucasian Female _____
4. Hispanic _____
5. Department of Transportation (DOT) Certified African American _____
6. DOT Certified Caucasian Female _____
7. Native American _____
8. Small Business Association (SBA) Certified _____
9. Asian Pacific American/Other _____

Is your organization registered with the Governor's Office of Small and Minority Business Assistance?

Yes _____ No _____

If yes, what is your certification and/or vendor number? _____

Authorized Signature