

Supply Chain CSR

Supplier Diversity Renewal Form

Email completed form and all supporting documentation to: supplier.diversity@nationalgrid.com

Any questions please email supplier.diversity@nationalgrid.com

Please ensure all information is completed

Supplier Name:		Contact Name:	
Address:		Phone:	Fax:
City:	State:	Zip Code	E-mail:

Business Size <input type="checkbox"/> Small <input type="checkbox"/> Large	Definition: A small business is a business that is classified as "small" under the guidelines set forth by the Small Business Administration. Please refer to www.sba.gov/size for more details.	Sustainability - Are you a supplier who can provide Sustainable solutions and/or innovative products/services to enhance our Electric or Gas distribution networks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Waste Management <input type="checkbox"/> Logistics & Transportation <input type="checkbox"/> Biodiversity <input type="checkbox"/> Other
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Business Ownership (check all that apply)

<input type="checkbox"/> Minority Owned - A business that is at least 51% owned and managed on a daily basis by minority(s).	If yes, indicate group <input type="checkbox"/> African/Black American <input type="checkbox"/> Asian Indian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Alaskan Native not SBA certified <input type="checkbox"/> Alaskan Native SBA certified <input type="checkbox"/> Other minority (specify): _____
<input type="checkbox"/> Woman Owned - A business that is at least 51% owned and managed on a daily basis by women.	
<input type="checkbox"/> HUBZone - A business that meets the following criteria: (1) must be located in a "historically underutilized business zone"; (2) be owned and controlled by one or more US Citizens, and; (3) at least 35% of its employees must reside in a HUBZone.	
<input type="checkbox"/> Veteran Owned - A business that is at least 51% owned and managed daily by veteran(s). Please indicate: <input type="checkbox"/> Disabled or <input type="checkbox"/> Non-Disabled	
<input type="checkbox"/> Green <input type="checkbox"/> Physical/Mentally Challenged <input type="checkbox"/> Foreign Business <input type="checkbox"/> Historically Black College	
<input type="checkbox"/> Gay, Lesbian, Transgender (LGBT)	
<input type="checkbox"/> Small Disadvantaged Business - A business that is at least 51% owned and managed on a daily basis by socially and economically disadvantaged individuals.	
<input type="checkbox"/> Small Disadvantaged Business (8a)	

Certification

Is your business certified with any agencies as a:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Minority Business Enterprise	COPY OF CERTIFICATIONS MUST BE SUBMITTED
<input type="checkbox"/> Yes <input type="checkbox"/> No	Women Business Enterprise	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disadvantaged Business Enterprise (8A)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	HUBZone	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New York State Certified Women Owned Business	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New York State Certified Minority Owned Business	

If "Yes" please list agency and provide the expiration date for each of the certifications.

_____	Expiration Date: ____/____/____
_____	Expiration Date: ____/____/____

Under 15 U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small business Act.

Signature: _____ Title: _____
Print Name: _____ Date: _____