

CITY OF BOSTON MWBE/SLBE PROGRAM
DATABASE INPUT SHEET (Page 1 of 3)

COMPANY NAME: _____

ADDRESS: _____

City State Zip

CONTACT NAME: _____

First Middle Last

TITLE: _____

BUSINESS PHONE: () _____ - _____

FAX PHONE: () _____ - _____

TYPE OF BUSINESS: MBE [] WBE [] M/WBE [] SBE [] SLBE []
(Check all that apply)

SERVICES/PRODUCTS: _____

CERTIFIED BY SOMWBA: (Y/N) () IF YES, DATE CERTIFIED _____ / _____
Month Year

YEAR BUSINESS WAS ESTABLISHED: _____

NUMBER OF EMPLOYEES: (Check One)

- () Under 10 () 10 - 20
() 21 - 40 () 41 - 100
() Over 100

CITY OF BOSTON MWBE/SLBE PROGRAM
DATABASE INPUT SHEET (Page 3 of 3)

Has this company done business with the City of Boston or any of its affiliate agencies in the past?

() YES/NO

If YES, please mark all that apply:

- () City of Boston
- () Boston School Department
- () Boston Housing Authority
- () Boston Redevelopment Authority
- () Boston Water & Sewer Commission
- () Economic Development Industrial Corp.
- () Other (Please Specify)_____

CONFIDENTIAL INFORMATION - NOT FOR PUBLICATION

FEDERAL IDENTIFICATION # _____

Please supply the names of up to three principals, the percent of ownership and gender of each, and ethnic affiliation as indicated in the table below.

PRINCIPAL(S) NAME	% OF OWNERSHIP	*GENDER M/F	*AFFILIATION CODE
1) _____	_____ %	_____	_____
2) _____	_____ %	_____	_____
3) _____	_____ %	_____	_____

*This information is optional and will be used for informational purposes only.

Affiliation Codes 1-Black, 2-Native American, 3-Hispanic, 4-Asian Pacific,
5-Asian Indian, 6-Cape Verdean, 7-White

Signature of Principal Owner: _____

Date: _____

**CITY OF BOSTON MWBE/SLBE PROGRAM
RECERTIFICATION DATA SHEET (Page 1 of 2)**

COMPANY NAME: _____

ADDRESS: _____

City State Zip

CONTACT NAME: _____
First Middle Last

TITLE: _____

BUSINESS PHONE: () _____ - _____

FAX PHONE: () _____ - _____

OWNERSHIP: MBE [] WBE [] M/WBE [] SBE [] SLBE []
(Check all that apply)

FEDERAL IDENTIFICATION # _____

CERTIFIED BY SOMWBA: (Y/N) () IF YES, DATE CERTIFIED _____ / _____
Month Year

TYPE OF BUSINESS: 1) PROFIT [] 2) NONPROFIT []
1) SOLE PROPRIETORSHIP []
2) PARTNERSHIP [] 3) CORPORATION []

DESCRIPTION OF SPECIFIC GOODS AND/OR SERVICES:

NUMBER OF EMPLOYEES:
1) Under 10 [] 2) 10 - 20 []
3) 21 - 40 [] 4) 41 - 100 []
5) Over 100 []

**CITY OF BOSTON SLBE PROGRAM
RECERTIFICATION DATA SHEET (Page 2 of 2)**

Please supply the names of up to three principals, the percent of ownership and gender of each, and ethnic affiliation as indicated in the table below.

PRINCIPAL(S) NAME	% OF OWNERSHIP	GENDER M/F	*AFFILIATION CODE
1) _____	_____ %	_____	_____
2) _____	_____ %	_____	_____
3) _____	_____ %	_____	_____

*Affiliation Codes 1-Black, 2-Native American, 3-Hispanic, 4-Asian Pacific,
5-Asian Indian, 6-Cape Verdean, 7-White

Has this company done business with the City of Boston or any of its affiliate agencies in the past?

YES NO

If YES, please mark all that apply:

- City of Boston
- Boston School Department
- Boston Housing Authority
- Boston Redevelopment Authority
- Boston Water & Sewer Commission
- Economic Development Industrial Corp.
- Other (Please Specify) _____

Signature of Principal Owner: _____

Date: _____