

TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY

VENDOR ETHNICITY FORM

Name of Firm: _____

Address: _____

Telephone No: (____) _____ Fax No. (____) _____

Signature _____

Authorized Official of the Company

Name/Title _____

Printed Name and Title of Authorized Official

Federal I.D. No: _____

PLEASE CHECK ALL THAT APPLY:

- () California Certified Small Business* OSDC # _____
- () California Certified Micro-Business* OSDC # _____
- () Disabled Veteran Business Enterprise (DVBE)* OSDC # _____
- () Government Agency
- () Non-Profit Organization
- () Enterprise Zone Act (EZA)
- () Target Area Contract Preference Act (TACPA)
- () Local Agency Military Base Recovery Act (LAMBRA)

***Small/Micro Business and DVBE Participation**

The State of California supports statewide participation goals of 3% for disabled veteran business enterprises and requires agencies to provide a 5% preference when awarding contracts to small/micro businesses. Only small/micro businesses certified by the California Office of Small Business Certification and Resources (OSDS) are eligible to receive the preference. Please attach a copy of your certificate and OSDS Number. The California State University (CSU) encourages all contractors to utilize DVBE and OSDS-certified small/micro business enterprises whenever possible, and to report their use to the CSU. For further information, please contact the OSDS at (916) 322-5060.

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**VOLUNTARY STATISTICAL DATA
INFORMATION TO BE USED FOR REPORTING PURPOSES ONLY**

The completion of this form is voluntary. Public Contract Code 10116 requires state agencies to capture information on ethnicity, race, and gender of business owners on all awarded contracts. The agency is prohibited from using this data to discriminate or provide a preference in the solicitation or acceptance of bids, quotes, or estimates for goods, services, and/or construction.

The data you provide on this form should best describe the ownership of your business. Ownership of a business should be determined as follows:

- For a business that is an individual proprietorship, partnership, corporation, or joint venture at least 51 percent is owned by one or more individuals in a classification designated below or, in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more individuals in a designated classification, or
- For other business entities, the owner is the person controlling management and daily operations and who “owns” the business.

For purposes of this report, respond only if the business has its home office in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other business.

DECLINE TO STATE

Gender Classification:

Female Male

Race Classification – as identified by the U.S. Census Bureau:

American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White Other

Ethnic Classification:

Asian-Indian – A person whose origins are from India, Pakistan, or Bangladesh.
 Black – Persons having origins in any of the black racial groups of Africa
 Hispanic – Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish or Portuguese culture or origin, regardless of race.
 Native American – An American Indian, Eskimo, Aleut, or Native Hawaiian
 Pacific-Asian – A person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United State Trust Territories of the Pacific including the Northern Marianas.

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() Other – Any other group of natural persons identified as minorities.