

SONNENSCHN NATH & ROSENTHAL LLP
VENDOR DIVERSITY FORM

BUSINESS INFORMATION

Business Name: _____

Name of CEO/President/Owner: _____

Business Address: Street: _____

City: _____ State: _____ Zip: _____

Name of Contact Person: _____ Telephone Number: _____

Please briefly describe the primary goods and/or services you provide, or will provide, to Sonnenschein:

DIVERSITY INFORMATION

- (a) Is your company Owned and Operated by at least 51% of any, or any combination, of the following groups: minority-, women-, disabled-, or gay/lesbian?

Yes No

- (b) If the answer to (a) is yes, please check the appropriate box(es) and indicate the percentage of ownership.

<input type="checkbox"/> African American _____%	<input type="checkbox"/> Asian/Pacific American _____%
<input type="checkbox"/> Hispanic American/Latino _____%	<input type="checkbox"/> Native American _____%
<input type="checkbox"/> Women _____%	<input type="checkbox"/> Persons with Disabilities _____%
<input type="checkbox"/> Gays/Lesbians _____%	

- (c) If the answer to (a) is yes, is your company certified by an agency or association as a business Owned and Operated by at least 51% of any, or any combination, of: minority-, women-, disabled-, or gay/lesbian?

Yes No

IF THE ANSWER TO (c) IS YES, PLEASE ATTACH A COPY OF THE CERTIFICATION.

SUBVENDORS/CONTRACTORS

(a) Will any subcontractor(s) assist you in providing goods and/or services to Sonnenschein?

Yes No

Briefly describe the primary goods and/or services that they will provide: _____

(b) If the answer to (a) is yes, is the subcontractor Owned and Operated by at least 51% of any, or any combination, of the following groups: minority-, women-, disabled-, or gay/lesbian?

Yes No

(c) If the answer to (b) is yes, please check the appropriate box(es) and indicate the percentage of ownership.

- | | |
|--|---|
| <input type="checkbox"/> African American _____% | <input type="checkbox"/> Asian/Pacific American _____% |
| <input type="checkbox"/> Hispanic American/Latino _____% | <input type="checkbox"/> Native American _____% |
| <input type="checkbox"/> Women _____% | <input type="checkbox"/> Persons with Disabilities _____% |
| <input type="checkbox"/> Gays/Lesbians _____% | |

(d) If the answer to (b) is yes, is the subcontractor certified by an agency or association as a business Owned and Operated by at least 51% of any, or any combination, of : minority-, women-, disabled-, or gay/lesbian persons?

Yes No

IF THE ANSWER TO (d) IS YES, PLEASE ATTACH A COPY OF THE CERTIFICATION.