

MINORITY AND WOMEN-OWNED ENTERPRISE (M/WBE) SUPPLIER BUSINESS PROFILE

Submit to:

Paul King, ING Americas
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This form should only be completed if your company is a minority, woman, small-business or LGBT enterprise.

ING AMERICAS SUPPLIER DIVERSITY POLICY STATEMENT

ING is firmly committed to providing opportunities for equal access to all qualified minority and women-owned enterprises (M/WBEs) wishing to do business with ING. Doing so enhances our relationships with current customers while also improving ING's ability to attract and retain new business within and outside of target markets.

We are proud to provide opportunities to qualifying businesses in our efforts toward reaching a goal of 5% controllable spend within 5 years.

To submit your business for consideration as an ING vendor under this policy, please complete and return the form below.

SUPPLIER INFORMATION

Company Name _____

Phone _____ E-mail Address _____

Website URL _____

Address _____

City _____ State _____ ZIP _____

Date Business was established? (format MM/DD/YYYY) _____ Number of employees _____

Number of minority employees _____ Sales Volume, last year in \$1,000s _____

Are you currently doing business with ING or ING affiliates? No Yes

COMPANY CLASSIFICATION (check all that apply)

Minority Business Enterprise (If checked, please choose one of the following:)

- | | | | |
|--------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian-Pacific American | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Eskimo | <input type="checkbox"/> Asian-Indian American | <input type="checkbox"/> Native Hawaiian |

Women Business Enterprise

Small Business Enterprise

LGBT Enterprise

If you believe your company falls within any of the above classifications, please review the requirements for each classification shown on page 2 of this document.

Has your business been certified as minority owned by a government agency or purchasing council?

No Yes (if yes, please provide a copy of the certificate)

GEOGRAPHIC SERVICE AREA (select one)

Local Regional National International

REFERENCES

Corporate Customer _____

Contact _____ Phone _____

Corporate Customer _____

Contact _____ Phone _____

Corporate Customer _____

Contact _____ Phone _____

DESCRIPTION OF PRODUCT OR SERVICE

COMPANY CLASSIFICATION DEFINITIONS

A. **MINORITY BUSINESS**, as used in this provision, means a small business concern that (1) is at least 51 percent owned by one or more minority individuals, or a publicly owned business having at least 51 percent of its stock owned by one or more minority individuals and (2) that minority person or persons is actively involved in the day to day operation, AND is involved in policy decision making.

QUALIFIED GROUPS, Minority individuals shall be presumed to include African-Americans, Native Americans, Asian-Pacific Americans, and Asian-Indian Americans. These groups are qualified by SBA under 13 CRF 124.1.

Hispanic Americans, as used in this provision, means a United States citizen whose origins are in South and Central America, Mexico, Puerto Rico or Cuba.

Native Americans, as used in the provision, means American Indians, Eskimos, Aleuts, and Native Hawaiians.

Asian-Indian Americans, as used in this provision, means a United States citizen whose origins are in India, Pakistan, or Bangladesh.

Asian-Pacific Americans, as used in this provision, means a United States citizen whose origins are in Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific of the Northern Marianas.

B. **SMALL BUSINESS**, has 500 or less employees.

C. **WOMEN-OWNED SMALL BUSINESS**, as used in this provision, means a small business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.

D. **LGBT-OWNED BUSINESS**, as used in this provision, means a small business that is at least 51 percent owned, operated, managed and controlled by a Lesbian, Gay, Bi-sexual or Transgender person or persons who are U.S. citizens

PRINCIPAL OWNER(S) OF COMPANY

Name _____ Title _____ % of Ownership _____

Name _____ Title _____ % of Ownership _____

Name _____ Title _____ % of Ownership _____

FEDERAL PENALTIES: Anyone who misrepresents the status of an enterprise as a small disadvantaged business, for the purpose of securing a contract or subcontract, shall be subject of penalties as per the Defense Federal Acquisition Regulations.

SIGNATURE CERTIFICATION

THIS WILL CERTIFY TO ING AMERICAS THAT I HAVE READ THE REQUIREMENTS CITED ABOVE AND THE MINORITY COMPANY CLASSIFICATION(S) I HAVE SELECTED ARE TRUE AND CORRECT. I WILL ADVISE ING AMERICAS IF OUR CLASSIFICATION SHOULD CHANGE.

Company _____

Certified By (Print) _____ Title _____

Signature _____ Date _____