



Target Market Program | Enrollment Form

Affirmation

I affirm that the following information is true and correct to the best of my knowledge
Please note that if selected for a City contract you may be required to provide additional verification of eligibility

Part I: Eligibility

TIN, EIN, SSN number as filed with IRS <input type="text"/>	County where business is located <input type="text"/>
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Please check the box if the following item applies to this business:

This business is independently owned and operated

This is a for-profit business

This business performs a commercially useful function (as explained on the Target Market website)

All three boxes must be checked for this business to be Target Market eligible

Please provide the following based on years of business operation:

- For businesses operating three years or more: Average annual gross receipts for your business' most recently completed three fiscal years
- For businesses in operation fewer than three years: Average annual gross receipts for the fiscal years you have been in business
- For new businesses: First year projected/estimated gross receipts

Enter up to three 6-digit NAICS Code(s) for your industry

Please describe what services or product your business offers

Part II: Contact Information

Business Name (as shown on tax return) []	DBA Name []	Company Website []
Principal Place of Business Address []		
City []	State []	ZIP []

Owner Information

Primary Owner []	Phone []	Email []
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Preferred Business Contact

Name []	Phone []	Email []
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Part III: Business Types and Certification(s)

The following information will not impact your eligibility for the Target Market Program and is collected here for informational purposes only.

Which of the following describe your business? (Check all that apply)

- Small Business Enterprise
- Woman Business Enterprise
- Minority Business Enterprise
- Veteran Owned Business
- Lesbian, Gay, Bisexual and Transgender Business Enterprise

Does this business hold any official certifications?

(Check all that apply)

- TG/ED – MN** State Targeted Group Business Program (MN Dept. of Administration)
- CERT** Central Certification Program (City of St. Paul, Ramsey County, Hennepin County, and Minneapolis)
- DBE** Disadvantaged Business Enterprise Program (Federal; through the Minnesota Unified Certification Program)
- VOSB** - Veteran Owned Small Business (federal verification program)
- NCMSDC** North Central Minority Supplier Development Council
- WBENC** Women’s Business Enterprise National Council
- NGLCC** National Gay and Lesbian Chamber of Commerce certification program
- None/ Self-Certify

What is the ethnicity of the owner (if you choose to answer)?

(Check One)

- African American
- American Indian or Alaskan Native
- Asian American
- Caucasian
- Hispanic or Latino American
- Native Hawaiian or Other Pacific Islander
- Prefer not to answer or N/A

Number of current employees

Have you had a contract with the City of Minneapolis before?

- Yes
- No