



EEI DIVERSE BUSINESS NOMINATION FORM SERVICE AND PERFORMANCE

Please answer all questions with the exception of any request for a "Description" please attach supporting documents.

1. Name of Diverse Business: _____

2. Address _____

City _____ State _____ Zip _____

Email _____ Web address _____

3. Nature of Business/Occupation: _____

4. Years involved with diverse supplier: _____

5. Please list/describe the diverse supplier's products and services:

6. Please describe why your company is honoring this diverse supplier.

7. Diversity Category _____

- Small Business (SB)
- Minority-Owned Business Enterprise (MBE)
- HUBZone
- Small Disadvantaged Business (SBD)
- Women-Owned Small Business (WOSB)
- Veteran-Owned Small Business (VOSB)
- Service Disabled Veteran-Owned Small Business

Nominating Company: _____

Contact (s) _____

For printing purposes, submit all nominations before **April 16, 2010**
Email: dmatthews@eei.org or via fax (202) 508-5789