



## 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 20, 2009**  
Email: [dmatthews@eei.org](mailto:dmatthews@eei.org) or via fax (202) 508-5789