EEI Diverse Business
Nomination Form
Service and Performance

Please answer all questions. Use extra pages if needed for additional information on “Description”

1. Name of Diverse Business: ____________________________________________________________
   Address: ____________________________________________________________________________
   City: __________________________ State: _____ Zip: ____________________
   Email: __________________________ Website: __________________________

2. Nature of Business/Occupation: ______________________________________________________

3. Years involved with diverse supplier: __________________________

4. Please list/describe the diverse supplier’s products and services: __________________________
   Please describe why your company is honoring this diverse supplier:
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5. 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 (SDVOSB)
   ▪ Women-Owned Business Enterprise (WBE)

Nominating Company: __________________________________________________________________
Contact(s): ____________________________________________________________________________

For printing purposes, submit all nominations before **May 22, 2020**.
Submit to supplierdiversity@eei.org. All awards information will be posted publicly.