



MINORITY or SMALL BUSINESS DECLARATION

VENDOR NAME: _____

The purpose of this form is to notify Cooper University Health Care that your business is a minority, veteran, or small business.

Completion of this form is voluntary. For purposes of answering these questions, the following definitions apply:

Minority: A person who is: 1) Asian American, a person having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, Hawaii, or the Pacific Islands; 2) American Indian or Alaskan native, a person having origins in any of the original peoples of North America. 3) Black, a person having origins in any of the black racial groups in Africa; or 4) Hispanic, a person of Spanish or Portuguese culture, with origins in Mexico, South or Central America, or the Caribbean Islands.

Woman: An individual, regardless of race, who self-identifies her gender as a woman, without regard to the individual's designated sex at birth.

Veteran: A person who served in the active military ground, naval or air service and who was discharged or released under conditions other than dishonorable.

Disabled Veteran: A veteran of the U.S. military ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service- connected disability.

LGBTQ+: Acronym used to represent a diverse range of sexualities and gender-identities, referring to anyone who is transgender and/or same/similar gender attracted including individuals identifying as lesbian, gay, bisexual, transgender, queer/questioning, pansexual, and others.

Minority-Owned Businesses or Enterprise: 1) A sole proprietorship, owned and controlled by a minority or woman; 2) A partnership or joint venture, owned and controlled by minorities and/or women in which at least 51% of the ownership interest is held by minorities and/or women and the management and daily business operations of which are controlled by one or more of the minorities and/or women who own it; or 3) A corporation or other entity, whose management and daily business operations are controlled by one or more minorities and/or women who own it, and which is at least 51% owned by one or more minorities and/or women, or, if stock is issued, at least 51% of the stock is owned by one or more minorities and/or women.

Small Business: A sole proprietorship, partnership, corporation, or any other legal form, which, based on the industry, meets the size standards as defined by the SBA and meets the following general criteria: 1) Is organized for profit; 2) Has a place of business in the United States; 3) Operates primarily within the U.S. or makes a significant contribution to the U.S. economy through payment of taxes or use of American products, materials or labor; 4) Is independently owned and operated; and 5) Is not dominant in its field on a national basis.

Our (My) business identifies as:

- Minority Owned Business Women Owned Business Veteran Owned Business
- Disabled Veteran Owned Business LGBTQ+ Owned Business Small Business

If your business is registered as a minority, veteran, disabled veteran, small, or other special designation, please provide the registering agency name and your business's registration number.

Registering Agency: _____

Registration Number: _____

I represent that the answers provided herein are truthful and accurate as of the date of my signature below. I agree to immediately notify Cooper University Health Care of any changes in the above-disclosed information.

Signature

Title

Printed Name

Date