

BUSINESS PROFILE FORM

I.	COMPANY INFORMATION:			
	Name of Company	City	Stata	7in
	AddressName/Title of Contact Person Telephone #	Cny	State	Zıp
	Talanhana #	Eov #		
	Email Address:	Wah site	addragg	
	Federal ID Number	Approved Sic	/NAICS Code(s)	
	Type of Firm and Year Started:	I.	and Mandana	
	Sole Proprietorship/Ye		int Venture	
	Partnership/Year	Ot		
	Corporation/Year	(S	pecify)	
I.	OWNERSHIP INFORMATION:			
	Race/Ethnicity:			
		_Hispanic American _	Native American	
	Asian American	_Asian Pacific		
	Gender:			
	Women-owned			
	Must provide proof company is at least 51% owned			
		•		
II.	SMALL BUSINESS INFORMATIO			
	Product and/or Service			
	Number of Employees			
	Gross Sales for Past Three Years			
	3 Years Ago \$		2 Years Ago \$	
	1 Year Ago \$	<i>P</i>	Average Sales \$	
	Geographic Area Serviced:			
IV.	CERTIFICATION:			
	Please provide information about any Minority, Women-owned or Small Business certifications currently			
	held by your company from the follow			· · · · · · · · · · · · · · · · · · ·
	City	9		
	State			
	Federal			
	Business Development Councils			
	Small Business Administration			
	Others			
	A copy of any certificate or	Others A copy of any certificate or other documentation should be returned with this profile		
	A copy of any certificate or	other documentation sho	uia de reiurnea wiin inis	projue
7.	ACKNOWLEDGEMENT:			
	The undersigned acknowledge that the above information is true and accurate.			
	·		<u></u>	
	(Print name)		(Title)	
			(D)	
	(Signature)		(Date)	

Return to: Gary Tuggle, Director, Enterprise Diversity and Inclusion, Supply Chain and Strategic Sourcing, University of Maryland Medical System, 900 Elkridge Landing Road (4th floor) Baltimore, MD 21090, Fax: 410-328-6127, Email to: CorporateContracts@umm.edu