



Vendor Form

The Boston Society for Architecture (BSA) is committed to fostering justice, equalizing and growing opportunity and seeks to lift up all persons regardless of race, color, religion, sex, gender identity and/or expression, sexual orientation, education, national origin, marital status, genetics, disability, age, or veteran status. This intention means that we are dedicated to working with partners that reinforce and reflect similar values and that support access to market opportunities for diverse entities and small business as the key driver of new jobs and economic innovation.

Please submit this form along with your proposal or scope of work to help in our analysis for all vendors/services estimated at \$5,000 or above. This form and the information contained is for internal use only. However, we may report non-identifiable data at our discretion. Note: an annual or other report may be included with your submission but does not substitute for information submitted on this form.

Name of Organization: _____

Contact Person Name and Title: _____

Contact Person Email: _____

Contact Person Phone Number: _____

Federal Tax ID #: _____

Mailing Address of Organization:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Organization Website Address: _____

Nature of Business (Specify Major Services/Products):

Small Business: The U.S. Small Business Administration (SBA) provides specific [qualifications and registration forms](#). Generally, unless your business involves commercial farming, if you have fewer than 100 employees and your total income plus your cost of goods sold is less than \$7.5 million, then you have a Small Business.

Social Enterprise Business: for- or non-profit organization or venture that achieves a primary social or environmental purpose using business methods.

Supported Business: employs disabled people as over 50% of its workforce.



Using SBA definitions and those specified above, please indicate if your organization qualifies as the following. Please check all that apply.

<input type="checkbox"/>	Small Business
<input type="checkbox"/>	Small Disadvantaged Business
<input type="checkbox"/>	Historically Underutilized Business (HUB) Zone Business
<input type="checkbox"/>	Social Enterprise Business
<input type="checkbox"/>	Supported Business
<input type="checkbox"/>	Not Specified Above (Please List):
<input type="checkbox"/>	None

Please check all that apply in the chart below. Majority owned (at least 51%), partially owned or controlled (please list percentage) and/or actively managed (authority to direct daily business operations and/or responsibility for organizational strategy, decision making, or major business decisions/commitments) by any of the following:

	Majority Owned	Partially Owned or Controlled	Actively Managed
Minority Person(s)			
Black/African American			
Asian			
Native American/Alaska Native			
Hispanic or Latinex			
Native Hawaiian or Other Pacific Islander			
Not Specified Above (Please List Below)			
Woman/Women			
LGBTQ+ Person(s)			
Veteran(s)			
Service-Disabled Veteran(s)			
Disabled Person(s)			
Not Specified Above (Please List Below)			

Please list any relevant current certifications, such as B Corporation, or registrations, memberships and listings, such as the Human Rights Campaign Foundation's Corporate Equality Index or the Forbes top places to work for diversity:



If you are regulated by the Community Reinvestment Act or other local, state or federal bodies related to support for traditionally underserved communities, please list and provide your current rating/measure:

Please share any additional relevant information about your organization's commitment to equity, justice, diversity and inclusion.

Please share any information regarding your organization's commitment, experience and connection to architecture, the built environment and/or environmental sustainability:

Please share anything else you would like us to know about your organization:

Please sign and date, confirming the accuracy of the information provided:

Signature: _____ Title: _____

Name (Please Print): _____ Date: _____