

**TARGETED GROUP AND VETERAN-OWNED SMALL BUSINESS
PREFERENCE FORM**

Name of Contractor/Consultant	State Project #	Date of Letting
Address	City	State/Zip
Contact Person/ EEO Officer	Phone Number	E-Mail Address

TGB

- The business is an eligible TGB as shown in the MN Department of Administration online directory at: <http://www.mmd.admin.state.mn.us/process/search/>

-OR-

VET

The business is an eligible VET small business owned and operated by either (check the box that applies and attach the certification documents required with your response to this solicitation):

- Veterans as defined in Minnesota Statutes §197.447, who are verified by the United States Department of Veterans Affairs or by the Minnesota Department of Veterans Affairs and Minnesota Department of Administration as being a VET small business as shown in the online directory at: <http://www.vip.vetbiz.gov> The business must be VA verified at the time proposals are due.

OR

- Recently separated veterans, who are veterans as defined in Minnesota Statutes §197.447, who have served in active military service, and who have been discharged under honorable conditions from active service, as indicated by the person's United States Department of Defense form DD-214 or by the commissioner of veterans affairs. The responder must provide:

- A copy of the verification as a VET small business issued by the United States Department of Veterans Affairs (VA). The business must be VA verified at the time proposals are due.
- Discharge form (DD-214) with condition honorable.

OR

- Veterans as defined in Minnesota Statutes §197.447, who are verified by the United States Department of Veterans Affairs as being a service-disabled VET small business. The responder must provide:

- A copy of the verification as a service-disabled VET small business issued by the United States Department of Veterans Affairs (VA). The business must be VA verified at the time proposals are due.

The responder must submit this form and the documentation required above with your response in order to be considered for this preference.

I certify that the information contained herein is true, accurate, and complete.

Signed _____
Responder or authorized representative