**Exhibit D**

Firm Demographic Form

**Company Name:**

**Date:**

**Contact Person and Title:**

**Email:**

**Phone Number:**

If you are not certified by the Commonwealth’s Supplier Diversity Office ([SDO](https://www.sdo.osd.state.ma.us/)) Business Enterprise Program, click [here](https://www.mass.gov/certification-program-for-sdo) for a link to the process. We **do not** require certification as part of our selection criteria, but your responses are helpful to our data collection.

1. Is your organization a business enterprise that falls under the definition of those listed under the SDO Business Enterprise Program? The Program includes business enterprises as defined by those within the Operational Services Division’s Supplier Diversity Program (SDP), including Minority Business Enterprises (MBE), Women Business Enterprises (WBE), Disadvantaged Business Enterprises (DBE), Portuguese Business Enterprises (PBE), Veteran Business Enterprises (VBE), Lesbian Gay Bisexual Transgender Enterprises (LGBTBE), Service-Disabled Veteran-Owned Business Enterprises (SDVOBE), or Disability-Owned Business Enterprises (DOBE) and is registered as such.

☐ If so, under which categories? List all: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ No, we are not listed

***Even if your company is on the SDO list, please complete the following information:***

1. Please provide the **% of owners** that self-identify as being members of any of the following groups:

\_\_\_\_\_ % Black, African American, or Caribbean American

\_\_\_\_\_ % Latino/Latina/Latinx American or Hispanic

\_\_\_\_\_ % Asian or Asian American

\_\_\_\_\_ % Native Hawaiian or Pacific Islander

\_\_\_\_\_ % Native American, First Nations, American Indian or Native Alaskan

\_\_\_\_\_ % Middle Eastern or North African

\_\_\_\_\_ % White/Caucasian

\_\_\_\_\_ % Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I do not collect this information

☐ I prefer not to answer

1. Please provide the **% of owners** that self-identify as being members of any of the following groups:

\_\_\_\_\_ % Veterans/US Service Members, either current or former

\_\_\_\_\_ % Disabled persons (as per the legal definition by the [Department of Labor](https://www.dol.gov/agencies/odep/publications/faqs/general#3)

or [Americans With Disabilities Act](https://www.ada.gov/ada_intro.htm))

\_\_\_\_\_ % Lesbian, Gay, Bisexual, Transgender, Queer, and Asexual (LGBTQA+)

\_\_\_\_\_ % Women

\_\_\_\_\_ % Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I do not collect this information

☐ I prefer not to answer

1. Please provide the **% of your leadership team** (**principals and/or key employees,** not owners) of your organization who self-identify as being members of any of the following:

\_\_\_\_\_ % Black, African American, or Caribbean American

\_\_\_\_\_ % Latino/Latina/Latinx American or Hispanic

\_\_\_\_\_ % Asian or Asian American

\_\_\_\_\_ % Native Hawaiian or Pacific Islander

\_\_\_\_\_ % Native American, First Nations, American Indian or Native Alaskan

\_\_\_\_\_ % Middle Eastern or North African

\_\_\_\_\_ % White/Caucasian

\_\_\_\_\_ % Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I do not collect this information

☐ I prefer not to answer

1. Please provide the **% of your leadership team** (**principals and/or key employees,** not owners) of your organization who self-identify as being members of any of the following:

\_\_\_\_\_ % Veterans/US Service Members, either current or former

\_\_\_\_\_ % Disabled persons (as per the legal definition by the [Department of Labor](https://www.dol.gov/agencies/odep/publications/faqs/general#3)

or [Americans With Disabilities Act](https://www.ada.gov/ada_intro.htm))

\_\_\_\_\_ % Lesbian, Gay, Bisexual, Transgender, Queer, and Asexual (LGBTQA+)

\_\_\_\_\_ % Women

\_\_\_\_\_ % Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I do not collect this information

☐ I prefer not to answer

1. Total number of **full-time** employees:
2. Total number of **part-time** employees:
3. Approximate percentage of total number of employees/workforce (**not inclusive** of leadership team, owners or principals) that self-identify into the following groups:

\_\_\_\_\_ % Black, Indigenous, or other People of Color

\_\_\_\_\_ % Veterans/US Service Members, either current or former

\_\_\_\_\_ % Disabled Individuals (as per the legal definition by the [Department of Labor](https://www.dol.gov/agencies/odep/publications/faqs/general#3) or

[Americans With Disabilities Act](https://www.ada.gov/ada_intro.htm))

\_\_\_\_\_ % Women

\_\_\_\_\_ % LGBTQA+

\_\_\_\_\_ % Other, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I do not collect this information

☐ I prefer not to answer

1. If you would like to provide more information than what is captured by these questions, please share here: