



VENDOR QUESTIONNAIRE

Only requires completion by MBE, WBE, PDBE, or VOSB Vendors

If you are a Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Persons with Disabilities-Owned Business Enterprise (PDBE), or a Veteran-Owned Small Business (VOSB), please complete and return the below form to PoDesk@AquaAmerica.com. Completion of this questionnaire allows Aqua to continue its efforts to increase opportunities for diversity vendors.

Company Name _____

Address _____

City _____ State _____ Zip _____

Contact & Title _____ Email: _____

Phone _____ Fax _____

Commodity _____

SECTION I: COMPANY PROFILE

A. Type of Ownership: Proprietorship Partnership
Corporation Other

B. Number of years in Business: _____

SECTION II: DBE INFORMATION

A. Classification of Disadvantaged Business Enterprise (DBE)

An MBE/WBE/PDBE/VOSB is a business enterprise that meets one of the below requirements: (Please check the appropriate box)

- Minority-Owned Business Enterprise (MBE)* – A business that is at least 51 percent owned by one or more minorities. A person who is a U.S. citizen or lawful permanent resident and is African American, Hispanic American, Asian American, Native American, as well as other groups found to be disadvantaged pursuant to Section 8 (a) of the Small Business Act.
- Women-Owned Business Enterprise (WBE)* - A business that is at least 51 percent owned by a woman or women who are United States Citizens or lawful permanent residents of the United States.
- Persons with Disabilities-Owned Business Enterprise (PDBE)* - A business that is at least 51 percent owned by a person or group of persons with a disability, as recognized by the Americans with Disabilities Act, or as defined by the Commonwealth of Pennsylvania, Governor’s Office, Management Directive 205.25 Amended.
- Veteran-Owned Small Business (VOSB)* - A business that is at least 51 percent owned by one or more veterans who are United States Citizens or lawful permanent residents of the United States.

B. Certification:

List agencies, institutions or major corporations which have certified your firm as a MBE/WBE/PDBE/VOSB (e.g. Regional Minority Purchasing Council, City of Philadelphia, PA Dept. of Transportation, etc.)

Agency/Institution

Contact Person _____

Phone _____ Fax _____ Approval Date _____

Agency/Institution

Contact Person _____

Phone _____ Fax _____ Approval Date _____

SECTION III: AUTHORIZATION

I hereby certify that the information supplied in this form is complete and correct to the best of my knowledge and belief. I authorize Aqua America, Inc. to verify any of this information as needed.

Signature _____ Title _____

Name _____ Date _____

PLEASE RETURN THIS COMPLETED FORM
TO:

PoDesk@AquaAmerica.com

An Equal Opportunity Employer