**Milliken Supplier Diversity**

**CERTIFICATION**

PLEASE COMPLETE THIS CERTIFICATION AND RETURN A COPY TO [supplierdiversity@milliken.com](mailto:supplierdiversity@milliken.com?subject=Supplier%20Diversity%20Certification%20Form). ALL INFORMATION ON THIS FORM IS REQUIRED.

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| --- | --- |
| **Supplier General Information:** | |
| Supplier Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supplier dba, if any: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supplier Physical Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NAICS Code(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Major Service/Products: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Incorporation Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State of Incorporation: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Supplier Ownership Information:** | | | |
| □ Solely Owned | □ Partnership | □ Non-Profit | □ Corporation |
| □ Affiliate | □ Subsidiary |  |  |
| If applicable, please provide name of Parent Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Fed Tax ID No./SSN Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**You must select large or small business**:

Large Business \_\_\_\_\_\_\_\_ or \*Small Business \_\_\_\_\_

\*defined by Small Business Administration Size Standard Tables for primary industry served

**Supplier Certification:**

**You certify, represent and warrant that the identified Supplier maintains a business certification as indicated below. Milliken will act on reliance of your certification. This form is valid until and updated form is submitted. You agree to notify Milliken immediately of any changes on this form. Upon request, you will provide within 10 business days all documentation reasonably requested by Milliken to confirm your certification. Any misrepresentation is a violation of the Milliken Supplier Code of Conduct and is subject to all applicable legal penalties.**

Please check all of the certifications that apply to your company:

|  |  |
| --- | --- |
| □ American Native | □ Minority Institutions |
| □ Disability Owned | □ Small Business Enterprise |
| □ Historically Black Colleges & Universities | □ Veteran Owned |
| □ Historically Underutilized Business | □ Service-Disabled Veteran-Owned Business |
| □ Lesbian, Gay, Bi-sexual, Transgender Business Enterprise | □ Woman Business Enterprise |
| □ Minority Business Enterprise |  |

**Agreed and Signed for Supplier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supplier Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signatory Name and Officer Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting & Nonretaliation**

Milliken desires to conduct its own business in accordance with the highest ethical standards; therefore, supplier should report any violations by the supplier or Milliken directly to Milliken’s management or via a third-party, anonymous (if allowed by the laws of caller’s country) hotline at 1-866-327-8149; for international dialing instructions [insert link].

Milliken will not retaliate against any supplier who reports in good faith a violation by Milliken or a Milliken representative.

**Definitions:**

American Native: Recognized as a member by an Indian tribe or band recognized by the Department of the Interior, the Indian Claims Commission, Court of Claims, or a State plus for an Alaskan Native any Regional Corporation, Village Corporation, Urban Corporation, or Group Corporation organized under the laws of the State of Alaska in accordance with the Alaska Native Claims Settlement Act, as amended 43 U.S.C. 1601, et seq. 13 C.F.R. § 124.3​.

Disability Owned: Disability-Owned Business Enterprise is a business that is owned, operated, controlled and managed by individual(s) with disabilities, as defined by the U.S. Business Leadership Network (USBLN).

Historically Black Colleges & Universities: These are educational institutions determined by the Secretary of Education to meet the requirements of 34 CFR 608.2. Non-profit research institutions that were an integral part of such a college or university before November 14, 1986 are included in this definition.

Historically Underutilized Business (HUBZone): The business must be in an area located within one or more qualified census tract, qualified non-metropolitan counties, or lands within the external boundaries of an Indian reservation. Status as a qualified HUBZone small business concern is determined by the Small Business Administration (SBA) in accordance with 13 CFR part 126. If the SBA determines that a concern is a qualified it will issue a certification to that effect and will add the business to the List of Qualified HUBZone Small Businesses on its website.

Lesbian, Gay, Bi-Sexual, Transgender Business Enterprise: An LGBT business must be owned, operated, managed, and controlled by an LGBT person or persons who are either U.S. citizens or lawful permanent residents, have its principal place of business (headquarters) in the U.S., and have been formed as a legal entity in the U.S. An LGBT business can be certified by the National Gay and Lesbian Chamber of Commerce.

Minority Business Enterprise: A business that is owned and operated by an individual(s) who is a U.S. citizen and their ancestry is African American, Native American, Hispanic-American, Asian Pacific or they originate from India, Pakistan, Bangladesh or Sri-Lanka. Milliken prefers that such businesses be certified by a third party such as the National Minority Supplier Development Council (NMSDC) or certifying Government agency.

Minority Institutions: An institution of higher education meeting the requirements of Section 1046(3) of the Higher Education Act of 1965 (20 U.S.C. 1135d-5(3)) which, for the purposes of this clause, includes a Hispanic-serving institution of higher education as defined in Section 316(b)(1) of the Act (20 U.S.C. 1059c(b)(1).

Small Business Enterprise: the Small Business Act defines a small business as an entity that is organized for profit; has a place of business in the U.S.; operates primarily within the U.S. or makes a significant contribution to the U.S. economy through payment of taxes or use of American products, materials or labor; is independently owned and operated; and is not dominant in its field on a national basis. The business may be a sole proprietorship, partnership, corporation, or any other legal form. In determining what constitutes a small business, the definition will vary to reflect industry differences, see <http://www.sba.gov/content/table-small-business-size-standards>.

Veteran Owned: Any business that is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly-owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more veterans; and the management and daily operations of which are controlled by one or more veterans. ​ ​​​

Service-Disabled Veteran-Owned Business: This is a business that is at least fifty-one percent (51%) owned by one or more service-disabled veterans or, in the case of any publicly-owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more service-disabled veterans or, in the case of a veteran with a permanent and severe disability, the spouse or permanent caregiver of such veteran. Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected as defined in 38 U.S.C. 101(16).​

Woman Business Enterprise: A business that is at least fifty-one percent (51%) owned by one or more women, or, the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and whose management and daily business operations are controlled by one or more women. UTC prefers that such businesses be certified by a third-party such as the Women Business Enterprise National Council (WBENC) or certifying government agency. In doing business with UTC, this certification must be active and maintained accordingly.

**Diversity Status Matrix**

