

Target Market Program | Enrollment Form

Thank you for your interest in being a part of the City of Minneapolis Target Market Program. To enroll, complete this form and send to TargetMarket@minneapolismn.gov or mail to City of Minneapolis Procurement, 330 South 2nd Ave, Suite #552 Minneapolis, MN 55401.

If you have questions regarding the enrollment process or your eligibility, go to the Target Market [website](#), send us an email us at the above address, or call the procurement office at 612-673-2311.

Affirmation

I affirm that the following information is true and correct to the best of my knowledge
Please note that if selected for a City contract you may be required to provide additional verification of eligibility

Part I: Eligibility

1) Please provide your TIN, EIN, or SSN _____ as filed with the IRS

2) In which county is your business located? _____

3) Is this business independently owned and operated?

Yes No *(If no, this business is not eligible for the Target Market Program)*

4) Is this a for-profit business?

Yes No *(If no, this business is not eligible for the Target Market Program)*

5) Does this business perform a [commercially useful function](#)?

Yes No *(If no, this business is not eligible for the Target Market Program)*

6) Enter the average annual gross receipts for your business' most recently completed three fiscal years, as your business defines fiscal year.

For businesses in operation fewer than three years, provide the average annual gross receipts for the fiscal years you have been in business.

Three-year average annual gross receipts _____

New business only: Please provide the first year projected or estimated gross receipts _____

7) Enter the 6 digit NAICS Code(s) for your industry, select up to 3. [Click here](#) to look up your NAICS code.

• NAICS Code #1 _____ NAICS Code #2 _____ NAICS Code #3 _____

8) Please describe what services or product your business offers

Part II: Contact Information

9) Business Name _____ DBA Name _____
Name (as shown on your income tax return)

Company Website: _____

10) Principal Place of Business

Address _____

City _____

State _____

ZIP _____

11) Owner Information

Primary Owner _____

Phone _____

Email _____

12) Preferred Business Contact

Name _____

Phone _____

Email _____

Part III: Business Types and Certification(s)

The following information will not impact your eligibility for the Target Market Program and is collected here for informational purposes only.

13) Which of the following describe your business?

(Check all that apply)

- Small Business Enterprise
- Woman Business Enterprise
- Minority Business Enterprise
- Veteran Owned Business
- Lesbian, Gay, Bisexual and Transgender Business Enterprise

14) Does this business hold any official certifications?

(Check all that apply)

- TG/ED – MN** State Targeted Group Business Program (*MN Dept. of Administration*)
- CERT** Central Certification Program (*City of St. Paul, Ramsey County, Hennepin County, and Minneapolis*)
- DBE** Disadvantaged Business Enterprise Program (*Federal; through the Minnesota Unified Certification Program*)
- VOSB** - Veteran Owned Small Business (*federal verification program*)
- NCMSDC** North Central Minority Supplier Development Council
- WBENC** Women's Business Enterprise National Council
- NGLCC** National Gay and Lesbian Chamber of Commerce certification program
- None/ Self-Certify

15) What is the ethnicity of the owner (if you choose to answer)?

(Check One)

- African American
- American Indian or Alaskan Native
- Asian American
- Caucasian
- Hispanic or Latino American
- Native Hawaiian or Other Pacific Islander
- Prefer not to answer or N/A

16) Number of current employees _____

17) Have you had a contract with the City of Minneapolis before?

Yes

No