



Information Release Form

Indiana Department of Administration, Division of Supplier Diversity to the City of Indianapolis, Office of Minority & Women Business Development

Company Name _____ Phone (____) _____

DBA Name _____ Contact Name _____

Address _____ Suite # _____

City _____ State: Indiana Zip Code _____

Email Address _____

I authorize the Indiana Department of Administration (IDOA) to release to the City of Indianapolis, Office of Minority & Women Business Development (OMWBD) all documentation contained in the company's MBE/WBE certification application file, including financial documents, to assist the company listed above in obtaining WBE, MBE, VBE, or DOBE certification with the Consolidated City of Indianapolis.

I understand the City may request additional information directly from the company to assist in rendering its decision, in accordance with 49 CFR 26 and with the consolidated city of Indianapolis and Marion County MBE/WBE/VBE/DOBE Business Utilization Plan. I understand that certification through the Indiana Department of Administration does not guarantee certification through the Office of Minority & Women Business Development due to differences in certification criteria. I understand that if WBE, MBE, VBE, or DOBE status is granted, the company will be certified with the Consolidated City of Indianapolis for a period of three (3) years. In addition, the applicant will be eligible to apply for recertification directly with the City; however, at the time of recertification, additional information will be requested by the City to verify current ownership and control of the company.

The section below should be completed by the majority owner of the above company.

Signature

Date

Printed Name

Title

Please submit completed form via email at OMWBD@indy.gov or through mail along with your certification application to the following address:

Please deliver the completed form via email, or in person to:
Office of Minority & Women Business Development
ATTN: Certification Coordinator
200 East Washington Street, Suite 1701
Indianapolis, Indiana 46204

THIS SECTION IS TO BE COMPLETED BY CITY PERSONNEL

Received by _____ Date _____