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**Women-Owned Business**

**Diversity Declaration Form**

The following information is being requested on behalf of SaskPower in support of our Supplier Diversity Program. Your participation in reporting this information is important for fostering relationships among all members of the business community. This program is designed to increase the inclusion of women-owned businesses in SaskPower’s sourcing process.

Your information will be shared with our purchasing groups and other stakeholders involved in sourcing opportunities.

**Please ensure this form is completed in its entirety and returned to**

**[srm@saskpower.com](mailto:srm@saskpower.com)**

**BUSINESS INFORMATION** (All fields required)

Business Legal Name

Address

City/Town

Province

Phone

Email

Website

This is our Head Office address  Yes  No

Head Office Address (if different from above)

City/Town

Province

Phone4

Email

Website

**DIVERSITY DECLARATION**

SaskPower recognizes the [value](http://www.industryweek.com/leadership/business-case-supply-chain-diversity)supplier diversity programs bring to our company: stronger relationships with our Saskatchewan supply base, new business opportunities, [greater innovation](http://www.sba.gov/sites/default/files/rs342tot_0.pdf), and a more agile supply chain.

For monitoring and tracking, SaskPower requires all businesses to be registered within its electronic procurement database. Registration is open to all women-owned businesses.

To qualify as a Women-Owned business in SaskPower’s Supplier Diversity Program, your organization must be majority owned by women (>51% ownership) AND certified with Women Business Enterprises (WBE) Canada. If your organization does not meet both requirements you will not be eligible for the criteria benefits, however your participation on our procurement process is still welcomed.

At least 51 percent of the company is owned, managed, and controlled by women

Certified as a Women-Owned Business with Women Business Enterprises (WBE) Canada

Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF COMPANY**

Please check the area (s) below that best describe your business:

Manufacturing

Contracting

* Choose an item.

Distribution

Engineering

Technology

Consulting

* Choose an item.

Catering

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of business: Choose an item.

Year established/ incorporated:

Years in business: Choose an item.

Number of employees: Choose an item.

Number of Permanent Employees: Choose an item.

GST Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ISNetworld Business ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For High Risk Work)

ISNetworld Registration Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For High Risk Work)

Type of goods or services supplied:

**DIVERSITY**

Is your business certified as a diverse supplier by any of the following organization/councils (check all that apply)?

Please note that additional certifications are not a requirement to participate in SaskPower’s procurement process. This question is intended to understand our supplier base better.

Canadian Aboriginal & Minority Supplier Council (CAMSC)

National Minority Supplier Development Council (NMSDC)

Canadian Council for Aboriginal Business (CCAB)

Canadian Aboriginal and Minority Supplier Council (CAMSC)

Inclusive Workplace and Supply Council of Canada (IWSCC)

Women’s Business Enterprise National Council (WBENC)

WE Connect International in Canada

Women Entrepreneurs Association of Saskatchewan (WESK)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your business have a supplier diversity program?  Yes  No

Does your business have an employee diversity program?  Yes  No

**CONTACT INFORMATION**

**Contact #1**

First Name

Last Name

Position

Address

City/Town

Province

Office #

Mobile #

Email

**CONSENT TO SHARING INFORMATION**

I hereby consent to and authorize SaskPower to share my business name, my business diversity status, the name and contact information of my business contact and my business address with the public for the purposes of identifying participants in future procurements and engagement events.

Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Business Representative Date