



**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](mailto:TargetMarket@minneapolismn.gov) or mail to *City of Minneapolis Procurement, 330 South 2<sup>nd</sup> Ave, Suite #552 Minneapolis, MN 55401.*

If you have questions regarding the enrollment process or your eligibility, go to the Target Market website: [www.ci.minneapolis.mn.us/finance/procurement/TargetMarketProgram](http://www.ci.minneapolis.mn.us/finance/procurement/TargetMarketProgram), send us an email us at the above address, or call the Procurement Office at 612-673-2500.

**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) In which county is your business located?** \_\_\_\_\_

**2) Is this business independently owned and operated?**

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

**3) Is this a for-profit business?**

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

**4) Does this business perform a commercially useful function as described in the enrollment instructions?**

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

**5) 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. Enter "0" if NEW Business.**

Average annual gross receipts \$ \_\_\_\_\_

*New business only:* Please provide the first year projected or estimated gross receipts \$ \_\_\_\_\_

**6) Enter the 6 digit NAICS Code(s) for your industry, select up to 3.** Visit [www.naics.com/search](http://www.naics.com/search) to look up your NAICS code(s).

NAICS Code #1 \_\_\_\_\_ NAICS Code #2 \_\_\_\_\_ NAICS Code #3 \_\_\_\_\_

**Please describe the types of goods and/or services your business provides:** \_\_\_\_\_

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**Part II: Contact Information**

**7) Business Name** \_\_\_\_\_ **8) DBA Name** \_\_\_\_\_

**9) Principal Place of Business**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**10) Owner information**

Primary Owner \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**11) Preferred Business Contact Information** *(If different than above)*

Name \_\_\_\_\_

Phone number \_\_\_\_\_ 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.*

**12) 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

**13) 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

**14) Have you had a contract with the City of Minneapolis before?**  Yes  No