
Business Self Classification Affidavit

Please upload completed, signed & dated form to your company’s
Supplier Diversity Database profile under the “Self Certification” option.
Your affidavit is valid for one (1) year from the date the form is executed.

PRINT INFORMATION LEGIBLY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | COMPANY NAME:  |  | DOING BUSINESS AS NAME (IF APPLICABLE):  |  |
|  |       |  |       |  |
|  | CONTACT NAME: |  | TAX ID OR EIN #: |  |
|  |       |  |       |  |
|  | CONTACT TITLE: |  | WEBSITE (IF APPLICABLE): |  |
|  |       |  |       |  |
|  | STREET ADDRESS:      |  | PHONE:        | FAX:       |  |
|  | CITY:       STATE:       ZIP:       |  | E-MAIL:       |  |

#### IMPORTANT NOTICE

Federal Home Loan Bank of Des Moines supports and utilizes diverse suppliers to help build and expand our business. We require written representation from our potential suppliers and existing contractors as to their diverse business status according to the definitions below. Please verify that the primary NAICS code for the product or service you provide represents your primary business capability.

**Please select all classifications below that apply to your business.** **You must select at least one**.

**[ ]  Minority Owned Business** - An enterprise meeting the criteria of a small business that is more than 50% owned and controlled by African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans or Asian-Indian Americans. **Please specify the appropriate ethnicity/race for the Minority-Owned Business.**

**[ ]** Asian Pacific American

**[ ]** Black or African American

**[ ]** Hispanic American

**[ ]** Native American

**[ ]** Subcontinent Asian American

**[ ]** Two or More

**[ ]** Yes - Ethnicity/Race Information Not Provided

**[ ]  Woman Owned Business -** An enterprise meeting the criteria of a small business that is more than 50% owned and controlled by women, regardless of their ethnic background.

**[ ]**  **Disabled Owned Business -** An enterprise meeting the criteria of a small business that is more than 50% owned and controlled by a person with a disability, regardless of their ethnic background.

**[ ]**  **LGBTQIA+ Owned Business -** An enterprise meeting the criteria of a small business that is more than 50% owned and controlled by a person who identifies as lesbian, gay, bisexual, transgender, queer, intersexual, or asexual, regardless of their ethnic background.

**[ ]  Service Disabled Veteran Owned Business** - An enterprise meeting the criteria of a small business that is more than 50% owned by a service disabled veteran or veterans regardless of ethnic background or gender.

**[ ]  Veteran Owned Business -** An enterprise meeting the criteria of a small business that is more than 50% owned by a veteran or veterans regardless of ethnic background or gender.

Certification Statement:

The undersigned, a duly authorized representative of Business, certifies as follows: (1) I am personally familiar with the Diverse Classification identified above, including any and all documentation to supporting such classification; (2) the information contained in this certification is true, complete and accurate; (3) I understand that FHLB Des Moines reserves the right to require additional documentation as determined necessary by the FHLB Des Moines in its sole discretion to support the Diverse Classification identified above; and (4) I understand that the information provided in this submission will be used by FHLB Des Moines in connection with the reporting requirements of the Minority and Women Inclusion Regulation (12 C.FR. Part 1223 or any successor regulation).

(Signature is required for the form to be considered valid).

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Name |  | **Title** |
|       |  |       |
| **Signature of Company Representative**  |  | **Date** |

Note: Any business designated as a diverse business must (1) provide written notification to FHLB Des Moines of any change in Diverse Classification within thirty (30) days of the change, and (2) renew its Certification Statement upon expiration to maintain its designation as a diverse business.

**Please forward all inquiries to: SupplierDiversity@fhlbdm.com**