EXHIBIT B - DIVERSE BUSINESS INCLUSION PLAN

1. Do you anticipate using, or is your firm, a State Certified Minority Business?

YES NO

1. Do you anticipate using, or is your firm, a State Certified Women’s Business?

YES NO

1. Do you anticipate using, or is your firm, a State Certified Veteran Business?

YES NO

1. Do you anticipate using, or is your firm, a Washington State Small Business?

YES NO

1. If you answered No to all of the questions above, please explain:
2. Please list the approximate percentage of work to be accomplished by each group:
   1. Minority [INSERT #]%
   2. Women [INSERT #]%
   3. Veteran [INSERT #]%
   4. Small Business [INSERT #]%
3. Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility.
   1. Name:
   2. Phone:
   3. E-Mail:

Return Exhibit B- Diverse Business Inclusion Plan as part of your bid submittal to Procurement Coordinator at:  
[HCAProcurements@hca.wa.gov](mailto:HCAProcurements@hca.wa.gov)