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