ATTESTATION FORM

Claiming Status as a Minority, Woman, Veteran, or Disabled-Owned or Managed Investment Firm

		Notary Public
		_ day of
		cribed and sworn to before me this
	Date:	
	Firm:	
	Position:	_
	Signed:	-
terminating an contracts, bids	hat any material misrepresentation of informatiny existing contract, bid, proposal or relationships, proposals or relationships for a period up to 10 and/or state laws concerning false statements.	o, (2) suspending any future
occur that wou	fy the Treasurer's Office in writing should a chan ald render my firm ineligible to claim status as a ourposes of investment transactions with the Illi	MWVD-owned or managed
applicable claimanaged firm, firms may be r	ish, upon the request of the Treasurer's Office, d med status is accurate and true. For firms claim random inquiries are conducted by the Treasur equired to furnish proof/documentation (i.e. bin r, etc.) attesting to the veracity of the claimed sta	ing status as a MWVD-owned or er's Office through which said th certificate, military discharge,
	/D Management – Greater than 75% of my firm's veteran, and/or disabled persons.*	s senior managers are minority,
	D Ownership – Greater than 50% of the owners ty, female, veteran, and/or disabled persons.*	ship interest of my firm is held by
as a minority,	e of the following two conditions applies, thus e woman, veteran, or disabled (MWVD)-owned or transactions with the Illinois State Treasurer's C	managed firm for the purposes

^{*} The definitions of "minority," "female," "veteran," and "disabled person" are located in the Business Enterprise for Minorities, Females and Persons with Disabilities Act (30 ILCS 575) and Sections 45-57 ("Veterans") of the Illinois Procurement Code (30 ILCS 500/45-57).