



Dear IMRF Business Partner:

**Re: Minority, Women and/or Disabled Owned Business Enterprise**

It is the policy of the Illinois Municipal Retirement Fund (IMRF) Board of Trustees to include qualified minority, disabled and/or women-owned business enterprises in the Fund's purchasing procedures of goods and services. We ask that you confirm whether or not your company meets the requirements to be classified as a "Minority Owned Business," "Disabled Owned Business" and/or a "Woman Owned Business" as defined in the Business Enterprise for Minorities, Woman, and Persons with Disabilities Act (30- ILCS 575/0.01 et seq.).

The definition of (30 ILCS 575) Business Enterprise for Minorities, Women, and Persons with Disabilities Act (30 ILCS 575) is [linked here](#). The full text of the statute, including relevant definitions, can be found by following the link.

After reviewing the definition, please complete the verification form enclosed with this letter, and return to me. In order to conduct business with IMRF, this MWBE verification form is required to be on file with our Purchasing department.

IMRF seeks to attain superior vendor relationships and believes that leveraging diverse talent enhances its potential to achieve them. Should you have any questions or comments, please call me at (630) 368-5366.

**Daniel Martinez**  
Purchasing Specialist

*cc: Vlad Shuliga, IMRF*

**Enclosures:**

- Verification of "Minority Owned Business", "Disabled Owned Business" or "Woman Owned Business" Status



**Verification of "Minority Owned Business",  
"Disabled Owned Business", or "Woman Owned Business" status**

\_\_\_\_\_ verifies that it DOES / DOES NOT meet the requirements to be  
(Firm Name)

classified as a "**Minority Owned Business**" as defined in Illinois Statute 30-ILCS-575 Business Enterprise for  
Minorities, Woman, and Persons with Disabilities Act.

\_\_\_\_\_ verifies that it DOES / DOES NOT meet the requirements to be  
(Firm Name)

classified as a "**Woman Owned Business**" as defined in Illinois Statute 30-ILCS-575 Business Enterprise for  
Minorities, Woman, and Persons with Disabilities Act.

\_\_\_\_\_ verifies that it DOES / DOES NOT meet the requirements to be  
(Firm Name)

classified as a "**Disabled Owned Business**" as defined in Illinois Statute 30-ILCS-575 Business Enterprise for  
Minorities, Woman, and Persons with Disabilities Act.

\_\_\_\_\_ verifies that it IS / IS NOT a publicly held/traded firm.  
(Firm Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date