Inland Cellular, LLC
procurement@inlandcell.com

Exhibit B

Consideration for Minority and Women Owned Businesses

If awarded a contract because of this RFP, do you anticipate subcontracting* with or purchasing from any of the following:

State Certified Minority Owned Businesses? ____ ☐
State Certified Woman Owned Businesses? ____ ☐
State Certified Veteran Owned Businesses? ____ ☐
Washington Small Businesses? ____ ☐

Organizational Goals:
If you plan to subcontract and/or purchase with funding received as a result of this RFQQ and answered 'No' to all questions above, please explain:
☐ I/We do not plan to subcontract any of the work described in this RFQQ.
☐ I/We do not plan to make any purchases reimbursable under this RFQQ.

Please identify the person in your organization who will manage your Diverse Business Inclusion Plan related to this project:

Name: _____ Title: _____ Phone: _____ E-Mail: _____

*Please note that subcontracting must be done in accordance with contractual terms and conditions which may include specific subcontractor selection requirements. Do not select subcontractors until you have reviewed all applicable requirements.