**MINNESOTA STATE PREFERENCE FORM**

Eligible certified targeted group (T.G.) prime Bidders and certified economically disadvantaged (E.D.) prime Bidders is a six percent (6%) preference. Preference will only be allowed if the Bidder is certified prior to the scheduled bid opening. Both the targeted group (T.G.) preference and the economically disadvantaged (E.D.) preference are applied only to the first $2,000,000 of the bid. Preferences are not cumulative; the total percentage of preference granted on a contract may not exceed the highest percentage of preference allowed for that contract. To be eligible for the targeted group (TG) preference, Bidders must be certified by one of Minnesota State’s recognized certifying agencies:

a. [State of Minnesota – Department of Administration](http://www.mmd.admin.state.mn.us/tgeligibility.htm)

1. [Central CERT Certification Program](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development-9) (CERT)
2. [North Central Minority Supplier Development Council](http://www.northcentralmsdc.net/) (NCMSDC)

d. [Women’s Business Development Center](https://www.wbdc.org/mn/) (WBENC)

The Bidder shall designate their company’s status below.

ARE YOU A CERTIFIED, TARGETED GROUP PRIME CONTRACT BIDDER? \_\_\_Yes \_\_\_No

ARE YOU A CERTIFIED, ECONOMICALLY DISADVANTAGED PRIME CONTRACTor? \_\_\_Yes \_\_\_No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Statutory requirements and appropriate documentation must be met **by the solicitation response due date and time** to be awarded the targeted group preference.

**Claim the Preference**

**By signing below, I confirm that:**

My company is claiming targeted group preference afforded by Minn. Stat. § 16C.16. By making this claim, I verify that:

* The business has been certified by one of Minnesota State’s recognized certifying agencies as being a targeted group (TG) business.

[NAME OF COMPANY] [INSERT DATE mm/dd/yyyy]

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [TELEPHONE NUMBER]

[PRINTED NAME] [INSERT TITLE]

**Attach a copy of your firm’s certification letter and sign and return this form with your solicitation response to claim the TG preference.**