



DCCED Small Business Survey

I, as the authorized representative of my company, certify that said company self-identifies as (Select all that apply):

- Social and Economic Disadvantaged
- Woman Owned
- Vet Owned
- Disabled Vet Owned
- Rural
- Located in a Qualified Opportunity Zone
(<https://storymaps.arcgis.com/stories/302eabb8f7a84e6c997f80ad2dfc1b39>)
- None of the above
- Prefer not to answer

Please note: This data is used solely for internal collection purposes. This data will not be used to determine eligibility for grant funding.

Business Name

Date

Name and Title of Authorized Representative

Signature of Authorized Representative