**Exhibit B**

**DIVERSE BUSINESS INCLUSION PLAN**

Do you anticipate using, or is your firm, a State Certified Minority Business? [ ]  Y [ ]  N

Do you anticipate using, or is your firm, a State Certified Women’s Business? [ ]  Y [ ]  N

Do you anticipate using, or is your firm, a State Certified Veteran Business? [ ]  Y [ ]  N

Do you anticipate using, or is your firm, a Washington State Small Business? [ ]  Y [ ]  N

If you answered No to all of the questions above, please explain:      \_\_\_\_

Please list the approximate percentage of work to be accomplished by each group:

Minority      %

Women      %

Veteran      %

Small Business      %

Please identify the person in your organization to manage your Diverse Inclusion Plan responsibility.

Name: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_