



WISCONSIN

SUPPLIER DIVERSITY PROGRAM

Certifying Minority, Disabled Veteran and Woman Owned Businesses

Trust Information Form

Directions: For each trust held by your business, please complete a separate form. Upload the completed form and corresponding trust documents to your account in the Supplier Diversity Program Portal - wisdp.wi.gov. You may use an additional form if needed.

Name of Trust:

Grantor(s)

| | % , if applicable | Gender |
|---|-------------------|--------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Beneficiaries of Trust

| | % | Gender | Check if Under 18 years old? |
|---|---|--------|------------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Trustee(s)

| | % | Gender |
|---|---|--------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Note: In order to include Trusts as a part of 51% WBE Ownership, the Trust Owner(s), Beneficiarie(s), and Trustee(s) must be women - Adm. Code 83.24 (4).