

## ATTACHMENT R - CORPORATE DIVERSITY ADDENDUM

Effective August 18, 2022

**Instructions:** Pursuant to § 11-101 of the Tax-Property Article, certain entities must provide a Corporate Diversity Addendum, which contains certain diversity data specified by Code of Maryland Regulation (“COMAR”) 24.01.07. To determine whether you must provide the Corporate Diversity Addendum, please complete Worksheet A.

Failure to complete the Addendum or failure to meet the criteria therein, may prohibit you from receiving certain State benefits. For more information, refer to COMAR 24.01.07.

Please be aware, the information you include in the Corporate Diversity Addendum may be shared with other Maryland State agencies.

### Worksheet A

1. Are you an entity that is required to be in good standing with the State Department of Assessments and Taxation (“SDAT”), and meets the following definition:

(1) A commercial enterprise or business that is formed in the State or registered with SDAT to do business in the State; or (2) a corporation, foundation, school, hospital, or other legal entity for which none of the net earnings inure to the benefit of any private shareholder or individual holding an interest in the entity?

☐ Yes – Proceed to Question 2

☐ No – STOP. You are not required to complete the Corporate Diversity Addendum. Complete Affidavit (I) on Page 2 and submit with the application for a State benefit.

2. Check the appropriate box if you are any of the following types of entities:

☐ Sole Proprietor

☐ Limited liability company (LLC) owned by a single member

☐ Privately held company if at least 75% of the company’s shareholders are family members

☐ Entity that (1) has an annual operating budget or annual sales less than \$5,000,000; and (2) has not qualified for or applied for, and does not intend to apply for, a State benefit, as defined below

Did you check at least one box?

☐ Yes – STOP. You are not required to complete the Corporate Diversity Addendum. Complete Affidavit (I) on Page 2 and submit with the application for a State benefit.

☐ No – Proceed to the Corporate Diversity Addendum on Page 3.

“State benefit” means (1) a State capital grant funding totaling \$1.0 million or more in a single fiscal year (July 1 – June 30); (2) State tax credits totaling \$1.0 million or more in a single fiscal year (July 1 – June 30); or (3) the receipt of a State contract with a total value of \$1.0 million or more. “State contract” means a contract that (a) resulted from a competitive procurement process and (b) is not federally funded in any way.

**AFFIDAVIT (I)**

**UNDER PENALTIES OF PERJURY**, I hereby swear that the entity submitting this report is not required to submit the Corporate Diversity Addendum.

Entity/Business Name: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

SDAT Identification Number: \_\_\_\_\_

Name of Entity's representative completing this Affidavit (print clearly):

\_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CORPORATE DIVERSITY ADDENDUM

**Instructions:** If you are required to provide the Corporate Diversity Addendum, completing Affidavit (II) on Page 4 is mandatory. A response to both items is required. Failure to provide a complete response to either of the two items may render the entity ineligible for certain state benefits. For more information, refer to COMAR 24.01.07.

I. A response to Item I is required. However, the content of your response has no bearing on eligibility for State benefits. Select below the underrepresented communities which are represented on this entity's board or in executive leadership. Select all that apply.

- ☐ Alaska Native
- ☐ Asian-Pacific Islander
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ Native American
- ☐ Native Hawaiian
- ☐ One or more of the racial or ethnic groups listed above
- ☐ None of the above

II. Check the box next to the following Corporate Diversity indicators that pertain to this entity. Note that references to underrepresented communities refers to communities listed in Item I above. The examples provided are intended to be representative, not exclusive. Select all that apply.

1. ☐ Entity maintains written workforce diversity, equity, and inclusion ("DEI") policies.
2. ☐ Entity offers DEI training to its workforce.
3. ☐ Entity assigns a senior-level employee as responsible for oversight and direction of the entity's DEI efforts.
4. ☐ Entity reports performance of its workforce DEI programs on its website.
5. ☐ Entity includes DEI objectives in performance plans of its managers.
6. ☐ Entity publishes information on its website about its DEI commitments and efforts.
7. ☐ Entity provides career advancement training/opportunities for employees, including members of underrepresented communities.
8. ☐ Entity collaborates with educational institutions, or is an educational institution, serving significant or predominant student populations or affinity groups from underrepresented communities (e.g., career fairs, scholarships, internships, apprenticeships).
9. ☐ Entity has a supplier diversity policy that provides business opportunities to diverse suppliers, including businesses owned by members of underrepresented communities, such as State-certified Minority Business Enterprises ("MBEs").
10. ☐ Entity publicizes its procurement opportunities to encourage participation from businesses owned by members of underrepresented communities.
11. ☐ Entity measures percentage of contract dollars awarded to businesses owned by members of underrepresented communities, including MBEs.
12. ☐ Entity provides support and outreach to underrepresented communities and/or organizations that represent underrepresented communities.

Only entities that meet at least 33% (4) of the Corporate Diversity Indicators above, by checking all the applicable boxes, qualify to receive a State benefit.

**AFFIDAVIT (II)**

**UNDER PENALTIES OF PERJURY**, I declare that I have examined this Corporate Diversity Addendum, and to the best of my knowledge and belief, it is true, correct, and complete.

Entity/Business Name: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

SDAT Identification Number: \_\_\_\_\_

Name of Entity's representative completing this Affidavit (print clearly):

\_\_\_\_\_

Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Penalties for Submitting False Information.** If information provided by the entity in this form or by other means is materially false, the entity and the individual providing the false information may be subject to criminal prosecution for perjury, procurement fraud, and other crimes and may be subject to debarment, and all State benefits or contracts to the entity made in reliance upon the inaccurate form or other information may be void or subject to termination for default. See COMAR 24.01.07.