Sitka Tribe of Alaska
Demographic Information Form for Vendors

RFP #							
Name of Vendor							
VENDOR							
Name(s) of Firm Owner(s)	**Enrolled Citizen of Sitka Tribe of Alaska**	**Enrolled Citizen of other federally-recognized Indian Tribe**	**African American**	**Asian American**	**Latinx**	**Pacific Islander**	**Female**
Names of Key Project Personn	(Include all personnel with a substantive role in the project)						
Name	**Title/Role**	**Estimated % of work on project**	**Citizen of Sitka Tribe of Alaska**	**Citizen of other federally-recognized**			

Sitka Tribe of Alaska
Demographic Information Form for Vendors

RFP #	2023-03						
Name of Vendor							
Name of Subcontractor							
SUBCONTRACTOR							
Name of Firm Owner(s)	**Enrolled Citizen of Sitka Tribe of Alaska**	**Enrolled Citizen of other federally-recognized Indian Tribe**	**African American**	**Asian American**	**Latinx**	**Pacific Islander**	**Female**
Names of Key Project Person	(Include all personnel with a substantive role in the project)						
Name	**Title/Role**	**Estimated % of work on project**	**Enrolled Citizen of Sitka Tribe of Alaska**	**Enrolled Citizen of other federally-recognized Indian Tribe**			