

BROWARD COLLEGE

OFFICE OF SUPPLIER RELATIONS AND DIVERSITY

SMALL
DISADVANTAGED
BUSINESS
PROGRAM
APPLICATION

**OFFICE OF SUPPLIER RELATIONS AND DIVERSITY
SMALL DISADVANTAGED BUSINESS PROGRAM APPLICATION**

PLEASE READ CAREFULLY - TYPE OR PRINT - ANSWER ALL QUESTIONS - ATTACH ADDITIONAL INFORMATION

Note - Business must be located in Broward, Palm Beach or Miami-Dade County to be considered for eligibility to participate in the Small Disadvantaged Business Program.

Section I - Principal Place of Business

Company Name (must be same name used for vendor registration):			
Street Address		P.O. Box	City
State	Zip Code	County	
d/b/a:			
Federal ID No. (FEIN) or Social Security No.			DUNS No.
Telephone Number		Alternate Phone Number	Fax Number
E-mail Address		Internet Address: Http://	
Business Owner(s):			
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<input type="checkbox"/> Male	<input type="checkbox"/> Female

Section II – Certification/Eligibility

- A. Submit the completed Small Disadvantaged Business Program Application and submit a current certification from one of the following agencies and organizations. The certification must be valid for at least 90 days before expiration:
1. State of Florida – Office of Supplier Diversity
 2. School Board of Broward County – Office of Supplier Outreach and Diversity
 3. Southern Florida Minority Supplier Development Council (SFMSDC)
 4. Women Business Enterprise National Council - Florida (WBENC)
 5. Broward County Government – Office of Economic and Small Business Development
 6. Palm Beach County Government – Office of Small Business Assistance
 7. Miami-Dade County Government – Office of Business Development.
- B. If certified, please provide:
1. Certifying Agency Name: _____
 2. Type of Certification (i.e., MBE/WBE/SBE/DBE): _____
 3. Expiration Date: _____
 4. Attach copy of certification certificate.

C. If the certification you submit is from the Southern Florida Minority Supplier Development Council or the Women Business Enterprise National Council - Florida, complete this section.

1. Annual gross sales averaged over the previous three years:

YEARS	ANNUAL GROSS SALES	ANNUAL GROSS SALES AVERAGED OVER 3 YEARS
1.		
2.		
3.		

2. Professional Service Firm
 General Service and Commodity Firm
 Construction Service Firm

3. Number of Employees at all locations _____.

Section III - Race and Gender of Principal Owner

1. _____% Asian American _____% Hispanic American
_____% African American _____% Native American
_____% White (non-Hispanic) _____% Other (specify) _____
2. _____ Female _____ Male

Section IV – Commodity Codes

A. List the NIGP Codes for all products or services offered by your company.

[Follow this link to see the list of NIGP Codes]

<http://www.broward.edu/procurement/Procurement/Supplier/index.html>

Section V – Business Type – Select the business type that applies to your business entity.

- Construction Service Contractor
 Commodities Supplier Licensed Professional Services
 Other _____

Section VI – Geographic Markets Serviced by Your Company

States _____
Counties _____
Other _____

Section VII – Bonding Capacity: \$ _____

It is recognized and acknowledged that the statements contained in this APPLICATION are true and that any material misrepresentation will be grounds for denial of participation in the Broward College Small Disadvantaged Business Program, and may result in not awarding or terminating contracts which may be awarded as the result of information contained in this APPLICATION.

I hereby authorize the Broward College Office of Supplier Relations and Diversity to verify the accuracy of the statements made in this APPLICATION in order to determine whether my company meets the requirements established for participation in the Broward College Small Disadvantaged Business Program.

_____	_____
Signature	Print Name
_____	_____
Title	Date

Submit the completed Small Disadvantaged Business Program Application and additional documents to:

Broward College
Office of Supplier Relations and Diversity
225 East Las Olas Boulevard, 6th Floor
Fort Lauderdale, Florida 33301

FOR OFFICIAL USE ONLY

Date Received: _____

Date Processed: _____

Approved By/Title: _____

Additional Comments: _____
