



# **BROWARD COLLEGE<sup>SM</sup>**

OFFICE OF SUPPLIER RELATIONS AND DIVERSITY

## **SUPPLIER DIVERSITY SMALL BUSINESS PROGRAM APPLICATION**

Office of Supplier Relations and Diversity  
6400 NW 6<sup>th</sup> Way, 2<sup>nd</sup> Floor  
Fort Lauderdale, Florida 33309  
Phone: 954-201-7455  
Fax: 954-201-7330  
[SDC@broward.edu](mailto:SDC@broward.edu)

## Eligibility Requirements:

1. Business must be geographically located in Broward, Palm Beach or Miami-Dade County to be considered eligible to participate in the Supplier Diversity Small Business Program.
2. Business must be certified by one of the following agencies and organizations:
  - Broward County Government
  - Florida State Minority Supplier Development Council (FSMSDC)
  - Miami-Dade County Government
  - Palm Beach County Government
  - School Board of Broward County
  - State of Florida
  - Women Business Enterprise National Council - Florida (WBENC)
3. Submit the completed Supplier Diversity Small Business Program Application and a current certification from one of the above agencies/organizations. The certification must be valid for at least 90 days before expiration.
4. Maximin annual gross sales average over 3 years:
  - Construction Service (\$10,000,000.00)
  - General Service and Commodity (\$5,000,000.00)
  - Goods & Supplies (\$5,000,000.00)
  - Professional Service (\$5,000,000.00)

**START**



**SUCCEED**



**SOAR**







**Section IV – Geographic Markets Serviced by Your Company**

NUMBER OF EMPLOYEES	COUNTIES	STATES

**Section V – Bonding Capacity:** \$ \_\_\_\_\_

**Section VI - Company References –** (Please provide 3 references.)

COMPANY NAME	CONTACT NAME/TITLE	ADDRESS	PHONE #	EMAIL
1.				
2.				
3.				

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’s Supplier Diversity Small Business Program. Misrepresentation may result forfeiture of awards or termination of contracts, which may be awarded as the result of the 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 to determine whether my company meets the requirements established for participation in the Broward College Supplier Diversity Small Business Program.

**Note:** Application must be signed by company owner.

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Date

***Submit the completed Supplier Diversity Small Business Program Application and additional documents to:***

Broward College  
 Office of Supplier Relations and Diversity  
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 Fort Lauderdale, Florida 33309  
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 Email [SDC@Broward.edu](mailto:SDC@Broward.edu)