Broward Health (BH) is an Equal Access Procurer of Goods and Services. As a practical execution of this principal Broward Health launched its Supplier Diversity Program. As a measurement of this effort, BH compiles a variety of data on the procurement participation of Small, Minority and Women owned businesses (SBE/MBE/WBE).

Your completion of this Verified Diverse Vendor Affidavit affirming minority ancestral origin, legal gender or Small Business status will ensure the accuracy and credibility of BH’s procurement tracking data for VDVs.

Please note: Verified Diverse Vendors are not eligible to participate in the Enhancements of BH’s Supplier Diversity Program. Only Certified Diverse Vendors (CDVs) documented as a SBE/MBE/WBE by an approved BH Certification Partner are eligible to participate in BH’s Supplier Diversity Enhancements.

State of ___________________________
County of __________________________

The undersigned declares that the firm is 51% percent owned, operated and managed by minorities and/or women or registered as a small business with the Federal Government in SAM or certified as a SBE with a governmental agency not listed as a BH Certification Partner:

Check one:
☐ African American/Black
☐ Asian
☐ Hispanic
☐ Native American
☐ Woman Owned
☐ Small Business Enterprise (Must provide with this completed VDV Affidavit, a copy of a SBE Certification Certificate/Document from a Federal, State, or Local Governmental Agency or a copy of the firm’s Federal Small Business Registration Profile from SAM – System for Award Management, as defined by the SBA.

SAM’s Registration Expiration Date:___________________ DUNS#_________________

Owner’s Signature
________________________________________

Print Name ________________________________ Company’s Name ________________________________

I do solemnly declare and affirm under penalty of applicable local, state, and federal laws of perjury that the statement(s) furnished herein and the documents herewith are true and correct and that I am authorized, on behalf of the firm to make this affidavit.

On this, the _____ day of _____________________, 20_____ before me appeared ____________________________ to me known; who being duly sworn, did execute the foregoing affidavit, and did state that he/she executed the affidavit and did so as a free act and deed. In witness whereof, I have hereunto set my hand and official seal.

_____ Personally Know or _____ Produced ID

Form of Identification presented:
________________________________________

Notary Public (Signature) ________________________________

My commission expires __________________________ (SEAL)

Please Complete this affidavit, then Return to VRS and Upload it & supporting SBE Document within 60 days!