



## Corporate Resources & Materials Management – Supplier Diversity

### **VERIFIED DIVERSE VENDOR (VDV) AFFIDAVIT (Affirmation of Minority Ancestral, Legal Gender or Small Business status)**

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 VDV’s.

**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!**