

Office of Economic and Small Business Development (OESBD)

VERIFIED SMALL BUSINESS VENDOR (VSBV) AFFIDAVIT (Affirmation of 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 Economic and Small Business Development Initiative. As a measurement of this effort, BH compiles a variety of data on the procurement participation of Small Business Vendors (SBV).

Your completion of this Verified Small Business Vendor Affidavit affirming Small Business status will ensure the accuracy and credibility of BH's procurement tracking data for Verified Small Business Vendors (VSBV).

Please note: Verified Small Business Vendors (VSBV) are not eligible to participate in the Enhancements of BH's Economic and Small Business Development Initiative. Only Certified Small Business Vendors (CSBV) documented as a Small Business with an approved BH Certification Partner are eligible to participate in BH's Small Business Enhancements.

State of _____
County of _____

The undersigned attests that the company is registered as a small business with the Federal Government in SAM or certified in one of Broward Health's (BH) recognized categories of Small Business Vendors with a governmental agency not listed as an approved BH Certification Partner. Documentation from the governmental agency evidencing small business status must accompany this Verified Small Business Vendor (VSBV) Affidavit.

SAM's Registration Expiration Date: _____ DUNS# _____
SAM Unique Entity ID number: _____

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 company 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 Small Business Document within 60 days!