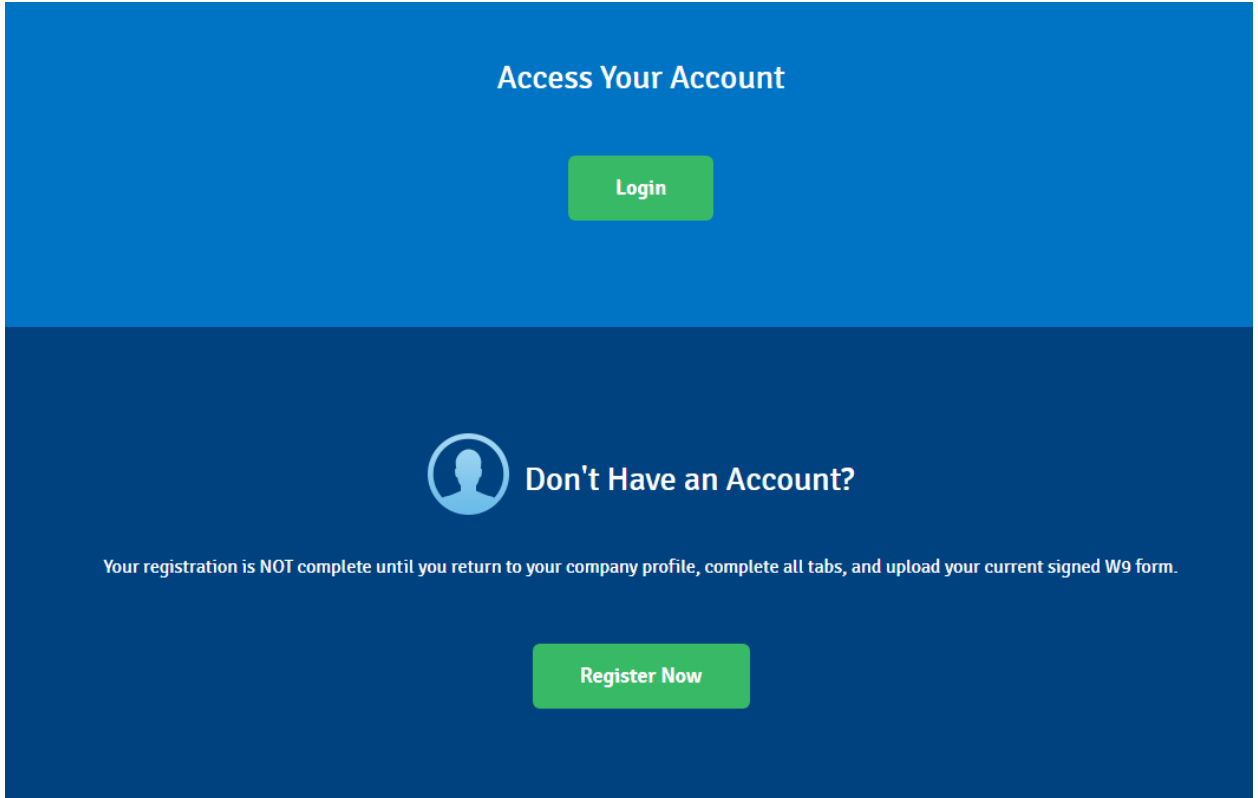


How to apply for a Broward Health sponsorship

- Step one, please register as a vendor through our Vendor Registration System (VRS).
- Step two is to submit your application through our online application:
<https://vendor.browardhealth.org/pages/sponsorship>.

How to register as a vendor with Broward Health:

1. Visit - <https://vendor.browardhealth.org/pages/vendor-registration-and-certification>
2. Scroll down and select "Login" if you have an account or if you are a first time user, select "Register Now."



3. To register, click the "Register Now" button, which take you to the "Create Account" screen.

CREATE ACCOUNT

Please fill the required fields and click [Create Account] button...

Name of Company *

Tax ID / SSN / EIN * Tax ID SSN EIN Other

Re-Enter Tax ID / SSN / EIN *

Phone No * / Ext.

Contact Information

First Name * / Last Name *

Contact Title

Email Address *

Confirm Email Address *

I acknowledge that my registration is NOT complete until I return to the VRS profile and complete all tabs and upload our company's W9.

4. Complete all the required fields
 - a. Name of Company
 - b. Tax ID/SSN/EIN
 - c. Reenter Tax ID/SSN/EIN
 - d. Contact Information
 - e. First Name/Last Name
 - f. Contact Title
 - g. Email address
 - h. Confirm Email address
 - i. Acknowledgement box
5. Select "Create Account" once all fields have been completed
6. A new webpage will open

Save Changes
test
Log Out

1. VENDOR INFORMATION

Name of Company *

Tax ID / SSN / EIN *

 Tax ID
 SSN
 EIN
 Other

Subsidiary/Doing Business As

Street Address * / Additional

City * / State * / Zip *

Phone No * / Ext.

Alternative Number / Ext.

Toll Free Number / Ext.

Fax Number / Website URL

Contact Information

First Name * / Last Name *

Contact Title

Email Address *

Alternate Email Address

Remit address (if different than the primary address)

1. Vendor Information

2. Ownership & Affiliation

3. Products & Services

4. Supplier Diversity

5. Compliance Program

6. Bid Information

7. Subcontracting

8. Change Password

W9 DOCUMENT

Select W9 File to Upload... * Browse...

Please upload valid W9 before move on next tab.

Upload

Uploaded W9 Documents

View

7. Complete all required fields

8. Upload your W9

W9 DOCUMENT

Select W9 File to Upload... *

Please upload valid W9 before move on next tab.

Uploaded W9 Documents

1. VENDOR INFORMATION

Name of Company *

Tax ID / SSN / EIN *

Subsidiary/Doing Business As

9. Save changes

10. Continue to tab #2 Ownership & Affiliation

Save Changes test Log Out

2. OWNERSHIP & AFFILIATION

Dear Vendor:

In order to ensure that Broward Hospital District and its subsidiaries and affiliates and all facilities owned and operated by North Broward Hospital District comply with federal law concerning financial arrangements between physicians and entities that provide certain health care services, we require all vendors provide us with the following information.

For purposes of answering these questions, the following definitions apply:

Organization, shall mean, the contracting party with whom Broward Health may enter into an agreement with and for whom this form is been completed.

Broward Health means all Broward Health-affiliated entities including, but not limited to, hospitals, ambulatory surgery centers, home health centers, hospices, home health agencies, physician practices, outpatient imaging centers, service centers, joint ventures and all Broward Health departments, groups, and divisions.

Broward Health Entities is regions, facilities or affiliates of Broward Health that include but are not limited to the following:

- Broward Health Medical Center
- Broward Health Coral Springs
- Broward Health Imperial Point
- Broward Health North
- Broward Health Community Health Services
- Broward Health Gold Coast Home Health & Hospice
- Broward Health Weston including Urgent Care Centers
- Broward Health Physician Group
- Children's Diagnostic & Treatment Center
- Broward Health Foundation
- Best Choice Plus

"Key Personnel" means the following individuals:

- Individuals intending to do business with Broward Health
- Organization's owners, officers, board members, employees holding the title of vice-president or its equivalent, employed physicians.
- Immediate family members of two categories above.

"Immediate family member" means the following individuals: husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

"Ownership or investment interest" includes and interest held through equity, debt, or other means. An ownership or investment interest includes, but is not limited to, stock, stock options (excluding stock options that have not been exercised or convertible securities that have not been converted to equity), partnership shares, limited liability company memberships, as well as loans, bonds, or other secured financial instruments.

"Physician" means a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry or a chiropractor.

Questions

1. *Does Organization or any key personnel have direct or indirect ownership or investment interest in any entity that provides health care services to Broward Health Entities? (This includes an ownership or investment interest in a company that holds some ownership or investment interest in any entity that furnishes health care services) YES NO

1. Vendor Information
2. Ownership & Affiliation
3. Products & Services
4. Supplier Diversity
5. Compliance Program
6. Bid Information
7. Subcontracting
8. Change Password

11. Scroll down

12. Answer "Yes" or "No" based on your organization's information

2. OWNERSHIP & AFFILIATION

Questions

1. *Does Organization or any key personnel have direct or indirect ownership or investment interest in any entity that provides health care services to Broward Health Entities? (This includes an ownership or investment interest in a company that holds some ownership or investment interest in any entity that furnishes health care services) YES NO

2. *Is an immediate family member of key personnel employed by, contracted with or does business with or provides services at Broward Health? YES NO

3. *Does Organization or any key personnel have a contractual arrangement with a company that is owned in whole or in part by a physician (or an immediate family member or a physician) who may refer patients or treat patients at Broward Health Entities? YES NO

4. *Does Organization or any key personnel have a contractual arrangement with a company that is owned in whole or in part by any person (other than a physician or an immediate family member or a physician) who may refer patients or treat patients at Broward Health Entities? YES NO

5. *Is your organization owned in whole or in part, directly or indirectly, by a physician or any person (other than a physician) who refers patients to or treats patients at any Broward Health Entities? YES NO

6. *Does your organization employ or contract with a physician, immediate family member of a physician or any person who refers patient to, treats patients at or does business with any Broward Health Entities? YES NO

7. *Does organization or any key personnel hold a position as officer, partner, director, or otherwise in any business entity which to the best of my knowledge does business with, or competes with Broward health? YES NO

I have authority from Organization to provide answers to the questions above. I acknowledge that I have an ongoing duty to immediately disclose any changes to the information provided above.

I acknowledge that the answers provided herein are truthful and accurate as of date of my signature below. If the above disclosed information changes I agree to immediately update my information via the Vendor Relations System.

Name: *

Title: * Date:

13. Enter Name and Title of individual completing the form



Name: *

Title: * Date:

14. The date field will auto populate

15. Continue scrolling down

16. Click the blue links to download Conflict of Interest – Vendors, Contractor, and Sub Agents Form and the Disclosure Form.

CONFLICT OF INTEREST & DISCLOSURE FORM

As a Covered Person, you are required to read, review, understand and comply with our Conflict of Interest and Disclosure. Please click on the following links to review, sign and upload the signed documents.

- [Conflict of Interest - Vendors, Contractors and Sub Agents](#)



Select File to Upload... Browse...

Document Signed Date: Upload

Uploaded Document List...

View

- [Disclosure Form](#)



Select File to Upload... Browse...

Document Signed Date: Upload

Uploaded Document List...

View

17. Once you click the blue links, they will open in new tabs in your browser.

18. Print, answer “yes” or “no,” sign, and scan the documents.

No.	Question	Yes	No
1	Do you or any immediate family member have a direct or indirect ownership or investment interest in any entities that provide health care services to a Broward Health Region/Facility or Affiliate? (This includes an ownership or investment interest in a company that holds some ownership or investment interest in any entity that furnishes health care services.)		
2	Do you have an immediate family member who is employed by, contracted with, or does business with Broward Health?		
3	Are you involved with a company owned in whole or part by a physician (or an immediate family member of a physician) who may refer patients or treat patients at a Broward Health Region/Facility or Affiliate?		
4	Are you involved with a company owned in whole or part by any person (other than a physician or an immediate family member of a physician) who may refer patients to a Broward Health Region/Facility or Affiliate?		
5	Are you involved with a company that employs or contracts with a physician (or an immediate family member of a physician) who may refer patients or treat patients at a Broward Health Region/Facility or Affiliate?		

Please provide additional detail for each question you have responded to with “Yes,” including a description of your involvement with the company or entity:

I represent that the answers provided herein are truthful and accurate as of the date of my signature below. I agree to immediately notify the Region/Facility of any changes in the above-disclosed information.

Physician/Vendor/Contractor Signature

Date

Print Name

Title

CONFLICT OF INTEREST QUESTIONNAIRE FORM
VENDORS/CONTRACTORS/SUBCONTRACTOR/AGENTS

1. **Outside Interests (Other than investments)** - e.g., holding a position as officer, partner, director, proprietor or otherwise in any business entity which to the best of my knowledge does business with, or competes with, the North Broward Hospital District.

PLEASE CHECK APPLICABLE: None Disclosure (explain below)

2. **Investments** - Having a material interest (including the direct or indirect ownership of the assets or equity of a business entity) in any business entity which to the best of my knowledge does business with or competes with the North Broward Hospital District, or where the opportunity for personal gain is materially increased due to the relationship of the District with the business entity in which there is a material interest.

PLEASE CHECK APPLICABLE: None Disclosure (explain below)

3. **Outside Activities** - e.g., rendering services (including directive, managerial, or consultative) to any business entity doing business, or competing with the North Broward Hospital District.

PLEASE CHECK APPLICABLE: None Disclosure (explain below)

NORTH BROWARD HOSPITAL DISTRICT

CONFLICT OF INTEREST QUESTIONNAIRE FORM
VENDORS/CONTRACTORS/SUBCONTRACTOR/AGENTS

4. **Inside Information** - e.g., using or disclosing information relating to the North Broward Hospital District's business, not available to members of the general public and gained by reason of declarant's affiliation with the North Broward Hospital District, for the personal gain or benefit of the declarant.

PLEASE CHECK APPLICABLE: None Disclosure (explain below)

I have read the referenced resolution regarding disclosure of conflict of interest, and agree to abide by the provisions thereof. **I acknowledge that the disclosure of conflicts of interest or potential conflicts is an ongoing obligation and further agree to disclose any changes to these answers. I further acknowledge that a failure to disclose or to resolve conflicts is a violation of the Code of Conduct and Ethics of the Commissioners of the North Broward Hospital District.** I have disclosed to the best of my knowledge any potential conflict of interest in the comment's section (above) or have attached additional documents. I understand that my deliberate failure to make a full disclosure of any potential conflict of interest may constitute cause for the immediate termination of all Agreements.

Date

Signature

Title

Business Name

19. Upload the appropriate documents from the saved location on your computer.

CONFLICT OF INTEREST & DISCLOSURE FORM

As a Covered Person, you are required to read, review, understand and comply with our Conflict of Interest and Disclosure. Please click on the following links to review, sign and upload the signed documents.

- [Conflict of Interest - Vendors, Contractors and Sub Agents](#)

Select File to Upload... Browse...

Document Signed Date:

Upload

Uploaded Document List...

View

- [Disclosure Form](#)

Select File to Upload... Browse...

Document Signed Date:

Upload

Uploaded Document List...

View

20. Upload your certificate of insurance

CERTIFICATE OF INSURANCE

All vendors are required to upload up-to-dated Certificate of Insurance for doing business with Broward Health

Select File to Upload... Browse...

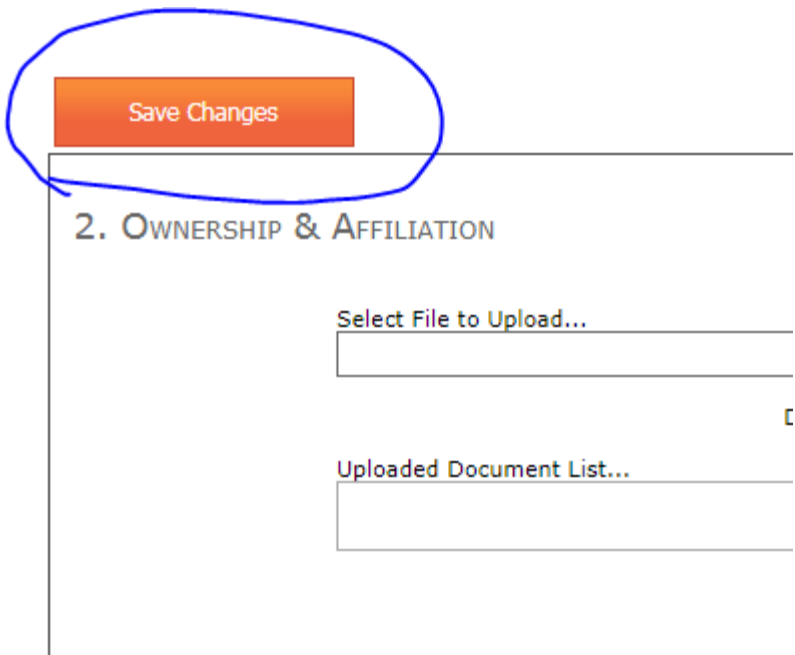
Insurance Expiration Date:

Upload

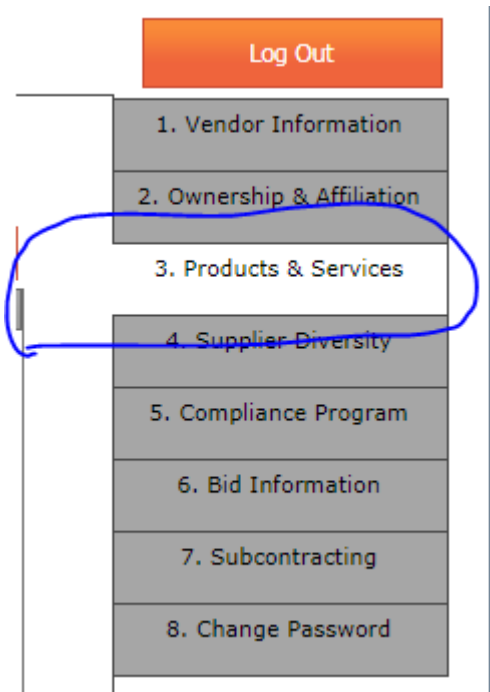
Uploaded Document List...

View

21. Select "Save Changes" located in the upper left hand corner of the window to save your progress.



22. Click tab 3. Products & Services



3. PRODUCTS & SERVICES

Categories

Search List

ID	Description
32000	WCO, Nursery, Labor & Delivery, Equipment, Supplies
33000	Nutritional Services, Food, Beverages Products
34000	Office Equipment, Supplies, Services
35000	Ortho
36000	Pharmacy Equipment, Supplies
37000	Physical Therapy Equipment
38000	Plant Engineering/Facilities Services
39000	Printing
40000	Professional Provider Services
41000	Radiology Equipment, Supplies
42000	Respiratory Equipment, Supplies
46000	Sponsorships
50000	Testing - DO NOT USE
43000	Transportation
44000	Vending Machines
45000	Wellness

Selected Products & Services * (must select at least one):

<< Remove

Code	Description
------	-------------

Subcategories

Add >>

Code	Description
------	-------------

23. Scroll down within the "Categories" List and select "Sponsorships" from the list.

3. PRODUCTS & SERVICES

Categories Search List

ID	Description
32000	Miscellaneous Labor & Delivery Equipment, Supplies
33000	Nutritional Services, Food, Beverages Products
34000	Office Equipment, Supplies, Services
35000	Ortho
36000	Pharmacy Equipment, Supplies
37000	Physical Therapy Equipment
38000	Plant Engineering/Facilities Services
39000	Printing
40000	Professional Provider Services
41000	Radiology Equipment, Supplies
42000	Respiratory Equipment, Supplies
46000	Sponsorships
50000	Testing - DO NOT USE
43000	Transportation
44000	Vending Machines
45000	Wellness

Selected Products & Services * (must select at least one): << Remove

Code	Description
------	-------------

Subcategories Add >>

Code	Description
------	-------------

24. Select "Sponsorships" again in the "Subcategory" section.

3. PRODUCTS & SERVICES

Categories		Search List	Selected Products & Services * (must select at least one):	<< Remove
ID	Description		Code	Description
32000	Respiratory, Labor & Delivery, Equipment, Supplies			
33000	Nutritional Services, Food, Beverages Products			
34000	Office Equipment, Supplies, Services			
35000	Ortho			
36000	Pharmacy Equipment, Supplies			
37000	Physical Therapy Equipment			
38000	Plant Engineering/Facilities Services			
39000	Printing			
40000	Professional Provider Services			
41000	Radiology Equipment, Supplies			
42000	Respiratory Equipment, Supplies			
46000	Sponsorships			
50000	Testing - DO NOT USE			
43000	Transportation			
44000	Vending Machines			
45000	Wellness			

Subcategories		Add >>
Code	Description	
46001	Sponsorships	

25. Click the "Add >>" button to add it to the list.

3. PRODUCTS & SERVICES

Categories Search List

ID	Description
32000	WCC, Nursery, Labor & Delivery: Equipment, Suppl
33000	Nutritional Services, Food, Beverages Products
34000	Office Equipment, Supplies, Services
35000	Ortho
36000	Pharmacy Equipment, Supplies
37000	Physical Therapy Equipment
38000	Plant Engineering/Facilities Services
39000	Printing
40000	Professional Provider Services
41000	Radiology Equipment, Supplies
42000	Respiratory Equipment, Supplies
46000	Sponsorships
50000	Testing - DO NOT USE
43000	Transportation
44000	Vending Machines
45000	Wellness

Subcategories Add >>

Code	Description
46001	Sponsorships

Selected Products & Services * (must select at least one): << Remove

Code	Description
------	-------------

26. The "Sponsorships" will appear in the "Selected Product & Services" column.

3. PRODUCTS & SERVICES

Categories		Search List	Selected Products & Services * (must select at least one):		<< Remove
ID	Description		Code	Description	
32000	WCB, Nursery, Labor & Delivery, Equipment, Suppl		46001	Sponsorships	
33000	Nutritional Services, Food, Beverages Products				
34000	Office Equipment, Supplies, Services				
35000	Ortho				
36000	Pharmacy Equipment, Supplies				
37000	Physical Therapy Equipment				
38000	Plant Engineering/Facilities Services				
39000	Printing				
40000	Professional Provider Services				
41000	Radiology Equipment, Supplies				
42000	Respiratory Equipment, Supplies				
46000	Sponsorships				
50000	Testing - DO NOT USE				
43000	Transportation				
44000	Vending Machines				
45000	Wellness				

Subcategories		Add >>
Code	Description	

27. Click "Save Changes" located in the upper left hand corner of the screen.

test

3. PRODUCTS & SERVICES

Categories Search List

ID	Description
32000	MCO, Nursery, Labor & Delivery, Equipment, Suppl
33000	Nutritional Services, Food, Beverages Products
34000	Office Equipment, Supplies, Services
35000	Ortho
36000	Pharmacy Equipment, Supplies
37000	Physical Therapy Equipment
38000	Plant Engineering/Facilities Services
39000	Printing
40000	Professional Provider Services
41000	Radiology Equipment, Supplies
42000	Respiratory Equipment, Supplies
46000	Sponsorships
50000	Testing - DO NOT USE
43000	Transportation
44000	Vending Machines
45000	Wellness

Subcategories Add >>

Code	Description
------	-------------

Selected Products & Services * (must select at least one): << Remove

Code	Description
46001	Sponsorships

28. Click tab 4. Supplier Diversity

1. Vendor Information
2. Ownership & Affiliation
3. Products & Services
4. Supplier Diversity
5. Compliance Program
6. Bid Information
7. Subcontracting
8. Change Password

Save Changes test Log Out

4. SUPPLIER DIVERSITY

Diverse Vendor Processing Status: **Incomplete Account**

Is your firm a Small, Minority, and/or Woman Owned Business?

YES NO

ONLY SBE/MBE/WBE VENDORS NEED TO COMPLETE THIS PAGE

- 1. Vendor Information
- 2. Ownership & Affiliation
- 3. Products & Services
- 4. Supplier Diversity
- 5. Compliance Program
- 6. Bid Information
- 7. Subcontracting
- 8. Change Password

29. Click "Yes" or "No" if your firm is a small, minority, and/or women owned business.

Save Changes test Log Out

4. SUPPLIER DIVERSITY

Diverse Vendor Processing Status: **Incomplete Account**

Is your firm a Small, Minority, and/or Woman Owned Business?

YES NO

ONLY SBE/MBE/WBE VENDORS NEED TO COMPLETE THIS PAGE

- 1. Vendor Information
- 2. Ownership & Affiliation
- 3. Products & Services
- 4. Supplier Diversity
- 5. Compliance Program
- 6. Bid Information
- 7. Subcontracting
- 8. Change Password

30. Click "Save Changes" at the top left hand corner.

Save Changes test

4. SUPPLIER DIVERSITY

Diverse Vendor Processing Status: **Incomplete Account**

Is your firm a Small, Minority, and/or Woman Owned Business?

YES NO

ONLY SBE/MBE/WBE VENDORS NEED TO COMPLETE THIS PAGE

31. Click tab 5. Compliance Program

- 1. Vendor Information
- 2. Ownership & Affiliation
- 3. Products & Services
- 4. Supplier Diversity
- 5. Compliance Program**
- 6. Bid Information
- 7. Subcontracting
- 8. Change Password

32. Answer "Yes" or "No" to the questions and download Broward Health's Code of Conduct.

5. COMPLIANCE PROGRAM

Dear Broward Health Contractor, Subcontractor and Agent,

Please answer the following questions:

1. *Do key personnel hold any type of health care related licensure in the State of Florida? YES NO

(If YES, please specify type and license number)

2. *Does organization provide services that involve providing patient care items or services or performing billing or coding functions on behalf of Broward Health? YES NO

Broward Health has developed and implemented a Code of Conduct. Please click on the following link to view the document:

- [Broward Health Code of Conduct](#)

33. Once you have read and answered the questions appropriately, complete the bottom portion of the page.

This certifies that as of today, I agree to and acknowledge the following:

- I have authority from Organization to provide answers to the questions above. I acknowledge that I have an ongoing duty to immediately disclose any changes to the information provided above.
- I acknowledge that the answers provided herein are truthful and accurate as of date of my signature below. If the above disclosed information changes I agree to immediately update my information via the Vendor Relations System.

* I have printed and read the document

Name: *

Title: * Date:

34. Click "Save Changes" at the top left hand corner of your screen.

The screenshot shows a web form titled "5. COMPLIANCE PROGRAM". At the top left, there is an orange button labeled "Save Changes" which is circled in blue. To the right of the button, the word "test" is displayed in blue. The form content includes a greeting "Dear Broward Health Contractor, Subcontractor and Agent," followed by the instruction "Please answer the following questions:". Question 1 asks "Do key personnel hold any type of health care related licensure in the State of Florida?" with radio buttons for "YES" and "NO". Below this question is a text area with the prompt "(If YES, please specify type and license number)". Question 2 asks "Does organization provide services that involve providing patient care items or services or performing billing or coding functions on behalf of Broward Health?" with radio buttons for "YES" and "NO". Below the questions, there is a link to "Broward Health Code of Conduct". A certification statement follows: "This certifies that as of today, I agree to and acknowledge the following:" with two bullet points regarding authority and accuracy of information. At the bottom, there is a checkbox for "I have printed and read the document" and input fields for "Name:", "Title:", and "Date:".

35. Tab 6. Bid Information is not relevant to sponsorship vendor registration.

36. Click Tab 7. Subcontracting

A vertical list of eight navigation tabs is shown. The tabs are: 1. Vendor Information, 2. Ownership & Affiliation, 3. Products & Services, 4. Supplier Diversity, 5. Compliance Program, 6. Bid Information, 7. Subcontracting, and 8. Change Password. The tab labeled "7. Subcontracting" is circled in blue.

37. Answer “Yes” or “No” to answer the question.

Save Changes test Log Out

7. SUBCONTRACTING

Broward Health requests Contracted Vendors confirm the use of Subcontractors for services being provided to Broward Health.
Please disclose if your company subcontracts the services or products you provide.

Does your organization subcontract services? * YES NO

1. Vendor Information
2. Ownership & Affiliation
3. Products & Services
4. Supplier Diversity
5. Compliance Program
6. Bid Information
7. Subcontracting
8. Change Password

38. Click “Save Changes.”

Save Changes test Log Out

7. SUBCONTRACTING

Broward Health requests Contracted Vendors confirm the use of Subcontractors for services being provided to Broward Health.
Please disclose if your company subcontracts the services or products you provide.

Does your organization subcontract services? * YES NO

1. Vendor Information
2. Ownership & Affiliation
3. Products & Services
4. Supplier Diversity
5. Compliance Program
6. Bid Information
7. Subcontracting
8. Change Password

39. Once you have completed all these steps, feel free to log out of the vendor registration portal.

Save Changes test Log Out

7. SUBCONTRACTING

Broward Health requests Contracted Vendors confirm the use of Subcontractors for services being provided to Broward Health.
Please disclose if your company subcontracts the services or products you provide.

Does your organization subcontract services? * YES NO

1. Vendor Information
2. Ownership & Affiliation
3. Products & Services
4. Supplier Diversity
5. Compliance Program
6. Bid Information
7. Subcontracting
8. Change Password

40. Complete the sponsorship application through the online form:

<https://vendor.browardhealth.org/pages/sponsorship>