



# **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**



**OFFICE OF SUPPLIER RELATIONS AND DIVERSITY**  
**SMALL DISADVANTAGED BUSINESS PROGRAM APPLICATION**

PLEASE READ CAREFULLY - TYPE OR PRINT - ANSWER ALL QUESTIONS –  
 ATTACH ADDITIONAL INFORMATION

**Section I - Principal Place of Business**

<b>Company Name</b> (must be same name used for vendor registration):				
<b>d/b/a:</b>			<b>Date of Establishment:</b>	
<b>Street Address</b> (Must be same name used for Supplier registration):		<b>P.O. Box:</b>		<b>City:</b>
<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>		
<b>Telephone Number:</b>		<b>Alternate Phone Number:</b>		<b>Fax Number:</b>
<b>E-mail Address:</b>			<b>Website:</b>	
<b>Race and Gender of Principal Owner(s):</b> <i>Note: Ownership and race must equal 100%</i>				
Business Owner Name:	Ownership %	Race	% of Race	Gender
		<input type="checkbox"/> Asian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other (specify)_____		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Asian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other (specify)_____		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Asian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other (specify)_____		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Asian American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other (specify)_____		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Total:</b>				

**Section II – Certification**

- A. Is the company certified?  Yes  No
- B. Submit a copy of the current certification from **one** of the following agencies and organizations. The certification must be valid for at least 90 days before expiration:
- 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)
- C. If certified, please provide:
1. Certifying Agency Name: \_\_\_\_\_
  2. Type of Certification (i.e., MBE/WBE/SBE/DBE): \_\_\_\_\_
  3. Expiration Date: \_\_\_\_\_
  4. Attach copy of certification certificate.

**Section III – Business Information**

- A. Annual gross sales averaged over the previous three years:

YEARS	ANNUAL GROSS SALES	ANNUAL GROSS SALES AVERAGED OVER 3 YEARS
1.		
2.		
3.		

- B. Business Type – Select the business type that applies to your business entity.

- Construction Service (\$10,000,000.00)
- General Services (\$5,000,000.00)
- Goods & Supplies (\$5,000,000.00)
- Professional Service (\$5,000,000.00)
- Other \_\_\_\_\_

- C. Commodity - List all the products or services offered by your company.

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**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  
 6400 NW 6<sup>th</sup> Way, 2<sup>nd</sup> Floor  
 Fort Lauderdale, Florida 33309  
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