

Osceola County Board of County Commissioners

Diversity, Inclusion & Equal Opportunity Programs

1 Courthouse Square, Suite 4200

Kissimmee, FL 34741

General Instructions

1. This application will be reviewed in accordance with the Florida Statutes, Osceola County Administrative Code, and Osceola County Procurement Service's Standard Operating Procedures. Therefore it is advised that all questions be answered carefully.
2. **Application and affidavit must be appropriately completed, signed, dated, notarized and returned with a copy of a valid MBE/WBE/SDVBE certificate to: (Faxes or emails are not accepted)**

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Attn: Supplier Diversity

1 Courthouse Square, Suite 4200

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3. Answer all questions briefly and accurately. Do not ignore any questions. If a question does not apply to the business operation, write "not applicable" in the space provided.
4. The processing time for certification through reciprocity is at least 45 business days, and staff may perform on-site visits, applicant interviews, reference checks, and conduct research to verify information submitted by the applicant to substantiate their eligibility for certification as deemed necessary.
5. Information provided for MBE/WBE/SDVBE certification (not including "proprietary confidential business" information) is public record pursuant to Chapter 119, Florida Statutes.
6. Please note: Sections 837.06: False official statements, Florida Statutes. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Minority, Women, and Service Disabled Veteran Business Enterprise (MBE/WBE/SDVBE)

Application for Reciprocity

1. Name of Firm: _____
2. Physical Address: _____

3. Mailing Address: _____

4. Phone and Fax numbers: __ (P) _____ (F) _____
5. Contact Person: _____ Title: _____
6. Email Address: _____
7. Website Address: _____

8. Commodity/Service Areas: _____

9. **Minority Group Status:** Specify the minority group and percentage of ownership of the person(s) who owns and controls 51% or more of the firm:

African American	Asian American	Hispanic American	Native American	American Woman	Service Disable Veteran
%	%	%	%	%	%

_____ % Minority _____ % Woman

10. Type of Ownership:

LLC [] Corporation Sole Proprietorship [] Partnership []

List current owner(s) name and percentage of ownership:

Name and Title	Percentage of ownership

11. List the name(s) and title of all owners/officers/shareholders and a brief description of their duties/responsibilities below:

Name and Title	Race	Duties / Responsibilities

12. Certifying Agency: _____

Expiration Date: _____

13. Has the nature of the business changed since being certified as an **MBE/WBE/SDVBE**? Yes ___ No ___

If yes, please specify the major services/product changes:

14. Has a Governmental Entity denied Certification to your firm during the past year? Yes ___ No ___

If yes, please identify the governmental entity and location:

Supplier Diversity Program Reciprocity Affidavit

By signing and submitting this application, I acknowledge individually and on behalf of the applicant business that the applicant and I understand that:

- The applicant has the burden of establishing entitlement to certification.
- All information and documents submitted along with the Application for Reciprocity becomes an official public record. As such, the certifying entity bears no obligation to return to the applicant any items of original production or any copies of file documents.
- The applicant consents to examination of its books, records and premises and to interviews of its principals, employees, business contacts, creditors, and bonding companies by the certifying entity for the purpose of determining the applicant's eligibility for certification.
- The certifying entity may request additional documentation not requested on this application.
- Pursuant to Section 287.094, Florida Statutes, the false representation of any entity as a minority business enterprise for purpose of qualifying for certification as such under this program may be punishable as a felony of a second degree. The certifying entity may initiate such disciplinary actions it deems appropriate including, but not limited to, forwarding pertinent information to the Department of Legal Affairs and/or certifying entity's legal counsel for investigation and possible prosecution.

Further, applicant declares and affirms that ownership and management of this firm has not changed, except as indicated in the application/affidavit, since certification status was granted:

Authorized Officer Name: _____

Title: _____

Company Name: _____

Signature: _____

On this _____ day of _____, 20_____ personally appeared before me, the undersigned officer authorized to administer oaths, known to me the persons described in the foregoing affidavit who acknowledged that he/she execute the same in the capacity stated for the purpose therein contained.

In witness whereof, I have hereunto set my hand and official seal.

Notary Public: _____

Form of Identification Presented: _____

My Commission expires: _____