

Small Business Enterprise Certification Application



SMALL BUSINESS ENTERPRISE CERTIFICATION APPLICATION

South Florida Water Management District
 Procurement Department - SBE Section
 3301 Gun Club Road, West Palm Beach, FL 33406
 561-686-8800 FL WATS 1-800-432-2045 www.sfwmd.gov

Mailing Address:
 P.O. Box 24680, West Palm Beach, FL 33416-4680

FOR INTERNAL USE ONLY		
Vendor #		Date Received
Date Reviewed		More Info Requested
Certified	Denied	More Info Received
Basis For Denial		Reviewer

REQUIRED SUPPORT DOCUMENTS FOR ALL APPLICANTS

See SBE Rule 40E-7.673 F.A.C. for Complete Criteria:

Your Certification Application cannot be processed without the required support documents. Based upon information provided, it may be necessary for your company to submit additional supporting documents to determine your certification eligibility. You will be notified if this becomes necessary.

1. Last three (3) Federal Income Tax Returns of applicant and any affiliates

(If the applicant business has not filed three (3) consecutive Federal Income Tax Returns for the three years preceding this application, refer to SBE Rule Section 40E-7.673 (2) (a) F.A.C.)

2. Current State of Florida Business License

You must be Registered as a Vendor with the District before applying for certification.

GENERAL BUSINESS INFORMATION			
1. Firm Name			
D/B/A Firm Name (if applicable)			
Street Address			P.O. Box
City		State	Zip Code
Mailing Address (if different than above)			
Telephone No.			Fax No.
E-Mail Address		Website Address	
Business Contact		Title	Telephone No.
2. Specify the average three (3) year gross receipts of the company as shown in your three (3) latest Federal Income Tax Returns. (If the Applicant has not filed three (3) federal income tax returns for the three (3) years immediately preceding their application, then the Applicant must submit a financial statement, for any of the three (3) years immediately preceding the application in which the Applicant did not file a federal income tax return(s).			
\$ <input type="text"/>			
3. Business Classification			
3a. Please describe the types of services you provide.			

4. Date business was established:			
5. Has your company, or any of its principals as participants in another company, ever been...			
SBE Denied Certification?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
SBE Decertified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
NOTE: If the answer to any of the above questions are "Yes", please provide a copy of the denials or decertifications.			
6. Is your company currently affiliated with another company as defined in 40E-7.669(1), F.A.C. F.A.C.? If Yes, please list below and describe the business relationship.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Affiliate	Address		
City/State/Zip Code	Telephone No.		
Describe Business Relationship			
7. Specify the average three (3) year gross receipts of the affiliate company as shown in affiliate's three (3) latest Federal Tax Returns. (If the Applicant has not filed three (3) federal income tax returns for the three (3) years immediately preceding their application, then the Applicant must submit a financial statement, for any of the three (3) years immediately preceding the application in which the Applicant did not file a federal income tax return(s).			
\$ _____			

ACKNOWLEDGEMENT

The undersigned does hereby acknowledge that the statements contained in this application and all attachments which have been provided in support of this application (hereafter referred to as THIS APPLICATION) are true, accurate and complete.

Further, the undersigned agrees to provide the South Florida Water Management District (hereinafter referred to as the DISTRICT) with current, complete, and accurate information regarding THIS APPLICATION. The undersigned further agrees that, as part of this application procedure, the DISTRICT may freely contact any person or organization names in this application to verify statements made in THIS APPLICATION and/or to secure additional information or data. The undersigned understands and agrees that failure to submit requested materials and/or consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of THIS APPLICATION.

In addition, all information and documents submitted with THIS APPLICATION become public records unless exempt under Chapter 119, F.S.

Furthermore, the undersigned acknowledges that (he/she) may not fraudulently obtain, retain, attempt to obtain or aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make false statements; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity.

The undersigned further acknowledges that the DISTRICT retains the right to reevaluate the contents of THIS APPLICATION at any time and notify the undersigned of any changes to its SBE certification status.

Signature	Name (type or print)
Title	Date

It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a misdemeanor or felony under Chapter 837, F.S.