REQUIRED FORM

DIVERSITY STATEMENT

Please mark all the following that apply to the ownership of your firm and enter where provided the correct percentage (%) of ownership of each:

☐ Caucasian American (Male) ☐ Public-Held Corporation ☐ Government Agency ☐ Non-Profit Organization

% % % %

Resident- (RBE), Minority- (MBE), or Woman-Owned (WBE) Business Enterprise (Qualifies by virtue of 51% or more ownership and active management by one or more of the following):

☐ Resident-Owned* ☐ African American ☐ Native American ☐ Hispanic American ☐ Asian/Pacific American ☐ Hasidic ☐ Asian/Indian American

% % % % % % %

☐ Woman-Owned (MBE) ☐ Woman-Owned (Caucasian) ☐ Disabled Veteran ☐ Other (Specify):

% % % %

WMBE Certification Number:
Certified by (Agency):
(NOTE: A CERTIFICATION/NUMBER IS NOT REQUIRED TO PROPOSE – ENTER IF AVAILABLE – ATTACH CERTIFICATE IF CLAIMING PREFERENCE)

Federal Tax ID No.:

Local Business License No. (if applicable):

State of Florida License Type and No.:

Federal License Type and No.:

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SIGNATURE              PRINTED NAME              TITLE