

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 Jew _____% 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.:

SIGNATURE

PRINTED NAME

TITLE