

M/WBE Supplier Diversity Profile



Louisville and Jefferson County Metropolitan Sewer District (MSD)
700 West Liberty Street * Louisville, KY 40203
502.540.6503 phone, 502.540.6232 fax
ATTN: MSD Supplier Diversity

Company Name Filed on Business License]		Date:	
Principal/Owner [name and title]			
Primary Contact [name, title, number]			
Business Address:			
Mailing Address [if different]			
Office Phone:		Fax:	Cell:
Email Address:		Website:	
MBE [check all that apply] _____ African American _____ Asian-Indian American Minority _____ Hispanic American Business _____ Native American [Indian] Enterprise _____ Asian-Pacific American			
NOTE: Must be currently certified with the NMSDC and/or the U.S. SBA-8a. Please specify _____ Attach a current copy of your certification certificate and approval letter from the NMSDC, U.S. SBA-8a and/or their regional affiliate office			
WBE Woman _____ Woman-Owned Business Enterprise			
NOTE: Must be currently certified with the WBENC, NWBOC and/or the U.S. SBA-8a? Please specify _____ Attach a current copy of your certification certificate and approval letter from WBENC, NWBOC, U.S. SBA-8a and/or their regional affiliate office			
Business Industry Type: _____ Construction Contractor _____ Distributor _____ Engineering Consultant _____ Manufacturer _____ Professional Services _____ Other [please specify]			
Business Description:			
Have you submitted a bid (prime/sub) on an MSD project/contract? _____ Yes _____ No			
If so, provide the project name, number and MSD project manager _____			

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AFFIDAVIT

I, _____, having been duly authorized to complete the foregoing "M/WBE Supplier Diversity Profile," do hereby swear that all of the information provided in the "M/WBE Supplier Diversity Profile" was provided by me; that all of the statements contained in the M/WBE Supplier Diversity Profile and all attachments hereto are true, complete and accurate; and that I have not knowingly concealed or in any way falsified or misrepresented the profile or status of

[Company Name]

I acknowledge that the following acts may constitute **fraud** and that if committed by me or any employee, member or principal of my company, may permanently disqualify my company from participation in the MSD Supplier Diversity Program and any MSD procurement or contract:

- (1) Willfully and/or knowingly making a false or misleading statement, and whether by affidavit, or by oral or written report or other representation, to an MSD representative for the purpose of influencing MSD's acceptance/denial of a certificate of MBE/WBE certification of any entity.
- (2) Fraudulently obtaining, attempting to obtain or aiding another person or entity in fraudulently obtaining or attempting to obtain public monies or services, or an MBE/WBE certification from any federal or national certifying agency and/or any affiliate of such agency.

I further acknowledge that, if, after filing this "M/WBE Supplier Diversity Profile," MSD receives an allegation that my company's national or federal MBE or WBE certification is fraudulent and therefore, that my company is not legitimately owned, managed and controlled by a minority or woman, MSD's Supplier Diversity staff will immediately notify my company's home certifying agency of the reported allegation and will request a full investigation with full disclosure to MSD of the outcome of the investigation.

[This document shall be notarized by a Notary Public, in good standing, who is independent from the business and individuals submitting this M/WBE Supplier Diversity Profile.]

Name: _____ Title: _____
[Print or Type]

Signature: _____ Date: _____

State of _____) County of _____)

The foregoing Affidavit was acknowledged before me this _____ day of _____, 20____ by

_____ as _____ of
[Name of Affiant] [Title]

_____ as his/her voluntary and proper act and deed on behalf of the Company.
[Name of Company]

My Commission Expires: _____
[SEAL]

Notary Public _____
State of _____