

Offeror / Subcontractor / Vendor / Certification Form

Please complete the following certification as applicable.

The offeror / subcontractor / vendor

(Company Name)

(Phone)

(Address)

(Fax)

(Email)

represents and certifies that prior to award and execution of a subcontract it is, or will be, as prescribed by applicable provisions of the Federal Acquisition Regulations at 52.219-8, Utilization of Small Business Concerns (<https://www.acquisition.gov/far/>):

____ Small Business Concern

____ Large Business Concern

____ Small Disadvantaged Business Concern

____ Women-Owned Small Business Concern

____ Historically Black College/University or Minority Institution

____ HUBZone Small Business Concern *

____ Veteran-Owned Small Business Concern

____ Service-Disabled Veteran-Owned Small Business Concern

____ Other _____

____ Authorized to do business in the state/local community where the work is to be performed.

The offeror and/or any of its principals are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contract by any Federal Agency.

Notice: Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small business concern in order to obtain a contract or subcontract to be awarded under the preference programs established pursuant to sections 8(a), 8(d), 9, or 15 of the Small Business Act ("the Act") or any other provision of federal law that specifically references section 8(d) for a definition of program eligibility, shall –

- (1) be punished by imposition of a fine, imprisonment, or both;
- (2) be subject to administrative remedies, including suspension and debarment; and
- (3) be ineligible for participation in programs conducted under the authority of the Act.

The offeror / subcontractor / vendor further represents and certifies that it is, as prescribed by applicable provisions of the laws of the State, County, or Municipality of _____

____ Minority-Owned Business (please check one):*

___ *Black Business Enterprise*

___ *Hispanic Business Enterprise*

___ *Other* _____

____ Women-Owned Business *

____ HUBZone *

____ Other _____ *

____ Authorized to do business in the state/local community where the work is to be performed.

*** Copy of certification must be submitted with this form.**

Signature of Certifying Officer of Corporation

Title

Print Name

Date

Notice: Any person who misrepresents a firm's status as a small business concern in order to obtain a contract or subcontract to be awarded under the preference programs established by law may be subject to criminal or civil action and other penalty as may be prescribed by law.



**Mail to: Ecology and Environment, Inc.
Attn: Subcontracting
368 Pleasant View Drive
Lancaster, NY 14086**

**Or, Fax to: (716) 684-2771
Attn: Subcontracting**