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| OFFEROR TO COMPLETE THE FOLLOWING: |
| Offeror Name: |       |
| Solicitation/Prime Contract No: |       |
| NAICS code applicable to the work: |       |
| COMPLETE THE FOLLOWING AND SIGN AND DATE THIS CERTIFICATE |
| Offeror represents the following size and socioeconomic status, based on the NAICS code above, is current, accurate and complete as of the date of the offer for this subcontract: |
| [ ]  Large Business |
| [ ]  Small Business (check all that apply) |
| [ ]  Small Disadvantaged Business |
| [ ]  HUBZone Small Business (must be certified by the SBA) |
| [ ]  Woman-owned Small Business |
| [ ]  Veteran-owned Small Business |
| [ ]  Service-Disabled Veteran-owned Small Business |
| [ ]  Historically Black College, University or Minority Institution |
| [ ]  Alaskan Native Corporation (ANC) or Indian Tribe  |
| [ ]  Other Small Business:       |
| The above information [ ]  is [ ]  is not reflected in Offeror’s System for Award Management (SAM) representations. |
| THE UNDERSIGNED ACKNOWLEDGES THE CRIMINAL AND ADMINISTRATIVE PENALTIES FOR MISREPRESENTING A FIRM’S STATUS AS A BUSINESS CONCERN AND CERTIFIES TO THE ACCURACY OF THE FOREGOING. |
|       |       |       |
| Signature | Printed Name and Title | Date |