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| OFFEROR TO COMPLETE THE FOLLOWING: |
| Offeror Name: |       |
| Solicitation/Prime Contract No: |       |
| NAICS code applicable to the work: |       |
| Corresponding Size Standard: | [Insert $M or # of employees for the assigned NAICS code] |
| 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 (as defined in 13 CFR Part 121), check all that apply: |
| [ ]  Small Disadvantaged Business (13 CFR Part 124) |
| [ ]  HUBZone Small Business (must be certified by the SBA) (13 CFR Part 126) |
| [ ]  Woman-owned Small Business (13 CFR Part 127) |
| [ ]  Veteran-owned Small Business (38 U.S.C. 101(2)) |
| [ ]  Service-Disabled Veteran-owned Small Business (38 U.S.C. 101(2) and (16)) |
| [ ]  Historically Black College, University or Minority Institution (34 CFR 608.2) |
| [ ]  Alaskan Native Corporation (ANC) or Indian Tribe (13 CFR 124.109) |
| [ ]  Other Small Business:       |
| The above information [ ]  is [ ]  is not reflected in Offeror’s System for Award Management (SAM) representations. |
| If a Small Business, number of employees:       |
| The Offeror acknowledges that knowingly making false statements or misrepresenting a firm’s status as a small business concern may result in criminal and/or civil penalties, and hereby certifies to the accuracy of the foregoing.   Penalties are prescribed under 15 U.S.C. 645(d) and 13 CFR 121.108.By signing below, I represent that I am a company official with authority to complete this form, and certify that the information submitted herein is current, accurate and complete. |
|       |       |       |
| Signature | Printed Name and Title of Person Authorized to Bind Offeror | Date |