

Michigan Supplier Community Affidavit

The undersigned, having been duly sworn, states the following:

I declare that I am over the age of 18, am legally competent to be called to testify regarding the facts below, have personal knowledge of the facts below, and are authorized to respond on behalf of the registered entity.

I declare to the best of my knowledge and belief, that the information below is true, correct and complete. I further declare that I recognize I have a continuing duty to update said information, both within, and that failure to do some may result in penalties for the registered entity up to and including debarment.

I declare the registered entity is prepared to bid on state contracts.

I declare that the owner of the registered entity is _____.

I declare that the person or entity registered is a:

Has its principle place of business in Michigan (*If marked, you must check the field "Michigan Principle Place of Business (AAMI)" within Vendor Self-Service*)

Further, I declare that the registered entity also meets one or more of the following:

Is HUBZone Certified by the Small Business Administration (*If marked, you must check the field "HUBZone Business (ABHZ)" within Vendor Self-Service*)

Has its principal place within a Qualified Opportunity Zones as designated by the Federal Treasury Department, as found in the Federal Register at IRB Notice 2018-48 (*If marked, you must check the field "QOZ by Principle Location (ACQP)" within Vendor Self-Service*)

Has a majority of their employees work at a location within a Qualified Opportunity Zone (*If marked, you must check the field "QOZ by Employee Work Sites (ADQW)" within Vendor Self-Service*)

Has a majority of their employees maintain a principal residence within a Qualified Opportunity Zone. (*If marked, you must check the field "QOZ by Employee Homes (AEQH)" within Vendor Self-Service*)

Recognized Community Rehabilitation Organization (*If marked, you must check the field "Community Rehab Org (CRHB)" within Vendor Self-Service*)

Service Disabled Veteran-Owned Business Enterprise (*If marked, you must check the field "SDVOB Owned (SDVO)" within Vendor Self-Service*)

Small Business (*If marked, you must check the field "Small Business (SMLB)" within Vendor Self-Service*)

- < 500 employees and revenues ≤ \$25 million, and;
- Certified or recognized by the Small Business Association of Michigan, the Chamber of Commerce, or the National Federation Independent Business of Michigan as a Michigan-based small business

Veteran-Owned Business Enterprise (*If marked, you must check the field "Veteran Owned (VTRN)" within Vendor Self-Service*)

Executed on this date _____, by _____ (signors name) on behalf of
_____ (registered entity's name).

Signature

Notary Acknowledgment

State of _____, County of _____

This document was sworn (or affirmed) and acknowledged before me on
_____, by _____.

Notary Public

My Commission Expires: _____.