GOVE COUNTY MEDICAL CENTER
A HAYSMED PARTNER

Vendor Business Classification Certification and Documentation

To be completed and submitted by the responding vendor

Organization:	Gove County Medical Center	**Solicitation No.:**	_____
Solicitation Title:	Magnetic Resonance Imaging (MRI) System	**Proposal Due Date:**	September 11, 2026

Regulatory basis: 2 CFR 200.321. The regulation directs recipients and subrecipients, when possible, to ensure that small businesses, minority businesses, women's business enterprises, veteran-owned businesses, and labor surplus area firms are considered in federally funded procurement activities.

Instructions

Select every classification that applies. Attach current proof issued by an appropriate governmental or recognized certifying authority, or other documentation sufficient for the organization to validate the representation. A vendor that does not qualify for any listed classification must select the final option and sign the certification.

Vendor Information

Vendor Legal Name	_____
Primary Business Address	_____
UEI (if applicable)	_____
NAICS Code(s)	_____

Business Classification

Classification	Documentation / Certification Information
[ ] Small Business	Certification or basis: _____
[ ] Minority-Owned Business	Certifying entity / certificate no.: _____

Classification	Documentation / Certification Information
[ ] Women's Business Enterprise / Women-Owned Business	Certifying entity / certificate no.: _____
[ ] Veteran-Owned Business	Certifying entity / certificate no.: _____
[ ] Labor Surplus Area Firm	Applicable labor surplus area and supporting basis: _____
[ ] None of the classifications above apply to this vendor.	No supporting certification is attached.

Attached Proof

[ ] Government-issued certification

[ ] SBA profile or certification

[ ] U.S. Department of Labor-labor surplus area documentation

[ ] Not applicable - vendor selected “None” above

[ ] Third-party certification

[ ] State or local certification

[ ] Ownership / formation records or other supporting evidence

Certifying Authority / Source	_____
Certificate or Registration Number	_____
Effective / Expiration Date	_____
Documentation Attached	[ ] Yes [ ] No [ ] Not Applicable

Authorized Certification

I certify that the classifications selected above are accurate as of the date signed, that attached proof is authentic and current to the best of my knowledge, and that the vendor will promptly notify the organization if its classification status changes before award or during contract performance.

Vendor Legal Name	_____
Authorized Representative	_____
Title	_____
Signature	_____
Date	_____
Email / Telephone	_____

False statements or material omissions may result in rejection of the proposal, termination of an award, repayment obligations, suspension or debarment, and other remedies available under applicable law.