

Prequalified Contractors Renewal Requirements



For annual renewal of prequalification of contractors for educational facility construction with Volusia County Schools, you must submit the following:

CHECKLIST	
	A copy of all licenses your company holds: Any licenses with the State of Florida Department of Business and Professional Regulation for construction work, and business license for city or county.
	A Surety Letter from your bonding agent showing the company name and address and who will provide the bonding and the single project dollar amount, and the aggregate dollar amount along with the rating of the Bonding agency.
	Any litigation or claims against your company in the last five years. Please describe each claim or litigation in detail. If there have been no claims or litigation against your company, you must provide a statement indicating that.
	A print-out of your “active” record from the Florida Division of Corporations. Go to https://dos.myflorida.com/sunbiz/ and under search records, enter your company name. Print a copy of your “active” record.
	Current Certificate of Insurance indicating your Commercial liability, automobile, Umbrella, and Workers’ compensation policy as requested in the original RFQu-20-009TH, Request for Qualifications. (Sample Attached)
	Completed Volusia County Schools Vendor Application (Attachment A)
	Completed Request for Taxpayer Identification Number and Certification W-9 Form (Attachment B)
	A list of projects completed by your company in the last three (3) years and the date of completion along with CLIENT contact information (Name, phone, email address, project cost, date completed) for each project. (Attachment C)
	Completed School District of Volusia County Drug Free Workplace Certification Form. (Attachment D)
	Completed signed, and notarized sworn statement of Public Entity Crimes. (Attachment E)
	Completed, signed form for Certification Regarding Lobbying and Disclosure of Lobbying. (Attachment F and Attachment G)
	Signed and notarized statement indicating all requested documentation requested for your annual prequalification renewal submitted by your company is true and correct. Choose the appropriate form for your company (Corporation, Partnership, or Individual-if your company if neither). (Exhibits 1-3)

Please return all documents upon completion to: PurchasingProjects@volusia.k12.fl.us
Thank you for your interest in renewing your prequalification with Volusia County Schools.

**SAMPLE****CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Producer Name Producer Address	CONTACT NAME: John Smith	FAX (A/C, No): 999-999-9999
	PHONE (A/C, No, Ext): 999-999-9999	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Name of Insurance Carrier	Code Required
INSURED Vendor Name as Registered with the State of Florida DBA if applicable Mailing Address	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		Policy #	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			Policy # Required if transporting students	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000(3,000,000) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	Policy #	Effective Date	Expiration Date	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability			Policy #	Effective Date	Expiration Date	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

** GL: Provide Additional Insured to include Primary Non-Contributory, On-going & Completed Operations along with a Waiver of Subrogation (OPTIONAL 30 day Notice of Cancellation in favor of the Addl Insured)
**Auto: Provide Additional Insured to include Primary Non-Contributory along with a Waiver of Subrogation and a 30 day Notice of Cancellation in favor of the Additional Insured
**Work Comp: Waiver of Subrogation & 30 day NOC in favor of the School Board of Volusia County
**Umbrella: Should follow form over the GL, Auto & WC
***SITE Work, Underground Utilities, General Construction Contractors should provide coverage for XCU on the GL (XCU = Explosion, Collapse & Underground)
** ADDITIONAL INSURED SHOULD READ: THE SCHOOL BOARD DISTRICT OF VOLUSIA COUNTY FLORIDA and it's subsidiaries.

CERTIFICATE HOLDER**CANCELLATION**

The School Board of Volusia County, Florida
200 North Clara Avenue
Deland, FL. 32720

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Signature Required

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Vendor Application

Please complete, sign and submit along with any corresponding required forms to the school/department requesting the goods or services. NOTE: All new vendors must submit an IRS Form W-9. Additionally, prior to starting work, ALL Services related vendors are required to be "Jessica Lunsford Act" compliant and must submit a Drugfree Workplace Certificate and a Certificate of Insurance. Incomplete applications will not be processed. For additional information please contact the VCS Purchasing Department at: 386-947-8786 Extension 50855 / PurchasingDept@groups.volusia.k12.fl.us

Possible Conflict of Interest Situations per Florida Statute 112.313 and School Board Policies

If you answer "Yes" to any questions below, please contact the Volusia County Schools (VCS) Purchasing Department before completing the rest of the form.

1. Are you requesting a <u>new</u> supplier to be loaded or is this a request to <u>update</u> an existing supplier profile? NOTE: A government issued, valid form of identification is required with any updates to an existing "Remit to" address as per the Vendor Application.	<input type="checkbox"/> NEW <input type="checkbox"/> UPDATE
2. Are you an employee of the Volusia County Schools (includes substitutes and community coaches)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is any employee of VCS an owner, proprietor, partner, director, or officer of this business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is any spouse, parent, or child of any employee of the VCS an owner, proprietor, director or officer of this business?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If yes, Employee's full name:		Relationship to Employee:	
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General Business Information

Vendor's Legal Name (To be used on the Purchase Order)		FEIN or Social Security Number:		
Vendor's Invoicing Name (To allow A/P to accept invoices in this name)		Parent Supplier (If applicable):		
Mailing Address:	Address / Attn To Name:	/		
	City / County:	/	State:	Zip Code:
Remit to Address: (If different from address above):	Address / Attn To Name:	/		
	City / County:	/	State:	Zip Code:

Business Classification: Are you operating as a certified Small Business? (If Yes, you must provide a copy of your SBA, OSD, or other certifying agency certification)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Check all Socio-Economic Business Classifications that apply:

- ☐ Business Development Program ☐ Disadvantage Business ☐ Hub Zone ☐ Mentor-Protege Program ☐ Minority Owned
☐ Service-disable Veteran Owned ☐ Small Business ☐ Veteran Owned ☐ Woman Owned

Vendor Representative Contact Name:		Telephone (include Area Code):	
Vendor Representative Title:		Vendor Representative Email Address:	
Do you want to receive purchase orders electronically?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please provide the designated email address below:	
		Fax # (include area code):	

Type of Business (Please check focus below and provide a brief description in the space provided)

- ☐ Corporation ☐ Foreign Corporation ☐ Foreign Governmental Agency ☐ Foreign Individual ☐ Foreign Partnership ☐ Government Agency ☐ Individual ☐ Partnership

Description of Goods and/or Services to be provided:	
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Preferred Method of Payment (Please check all that apply):

- ☐ Check ☐ P-Card

I hereby certify to the best of my knowledge, that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal officer, so far as known, is now debarred or otherwise ineligible by the School District of Volusia County from bidding to provide materials, supplies, or services to the District or any other governmental agency.

Vendor Signature:		Date:	
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INTERNAL USE ONLY

REQUESTING SCHOOL/DEPARTMENT SECTION (REQUIRED):

By signing and submitting this application, I hereby confirm that the information contained in this application is true, complete, and has been validated by the following authorized vendor representative. _____ Sign Here

Vendor Rep Name:	Title:	Email:	Phone #:	Validation Date:
Requestor Name:	School/Department:			
Requestor Title:	Date:			

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____ </div> <div style="width: 45%;"> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </div> </div>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
			-				-			
or										
Employer identification number										
			-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Company Verification of Information

Company Name: _____
Company Physical Address: _____
Company Mailing Address: _____
Company Type: _____
Phone: _____
Fax: _____

Administrative Email Address: _____
Project Manager Name and Email Address: _____
Owner Name and Email Address: _____

List completed projects within the last 3 years along with Project Name, Cost, and Contact Information:

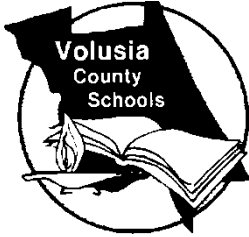
<u>Project Name</u>	<u>Client Name</u>	<u>Project Manager</u>	<u>Client Email Address</u>	<u>Project Cost</u>

Any Litigation or claims against your company in the last 5 years? Please list in detail and if these cases have been resolved. If no litigation or claims, insert N/A.

I hereby state that the above stated information is true and correct to the best of my knowledge.

_____	_____
Title	Date
_____	_____
Name	Signature

**SCHOOL DISTRICT OF VOLUSIA COUNTY
PURCHASING DEPARTMENT**



DRUG-FREE WORKPLACE

CERTIFICATION FORM

In accordance with Florida Statute 287.087, whenever two or more bids, proposals, or replies, that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid, proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

- (1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- (2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- (3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- (4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- (5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is so convicted.
- (6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

VENDOR'S SIGNATURE

DATE

TYPE OR PRINT COMPANY NAME

PUBLIC ENTITY CRIMES FORM

SWORN STATEMENT UNDER SECTION 287.133(3)(A),
FLORIDA STATUTES, PUBLIC ENTITY CRIMES

1. This sworn statement is submitted with Bid, Proposal or Contract No. RFQu-20-009TH for Prequalification of Contractors for Educational Facilities Construction.
2. This sworn statement is submitted by _____ (Name of entity submitting sworn statement) whose business address is _____ and (if applicable) its Federal Employer Identification Number (FEIN) is _____. If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.
3. My name is _____ and my relationship to the _____ (please print name of individual signing) entity name above is _____.
4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a violation of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, *means*:
 - a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. as entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, not any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

_____ The person or affiliate has not been placed on the convicted contractor list. (Please describe any action taken by or pending with the Department of General Services.)

_____ Date: _____
(Signature)

INSTRUCTIONS FOR COMPLETION OF SF-LLL. DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the sub-awardee, e.g., the first sub-awardee of the prime is the 1st tier. Sub-awards include but are not limited to sub-contracts, sub-grants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Sub-awardee", then enter the full name, address, city, state, and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example; Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1), if known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identify number available for the Federal action identified in Item 1 (e.g., Request for Proposal number (RFP), Invitation to Bid (ITB) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "ITB-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10.
 - a. Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.
 - b. Enter the full names of the individual(s) performing service(s), and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington D.C. 20503.

Certification Regarding Lobbying

Applicable to Grants, Sub-grants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds. Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his/her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all covered sub-awards exceeding \$100,000 in Federal funds at all appropriate tiers and that all sub- recipients shall certify and disclose accordingly.

Organization Name/Address

Name /Title of Submitting Official

Signature

Date

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose
lobbying activities pursuant to 31
U.S.C. 1352 (See reverse for public
burden disclosure.)

1. Type of Federal Action: ()

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. Status of Federal Action: ()

- a. bid/offer/application
- b. initial award c. post-award

3. Report Type: ()

- a. initial filing
- b. material change

For Material Change Only:

year quarter
date of last report

4. Name and Address of Reporting Entity: () Prime () Sub-awardee

Tier (if known)

Congressional District, if known:

5. If Reporting Entity in No. 4 is Sub-awardee, Enter Name and Address of Prime:

Congressional District, if known:

6. Federal Department/Agency:

7. Federal Program Name/Description:

CDA Number, if applicable:

8. Federal Action Number, if known:

9. Award Amount, if known:

\$

10. a. Name and Address of Lobbying Entity

(if individual, last name, first name, MI):

b. Individuals Performing Services (including address if different from No. 10a)

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities in a material representation of fact upon which reliance was pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and nor more than \$100,000 for each such failure.

Federal Use Only:

Name: Title: Telephone No.: Date:

Signature

Authorized for Local Reproduction Standard Form LLL
(Rev.7-97)

If this form does not apply, please put a check mark here () and provide

your company name _____ and

Authorized Signature here _____.

____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

____ The person or affiliate has not been placed on the convicted contractor list. (Please describe any action taken by or pending with the Department of General Services.)

____ Date: _____
(Signature)

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of ____ physical presence or ____ online notarization, this _____ day of _____, 20____, by _____
____ who is personally known to me or ____ who has produced _____ as identification.

NOTARY PUBLIC Affix Stamp/Seal

My commission expires: _____

AFFIDAVIT BY CORPORATION

STATE OF _____

COUNTY OF _____

_____, being duly sworn, deposes and says that he is

_____ of _____, the corporation described in

and which executed the foregoing statement; that he is familiar with the books of said corporation showing its financial condition and that the statements made and answers given in response to the request for information contained in the foregoing application for prequalification are true and correct to the best of my knowledge.

Signature of Principal

Print Name & Title

(Affix Corporate Seal)

Sworn to and subscribed before me this _____ day of _____, 20__.

NOTARY PUBLIC, STATE OF FLORIDA (stamp or seal)

My commission expires:

Personally Known _____ OR Produced Identification _____

Type of Identification Produced: _____

AFFIDAVIT BY PARTNERSHIP

STATE OF _____

COUNTY OF _____

_____, being duly sworn, deposes and says that he is a partner of the firm of _____ and that the statements made and answers given in response to the request for information contained in the foregoing application for prequalification are true and correct to the best of my knowledge.

Signature of Partner

Print Name & Title

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC, STATE OF FLORIDA (stamp or seal)
My commission expires:

Personally Known _____ OR Produced Identification _____
Type of Identification Produced: _____

AFFIDAVIT BY INDIVIDUAL

STATE OF _____

COUNTY OF _____

_____, being duly sworn, deposes and says that the statements made and answers given in response to the request for information contained in the foregoing application for prequalification are true and correct to the best of my knowledge.

Signature

Print Name & Title

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC, STATE OF FLORIDA (stamp or seal)

My commission expires:

Personally Known _____ OR Produced Identification _____

Type of Identification Produced: _____

Exhibit 3