APPLICATION FOR CERTIFICATION

AS A CONSULTANT

TO PROVIDE PROFESSIONAL SERVICES

IN ACCORDANCE WITH

THE CONSULTANTS' COMPETITIVE NEGOTIATIONS ACT
Section 287.055, Florida Statutes

Dr. Carmen J. Balgobin
Superintendent of Schools

"Ensuring all students receive a superior 21st century education"

RETURN TO:
Nancy VanDerSchaaf
Facilities Planning & Business Department
3750 Olson Dr.
Daytona Beach, Florida 32124
386.947.8786, ext. 50835
PlanningServices@groups.volusia.k12.fl.us

Qualifications for Professional Consultant Services for Educational Facilities

Thank you for your interest in becoming a Consultant for Educational Facilities Construction Department. The qualification approval is valid for one year from the date of board approval or until terminated by the school board in duly authorized session. In accordance with the Consultant's Competitive negotiations Act, Section 287.055, Florida Statutes and with regulations of the School Board of Volusia County the following documents will be required and updated annually to be a qualified firm to provide professional services on school projects.

We ask that you allow 30 days for processing. Upon board approval, you will receive a board signed certificate of qualifications noting your active Consultant status. If you have additional questions, please contact the Planning department information below.

CHECKLIST

	Application for Certification as a Consultant request
	W-9 Request for Taxpayer Identification Number and Certification (Year matching the appropriate year of application)
	Drug-Free Workplace Certification
	Professional Qualification Supplement
	Public Entity Crimes Form
	Scrutinized Company Certification
	Affidavit By Corporation, Partnership or Individual Choose the appropriate form for your company. (Exhibits 1-3 attached))
	HB 1331 Bill: Affidavit Use of Coercion for Labor and Services
	Debarment Form
	Current Certificate of Insurance (COI) indicating your Commercial liability, automobile, Umbrella, and Workers' compensation policy (Sample Attached)
	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
	Certificate from Department of General Services as a minority business enterprise of PQS (if applicable)
	A print-out of your "Active" record from the Florida Department of Business & Professional Regulation

Please return all documents upon completion to: nvanders@volusia.k12.fl.us

APPLICATION FOR CERTIFICATION AS A CONSULTANT

TO PROVIDE PROFESSIONAL SERVICES IN ACCORDANCE WITH THE CONSULTANTS'

COMPETITIVE NEGOTIATIONS ACT

Section 287.055, Florida Statutes

We wish to submit our application for certification to provide professional services required by the School Board of Volusia County, Florida. We hereby certify that all statements submitted by our firm are true and accurate.

We authorize and request any public official, engineer, architect, contractor, surety company, material or equipment manufacturer or distributor or any person, firm, or corporation to furnish any necessary information requested by the School Board of Volusia County, Florida, to verify statement regarding our standing and general reputation.

We further authorize the School Board and its designated personnel (who are authorized to receive data relating to certification) to disclose all information provided with our application to any designated personnel of the School Boards in the State of Florida without any liability whatsoever.

Firm Name:

Date:

Name:

Title:

Email Address:

Signature:

Form **W-9**
(Rev. March 2024)
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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

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. See also *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**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

SCHOOL DISTRICT OF VOLUSIA COUNTY
PLANNING 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.

_____ _____

FIRM'S SIGNATURE DATE

_____

TYPE OR PRINT COMPANY NAME

THE SCHOOL BOARD OF VOLUSIA COUNTY, FLORIDA

PROFESSIONAL QUALIFICATION SUPPLEMENT (PQS)

PURPOSE: This form (PQS) is to furnish information regarding the qualifications of interested firms to provide professional services to the School Board of Volusia County when applying or renewing for a Certificate of Qualification or for a specific project

INSTRUCTIONS:

a) For the APPLICANT ONLY **attach to the PQS a Reproduction of the current Florida Professional Registration Certificate(s) with the appropriate Board(s) for each of the registration numbers listed in Number 3 and a designation of the professionals qualifying any corporation to practice Architecture, Engineering, Test and Balancing or Land Surveying**

b) Attach Personal Experience Resumes for the Key Personnel to be used on the project listed (If applicable) on page 7

c) Attach Firms Certificate of Liability Insurance

1. Complete the name as it appears in the Public Announcement for professional services as advertised (when applicable).
   a. Provide the complete name of the APPLICANT, the address, and the telephone number of the office where the work is to be done.
   b. For the APPLICANT and the PROPOSED CONSULTANTS complete as follows:
      i. Indicate (X) the service(s) to be provided on the project
      ii. Insert the firm's* appropriate professional Florida State Board registration number (or Certificate of Authorization)
   c. Use the registration number in accordance with the name of the individual registration number when applicable.

2. Accurately list for the APPLICANT'S Firm (only), the dollar (construction) amount of projects now known to be in Design Phase and Construction Phase as of the deadline date for the submittal of this application. Then specify the registered personnel, graduate design professionals, and designers; exclude draftsmen. In figuring the volume per person, divide the total amount of work in design plus 25% of the amount in construction, by the number of personnel. Exclude all portions of current work subcontracted to outside consultant firms.

3. For the APPLICANT, list all active School Board of Volusia County commissions for ALL offices. Indicate total commissions on Contract(s) executed for the periods noted.
   a. Indicate number of registered personnel and fee per person (registered personnel).

4. List projects comparable to this specific project and related experience accomplished by the applicant. Indicate name of project, completion date, its location, construction cost and phase of project.

5. Designate the Key Personnel of the proposed team to be used on the Project for the applicant and consultants. For each individual listed show their disciplines(s) of registration/training and their city of residence.

6. Sign and date the form; type the name and title of person's signature.

7. Submit application to the following email: **PlanningServices@groups.volusia.k12.fl.us**

PROFESSIONAL QUALIFICATIONS SUPPLEMENT (PQS)

PROJECT NAME:

FIRM NAME: PHONE NUMBER:

MAILING ADDRESS OF PROPOSED OFFICE IN CHARGE:

Is your firm certified by the Department of General Services as a minority business enterprise, in accordance with Florida Statutes 287.0943? Yes ☐ No ☐

1. Indicate service (s) to be provided for this project:

Services Offered (Discipline)	In-House (X)	***In-House Individual in Charge***	
Architectural	☐	Name	
Landscape Architectural	☐	Residence Address	
Civil Engineering	☐	Florida Registration #	
Structural Engineering	☐	Consultant Firm & City in Which Work Will be Done (and # of staff)	
Electrical Engineering	☐	Incorporated in Florida?	Yes ☐ No ☐
Mechanical Engineering	☐	FL State Prof. License of Firm (Cert. Author. No.)	
Interior Design	☐	Responsible Registered Professional FL NO. & City	
Special Consultants	☐	Specify	
Test and Balance (TAB)	☐		
	☐		

2. Workload for applicant firm only. (Contract sums or estimates only)
   Define each project the applicant will be handling as of the deadline date for the submittal on this project. Exclude workload subcontracted to consultants.
   Specify number of all registered personnel, graduate design professional and designers exclude draftsperson.

Projects	Estimated Cost by Current Status		Totals $
	Total Amount of Design	25% of Amount in Construction	
Subtotal:	$	$	
		Grand Total	$

Total Persons: _____

Grand Total Divided by Total Persons: =$_____

3. Fee of applicant (excluding portions of fees paid to consultant) under contract(s) with the School Board of Volusia County listed according to date of agreements of the periods noted as of July 1 of the current year.

(1)	Current and last year	(July 1 – June 30)	$	X	1	$
(2)	Second year past	(July 1 – June 30)	$	X	0.8	$
(3)	Third year past	(July 1 – June 30)	$	X	0.6	$
(4)	Fourth year past	(July 1 – June 30)	$	X	0.4	$
(5)	Fifth year past	(July 1 – June 30)	$	X	0.2	$

Number of registered personnel:_____ (Florida Registration Only)

Total Fee Considered $
Fee per Registered Person $

4. Related experience (projects of comparable type, size and complexity):

Projects	*Experience Profile	Completion Date	Location	Construction Cost	Phase
	Select one				
	Select one				
	Select one				
	Select one				
	Select one				
	Select one				
	Select one				
	Select one				

* Experience Profile Code: After each project, show whether firm was “P” prime professional, “C” consultant, or “JV” a part of a joint venture. If none of the previous, and if applicable, the principals of the applicant firm may use the letters “IE” individual experience. If a principal of the applicant firm was a principal in a previous partnership and had a role in the project, “PP” may be used.

5. Key personnel of proposed team:

Name	
Title	
Discipline	
Florida Registration #	
Residence Address	
Name	
Title	
Discipline	
Florida Registration #	
Residence Address	
Name	
Title	
Discipline	
Florida Registration #	
Residence Address	
Name	
Title	
Discipline	
Florida Registration #	
Residence Address	
Name	
Title	
Discipline	
Florida Registration #	
Residence Address	
Name	
Title	
Discipline	
Florida Registration #	
Residence Address	

Data Pertinent to Adherence to Timelines and Budgets

6. Applicant's Firm Name:
   Project Applying For:
   Date of this Data:

Project Name (At least 3 projects – More desired)					
Date Professional Agreement Began					
Date Final Professional Design/Study Services submitted to owner as "complete"	Contract Date				
	Actual Date				
Original Construction Budget					
Final Construction Budget Prior to Bidding					
Amount of Bonafide Low Bid					
Number of Change Orders & Number of Items with Change Orders					
Total Amount ($) of Change Orders					
Owner's name, title, phone & address of owner's rep.					

Name:

Title:

Date:

Signature:

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 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)

Scrutinized Company Certification

I hereby swear or affirm that as of the date below this company is not listed on a Scrutinized Companies list created pursuant to 215.4725, 215.473, or 287.135, Florida Statutes. Pursuant to 287.135, Florida Statutes I further affirm that:

1. This company is not participating in a boycott of Israel such that is not refusing to deal, terminating business activities, or taking other actions to limit commercial relations with Israel, or persons or entities doing business in Israel or in Israeli-controlled territories, in a discriminatory manner.
2. This Company does not appear on the Scrutinized Companies with Activities in Sudan List where the State Board of Administration has established the following criteria:
    a. Have a material business relationship with the government of Sudan or a government-created project involving oil related, mineral extraction, or power generation activities, or
    b. Have a material business relationship involving the supply of military equipment, or
    c. Impart minimal benefit to disadvantaged citizens that are typically located in the geographic periphery of Sudan, or
    d. Have been complicit in the genocidal campaign in Darfur.
3. This Company does not appear on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List where the State Board of Administration has established the following criteria:
    a. Have a material business relationship with the government of Iran or a government-created project involving oil related or mineral extraction activities, or
    b. Have made material investments with the effect of significantly enhancing Iran's petroleum sector.
4. This Company is not engaged in business operations in Cuba or Syria.

VENDOR/COMPANY NAME: _____

SIGNATURE and DATE: _____

NAME AND TITLE: _____

The scrutinized company list is maintained by the State Board of Administration and available at http://www.sbafla.com/

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: _____

Exhibit 2

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: _____

State of Florida
Affidavit Regarding the Use of Coercion for Labor and Services

Respondent Vendor Name:_____

Vendor FEIN: _____

Vendor's Authorized Representative Name and Title:_____

Address:_____

City:_____State: _____ZIP:_____

Phone Number: _____

Email Address: _____

Section 787.06(13) and 287.1346 (4) 2, Florida Statutes requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute.

The School Board of Volusia County, Florida is a governmental entity for purposes of this statute.

As the person authorized to sign on behalf of Respondent, I certify that the company identified does not:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of s. 893.03 to any person for the purpose of exploitation of that person.

I, _____ swear and affirm, under penalties of perjury, that I have read the foregoing document and that the facts stated in it are true to the best of my knowledge.

By: _____

AUTHORIZED SIGNATURE

Print Name and Title:_____ Date:_____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____(date) by _____(name of officer or agent, title of officer or agent) of _____(name of corporation acknowledging), a _____(state or place of incorporation) corporation, on behalf of the corporation. He/she is personally known to me or has produced _____(type of identification) as identification.

Signature of Notary:_____

Name typed, printed or stamped:_____

Expiration:_____

DEBARMENT FORM

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions

This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

Instructions for Certification

By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this document is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," " person," "primary covered transaction," " principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this document is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this document that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to, check the No Purchasing List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification

(1) The prospective lower tier participant certifies, by submission of this document, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this document.

NAME OF APPLICANT	PR/AWARD NUMBER AND/OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

ED 80-0014, 9/90 (Replaces GCS-009 (REV.12/88), which is obsolete)

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
INSURED	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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

CANCELLATION

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

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