

Updated: July 3, 2026

To: VENDORS PROVIDING SERVICES AND/OR MATERIALS TO CCPS
Fr: David W. Nara, Sr. Director, Purchasing
Re: Vendor Documentation

Federal and State statutes require that Collier County Public Schools (CCPS) have the following information on file from each vendor with whom business is conducted:

1. CCPS Vendor Information Form - #PURCH001

CCPS Information Form must be completed in full, to ensure that any purchase orders and/or payments are submitted to the correct address. Business license should be included.

2. IRS form W-9 Taxpayer Identification Number* and Certification (Currently: Form W-9 (Rev. March 2024))

The form and instructions are available at www.irs.gov/FormW9 and shall be completed in full, signed and returned to CCPS with other pertinent documents and/or as requested.

**Please note: If a social security number is submitted as a Tax Identification Number (TIN), CCPS is required by Chapter 119.071(5) (a) of the Florida Statutes to inform you that it will be used for the sole purpose of filing an information return with the IRS to report income paid to you.*

3. Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion* – Lower Tier Covered Transactions - Regulations outlined in:

- a. 34 CFR Part 85, Section 85.510, for all non-nutrition service agencies, and/or
- b. 7 CFR Part 3017, Section 3017.510.510, for all nutrition service agencies,

**Vendor may provide documentation or verification of its registration on the Official U.S. Government System for Administration Management website (<https://sam.gov/>) in lieu of the attached debarment form.*

4. Conflict of Interest Statement

Per School Board Policy 3129, any possible conflict should be reported.

5. Affidavit Regarding Coercion

Refer to Section 787.06 (13), Florida Statute.

Documents shall be emailed to: purchasing@collierschools.com and/or to the end-user requesting the information.

CCPS reserves the right to request the completion of these documents in full or any grouping thereof to ensure vendor information is current. The vendor shall update and re-submit the form as necessary or as requested by CCPS.

Please contact the Purchasing Department with any questions.

Attachments

Vendor Information Form

All vendors/contractors doing business with Collier County Public Schools (CCPS) shall complete this form to ensure accurate and current information. **All vendors/contractors shall note that all CCPS purchases require either a district-issued purchase order or purchasing card (p-card) utilized before the shipment or performance of services and that no CCPS employee is authorized to place an order for merchandise or services without a purchase order / P-card before order placement.** CCPS is not obligated to pay for any goods or services that have not been properly authorized before order. The timeline for payment is governed by the Florida Prompt Payment Act (FS 218.70). This form, a current W-9*, Business License, Conflict of Interest, Affidavit Regarding Coercion and a CCPS Debarment Form **MUST** be completed in full. All documents, when completed, shall be e-mailed to: purchasing@collierschools.com and to the end-user requesting the information.

**Please note if a social security number is submitted as a Tax Identification Number (TIN), CCPS is required by Florida Statutes (FS), Chapter 119.071(5)(a) to inform you that it will be used for the sole purpose of filing an information return with the IRS to report income paid to you.*

PHYSICAL ADDRESS	
Name:	Phone:
Address:	E-Mail:
City / State / Zip:	E-Verify Information/Number*:
Classification: ☐ Individual/Sole Proprietorship ☐ Partnership ☐ Other: ☐ Corporation ☐ LLC (Limited Liability Company)	

**Vendor may provide other documentation for verification of its compliance with FS 448.095 and E-Verify. Please write self-employed if applicable.*

PURCHASE ORDER INFORMATION – please select preference for receipt of purchase orders as issued by CCPS	
☐ E-Mail	Purchase Order E-Mail Address:
☐ US Postal Services	Physical Address (if different than above):
☐ Other	Please Provide Other information on delivery of POs:

PAYEE / REMIT TO INFORMATION (IF DIFFERENT THAN ABOVE)	MAILING ADDRESS / PO BOX (IF DIFFERENT THAN ABOVE)
Name:	Name:
Address:	Address/PO Box:
City / State / Zip:	City / State / Zip:

Vendor Affirmations (Vendor must notify CCPS accordingly for any updates or changes) Please check YES or NO to the following questions:	YES	NO
Will payments from CCPS be for any type of services (medical, health, legal, repairs, consultation, etc...)? *		
NOTE: CCPS does not allow minors (individuals under the age of 18) to provide services at any school or location		
Has your company been in business for at least 1 year? (if no, please explain)		

**If yes, the vendor must provide a Certificate of Insurance prior to the issuance of a Purchase Order*

I understand that I will not fulfill any contract, order, service or other without a valid District issued Purchase Order or P-Card. _____ (initial*)

ATTACHMENTS (all items should be checked)

- ☐ W-9 ☐ Business License ☐ Notarized Conflict of Interest (attached) ☐ Notarized Affirmation of Coercion of Labor (Attached)
☐ Notarized Debarment Form (attached) or proof of Sam.gov registration

Acknowledgment: I hereby affirm the above information is accurate and correct, and there are no apparent or inherent conflicts of interest that may exist with my company and CCPS, to the best of my knowledge:

X _____
Vendor Designee Signature * *Electronic Signatures are acceptable.

Date

Printed Name / Title

Form: PURCH001
Updated July 3, 2026

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5775 Osceola Trail | Naples, Florida 34109 | p: 239.377.0047 | f: 239.377.0074
e: purchasing@collierschools.com | www.collierschools.com



Vendor #:

Expiration Date:

Entered By (Initials):

**CERTIFICATION REGARDING, DEBARMENT, SUSPENSION
INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS**

This certification must be NOTARIZED, and is required by the regulations implementing either:

- Executive Order 12549, Debarment and Suspension, 34 C.F.R. Part 85, Section 85.510, Participants responsibilities, and/or
- Executive Order 12549, Debarment and Suspension, 7 C.F.R. Part 3017, Section 3017.510, Participants responsibilities.

The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160 - 19211).

******* BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON NEXT PAGE *******

- The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- Where the prospective lower tier participant is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Date: _____ **Phone:** _____ **E-Verify # or Information # (required 1/1/21):** _____

Organization Name: _____ **Email:** _____

Names & Titles of Authorized Representative(s):

Signature

Printed Name & Title

State of: _____

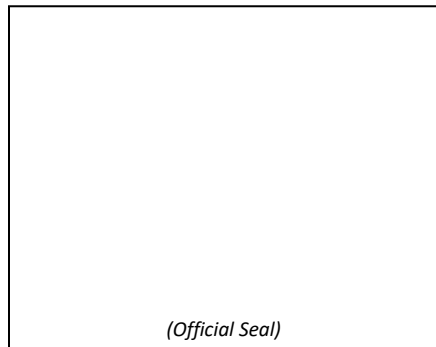
County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, in the year _____

By _____ (name of signatory & title of position) who is personally

known to me or has produced* _____ (type of identification) as identification.

*underline or circle



(Official Seal)

NOTARY PUBLIC, signature

PRINTED NAME

My Commission Expires: _____

Commission #: _____

Debarment Form Instructions

1. By signing and submitting this form, the prospective lower-tier participant is providing the certification set out herein per these instructions.
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 whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous because of changed circumstances.
4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", "voluntarily exclude", 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 proposal is submitted for assistance in obtaining a copy of these regulations.
5. The prospective lower tier participant agrees by submitting this form 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 form that it will include this Exhibit 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 Non-Procurement List.
8. Nothing contained in the foregoing shall be construed to require the establishment of a system of records 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 may pursue available remedies, including suspension and/or debarment.

AFFIDAVIT REGARDING THE USE OF COERCION FOR LABOR & SERVICES

Respondent Vendor Name:		FEIN #:	
Street Address	City:	State:	Zip:
Phone:		Email:	
Authorized Representative Printed Name:		Title:	

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

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true:

By: _____
(Signature) (Date)

The foregoing instrument was acknowledged before me this _____ day of _____, in the year _____

By _____ (name & title of position) who is personally
known to me or has produced _____ (type of identification) as identification.

NOTARY PUBLIC, signature

PRINTED NAME

Commission #: _____

Commission expires: _____

(Seal)

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PURCHASING DEPARTMENT USE ONLY	
Vendor #:	Expiration Date:
	Entered By (Initials):

CONFLICT OF INTEREST

The vendor shall complete this "Conflict of Interest Statement", acknowledge, and have this form notarized.

Vendor Name:	EIN #:
Address:	Phone:
City / State / Zip:	E-Mail:

I hereby certify that: I, _____, am the _____
(Printed name) (Title)

and the duly authorized representative of the firm listed above, and that I possess the legal authority to make this affidavit on behalf of myself and the firm for which I am acting. I do hereby disclose:

- I. The name(s) of any company owner, officer, director, employee, or agent who is an employee of Collier County Public Schools¹ and/or is an employee of Collier County Public Schools¹ and owns, directly or indirectly, an interest of five percent (5%) or more of the bidding company.

AND/OR

- II. The name of any company owner, officer, director, employee, or agent who has a spouse or child that is an employee of Collier County Public Schools¹.

AND/OR

- III. Any other company owner, officer, director, employee, or agent, not listed above, of the firm who has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project.

1 – Please include the Collier County Public School department/site when listing a CCPS employee.

The above information is true and correct to the best of my knowledge.

Signature / Date

Organization Name

Printed Name

Organization EIN #

State of: _____ County of: _____

Subscribed and sworn to before me this _____ **day of** _____, **in the year** _____

by _____ who is personally known to me or has produced _____
as identification.

NOTARY PUBLIC, signature

PRINTED NAME

Commission#: _____

Commission expires: _____

(Seal)

**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) _____	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.)
	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 ☐	
	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
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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.

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