

Exhibit "B"  
Method of Compensation  
DOT-ITB-19-1270DN

Janitorial Services for the Southwest Interagency Facility for  
Transportation (SWIFT) SunGuide Center

1.0 PURPOSE:

This Exhibit defines the limits of compensation to be made to the contractor for the services set forth in Exhibit "A" and the method by which payments shall be made.

2.0 COMPENSATION:

For the satisfactory **performance** of services detailed in Exhibit "A," the Vendor shall be paid up to a Maximum Amount of \$ TBD

The Maximum Amount shall be made up of:

\$     TBD     from Fiscal Year 7/1/2019-6/30/2020 (12 months)  
\$     TBD     from Fiscal Year 7/1/2020-6/30/2021 (12 months)  
\$     TBD     from Fiscal Year 7/1/2021-6/30/2022 (12 months)

The Vendor shall not provide services that exceed the Fiscal Year amount(s) without an approved Amendment from the Department.

3.0 PROGRESS PAYMENTS:

The Vendor shall submit monthly invoices (3 copies) in a format acceptable to the Department. Payment shall be made at the unit billing rates in Exhibit "C," for services provided, as approved by the Department. The contract unit rates shall include the costs of salaries, overhead, fringe benefits and operating margin. Payment for expenses shall be made based on actual allowable cost incurred as authorized and approved by the Department.

The Vendor shall submit monthly invoices (3 copies) in a format acceptable to the Department. Payment shall be made to the Vendor for services provided plus actual allowable costs. **The invoice shall include documentation of man-hours provided and itemization of costs incurred (including receipts).**

Invoices shall be submitted to: Florida Department of Transportation  
Project Manager- SWIFT Center.  
10041 Daniels Parkway  
Fort Myers, Florida 33913

4.0 DETAILS OF COSTS AND FEES:

Details of the Contractor's billing rates for the performance of the services are contained in Exhibit "C," attached hereto and made a part hereof.

5.0 TANGIBLE PERSONAL PROPERTY:

This contract does not involve the purchase of Tangible Personal Property, as defined in Chapter 273, F.S.

**HSMV Fingerprint Confirmation**

\*EXAMPLE

1. The supervisor or contract manager **MUST** select only **ONE** check box below.
2. The person being fingerprinted **MUST** sign this form.
3. This form **MUST** be presented at the Kirkman Building or at a DL/Tax Collector/Sheriff's office with a LIVESCAN.
4. The person being fingerprinted **MUST** present a valid driver license or phone identification.
5. **All members requiring CJIS access MUST be printed under "CJIS Background Check" option. This includes members, contractors, and vendors who have access to Criminal Justice Information.**
6. Once printed, the person **MUST** take this completed form back to the supervisor/contract manager.
7. The supervisor/contract manager **MUST** email/fax a copy of this form to the appropriate contact listed after the completion of the fingerprint transaction.
8. Please contact (850) 617-3202 if you have any questions or if unsure which option to choose.

Name of Individual Fingerprinted: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Supervisor/ Contract Manager: Katherine Chinault Phone Number: 863-519-2726

**HSMV Civilian Employee/Civilian Vendor (ORI: FL922700Z)****NON CJIS AUTHORIZATION**

**HSMV Civilian Employee** Division: \_\_\_\_\_  **HSMV Civilian Applicant** Division: \_\_\_\_\_  
Email copy of Form to fprec@flhsmv.gov or by Fax to (850) 617-5109

**HSMV Civilian Vendor** Name of Vendor: \_\_\_\_\_ Division: \_\_\_\_\_  
Email copy of Form to fprec@flhsmv.gov or by Fax to (850) 617-5109

Vendor must pay \$40.50 or make **payment arrangements prior to being fingerprinted with HSMV at (850) 617-3340****CJIS Background Check (ORI: FL0379100/Select FHP Background Option)****REQUIRED FOR CJIS AUTHORIZATION**

**HSMV Employee w/ CJIS Access** Division: \_\_\_\_\_  **HSMV Applicant with CJIS Access** Division: \_\_\_\_\_  
Email a copy of Form to fprec@flhsmv.gov or Fax to: (850)617-5109

**Regional Duty Officer:** Comm. Center Location: \_\_\_\_\_  **RDO Applicant** CC Location: \_\_\_\_\_  
Email a copy of Form to fprec@flhsmv.gov or Fax to: (850)617-5109

**HSMV Vendor with CJIS Access** Division: \_\_\_\_\_ Location: \_\_\_\_\_  
Email a copy of Form to fprec@flhsmv.gov or Fax to: (850)617-5109

**Florida Highway Patrol Recruit** Email a copy of Form to: TroopAppList@flhsmv.gov or Fax to: (850) 617-5213

**SLERS/SLERS Vendors/Road Rangers** Email a copy of Form to: SLERS@flhsmv.gov or Fax to (850) 617-5143

**For Completion by Representative Processing Fingerprints ONLY:**

Date of Scan: \_\_\_\_\_ Office Phone: \_\_\_\_\_ TCN #: \_\_\_\_\_  
Print Name of Processor: \_\_\_\_\_ Signature: \_\_\_\_\_

**Only complete if a reprint is required. MUST process using TCR#**

Date of Reprint: \_\_\_\_\_ TCR : \_\_\_\_\_ TCN#: \_\_\_\_\_  
Printed Name of re-print Processor: \_\_\_\_\_ Signature: \_\_\_\_\_

**JOINT TASK FORCE FOR LAW ENFORCEMENT COMMUNICATIONS  
STATE LAW ENFORCEMENT RADIO SYSTEM  
(SLERS)**

**PERSONAL INQUIRY WAIVER**  
Authority for Release of Information

**TO:** Concerned Person or  
Authorized Representative  
Of Any Organization, Institution  
Or Repository of Records

APPLICANTS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

I respectfully request and authorize you to furnish to the Department of Highway Safety and Motor Vehicles, Division of Florida Highway Patrol any and all information that you may have concerning my work record, school record, military record, criminal record, financial and credit status. This information is to be used in determining my qualifications and fitness to have access to equipment and facilities which comprise the State Law Enforcement Radio System of the State of Florida.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip Code

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Notary Public

**JOINT TASK FORCE FOR LAW ENFORCEMENT COMMUNICATIONS  
STATE LAW ENFORCEMENT RADIO SYSTEM  
(SLERS)**

**APPLICATION FOR SECURITY CLEARANCE**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Color Eyes: \_\_\_\_\_

Current Address:

Street	City	State	Zip
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Previous Address(s)

Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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Street	City	State	Zip
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THIS INFORMATION IS REQUIRED FOR IDENTIFICATION PURPOSES. SUBMIT THE PACKAGE CONTAINING THIS FORM, THE PERSONAL INQUIRY WAIVER, AND EITHER YOUR PROPERLY ENDORSED FINGER PRINT SCANNING RECEIPT OR YOUR FINGER PRINT CARD TO:

Major Steve Williams  
JTF Security Manager  
Florida Highway Patrol  
2900 Apalachee Parkway, MS 46  
Tallahassee, Florida 32399

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**JOINT TASK FORCE FOR LAW ENFORCEMENT COMMUNICATIONS  
STATE LAW ENFORCEMENT RADIO SYSTEM  
(SLERS)**

**NON-DISCLOSURE AGREEMENT**

Employee or Contractor Name: \_\_\_\_\_

Agency or Business Name: \_\_\_\_\_

Agency or Business Address: \_\_\_\_\_

Agency or Business Telephone: \_\_\_\_\_

**NOTE:** Failure to complete ALL blank portions of this form will result in your application not being processed and returned to you for completion.

I \_\_\_\_\_, do hereby agree to uphold the policies and procedures adopted by the Joint Task Force on State Law Enforcement Communications to safeguard the information and associated resources that may be entrusted to me, or that I may come into contact with, and, agree to report violations of policies or procedures to the JTF Security Manager, Information Security Officer, State Technology Office, or my immediate supervisor.

\_\_\_\_\_  
Signature of Employee or Contractor

\_\_\_\_\_  
Date