

**5.10 Company Unique Qualifications and Past Experience:**

**The committee evaluation will include reference to your company’s past experience and unique qualifications providing Painting Contracting services. The committee will assign a total score up to 5 points to proposers based on the degree of their unique qualifications and “related” past experience. (0 – 5 points)**

5.101 Name of proposer: \_\_\_\_\_

5.102 Primary contact person: Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_

Fax No. (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary contact person: Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_

Fax No. (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

5.103 Location of most local Painting office:

Sales Office: \_\_\_\_\_

Maintenance Office: \_\_\_\_\_

Repair Office: \_\_\_\_\_

5.104 Year proposer's business started? \_\_\_\_\_

5.105 Year proposer began providing painting contracting services? \_\_\_\_\_

5.106 Year proposer began providing delivery order contracting services **as specified herein?**

\_\_\_\_\_

5.107 Is painting delivery order contracting services your primary business? **Yes** \_\_\_\_ **No** \_\_\_\_

5.108 IF response to 5.107 is No, briefly describe your primary business:

5.109 What percentage of your business is the result of delivery order contracting services?

\_\_\_\_\_ %

5.110 Experience Record - List below five (5) ongoing service contracts you **have lost** for Painting Delivery Order Contracting services in the past three years. (If any).

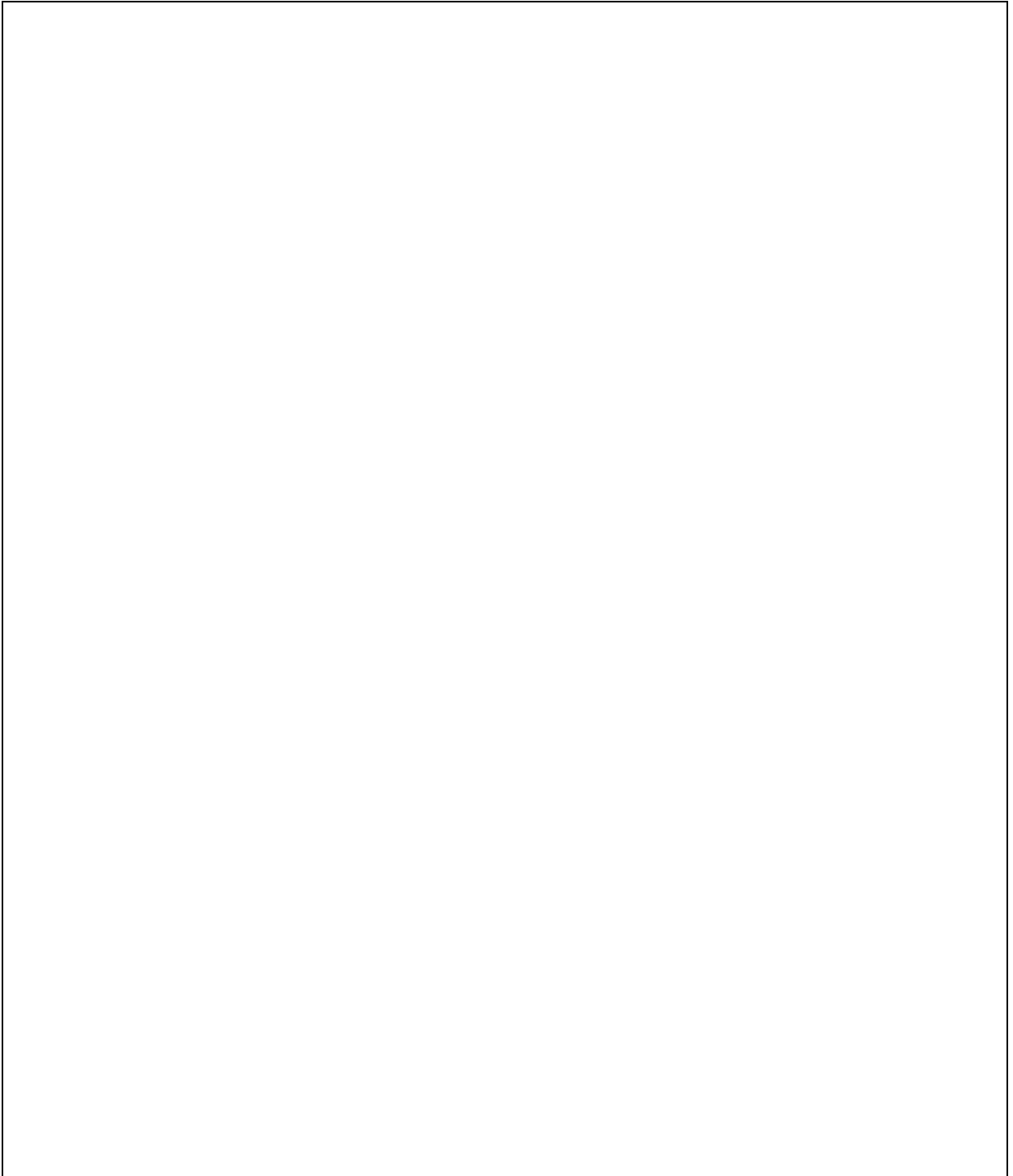
| Client Name | Date Contract Was Terminated | Length of Contract Held | Contact Name | Phone # |
|-------------|------------------------------|-------------------------|--------------|---------|
|             |                              |                         |              |         |
|             |                              |                         |              |         |
|             |                              |                         |              |         |
|             |                              |                         |              |         |
|             |                              |                         |              |         |

5.111 At what locations do you currently manage similar services?

5.112 Past related performance of the firm: Include a listing of previous experience with **Painting Delivery Order Contracts**, supervising multiple, concurrent painting jobs of varying complexity and/or painting & renovation projects on a contracted basis for multiyear terms performed by the firm. Include the title of contract; owner, including name, address and phone number of the owner’s contact person; date of contract term; the cost of painting and a summary description of the work. Provide information regarding management of concurrent painting projects, either major or minor in scope. Educational/Governmental Clients Preferred. Proposers shall list below 3-5 related commercial/public/higher education of your providing similar Delivery Order Contracting services **as defined in this RFP you have managed at least three (3) years.**

| Client | Type of Services/Contract Provided | Contact Name | Phone # | # Years of Contractual Relationship |
|--------|------------------------------------|--------------|---------|-------------------------------------|
|        |                                    |              |         |                                     |
|        |                                    |              |         |                                     |
|        |                                    |              |         |                                     |
|        |                                    |              |         |                                     |
|        |                                    |              |         |                                     |

5.113 Define below how your company's current capabilities and proposal of how you propose to simultaneously and efficiently manage all of FSCJ's campuses and centers, assuming multiple campuses have projects that have to be managed at the same time period (i.e. over winter break).



5.114 List below the name(s) of the company(ies) or subcontractors that your firm intends will provide painting needs on all campus/center locations:

5.115 Describe below a brief overview of your company's unique qualifications.

- 
- 
- 
- 
- 
- 
-

5.116 Describe below your company's experience in painting services preferably for greater than two (2) years and preferably commercial/public/higher education.

5.117 How many employees does your company have that would be servicing the College:

In Northeast Florida? \_\_\_\_\_ In Florida? \_\_\_\_\_ In the USA? \_\_\_\_\_

5.118 Have you included a copy of all current licensures your firm has to work in Florida (Duval County/City of Jacksonville Business Tax Receipt OR another reciprocating county)?

Duval County/City of Jacksonville Business Tax Receipt

If Other Reciprocating County

County Name: \_\_\_\_\_

Other: (define) \_\_\_\_\_

| Attached? |
|-----------|
| _____ Yes |
| _____ Yes |
| _____ Yes |

5.119 Has your firm provided and attached a copy of the Florida Department of State issued Certificate of Incorporation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no provide an explanation below.

5.120 Tobacco and Smoke Free Environment: Effective March 1, 2013, Florida State College at Jacksonville District Board of Trustees approved Rules of The Board of Trustees #6Hx7-2.19. In accordance with Board Rule 6Hx7-2.19 and the Florida Indoor Clean Air Act, any contractor or sub-contractor employee performing work in respect to your firms' contract is prohibited from the use, distribution or sale of all tobacco products in all indoor and exterior College owned property.

Agreed? Yes \_\_\_\_\_ No \_\_\_\_\_

5.121 Pursuant to Florida Statute 112.313(7) and FSCJ Board Rule # 6Hx 7-2.9 (4) "Personnel Responsibilities Outside Scope of Employment" - "No employee (including part time employees, or adjunct employees or Board member) shall sell any product or service to the FSCJ Board except as may be specified in the employee's position responsibilities at the College."

As such does your company have any employee that owns > 5% of your company and is also a FSCJ full time/ part time or adjunct employee of the College?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, Define below the name of the employee and or Board member as well as detail below their relationship with your company and the College):

5.122 Have you completed and submitted the IRS W-9 Form (**Attachment A**), signed by authorized officer?

Yes \_\_\_\_\_ No \_\_\_\_\_

5.123 Drug Free Workplace Certification: Does your company have a "Drug Free Workplace Policy" in force?

Yes \_\_\_\_\_ No \_\_\_\_\_

**(If yes, Submit Attachment B, Signed and Dated. (A copy of your firm's policy may also be included.)**

**(If no, Provide certification statement on company letterhead stating such.)**



5.124 Is your firm greater than 51% owned and controlled by a woman or minority?

Yes \_\_\_\_\_ No \_\_\_\_\_

**(If Yes, Complete Attachment C “MINORITY BUSINESS ENTERPRISE/WOMAN BUSINESS ENTERPRISE CERTIFICATE” signify the Minority Type claiming and include a copy of any Minority Certifications received with your submittal.)**

**(If No, Complete Attachment C “MINORITY BUSINESS ENTERPRISE/WOMAN BUSINESS ENTERPRISE CERTIFICATE” signify the Minority Type claiming “**NM- Non-Minority Type**”)**

5.125 Public Entity Crimes (PURCHASES GREATER THAN \$35,000 IN VALUE)

AS A PROPOSER OUR COMPANY ATTESTS WE HAVE NOT BEEN CONVICTED OF A PUBLIC ENTITY CRIME OF THE STATE OF FLORIDA OR ANY FEDERAL AGENCY AND ARE NOT LISTED IN THE EXCLUDED PARTIES LIST SYSTEM (EPLS) MAINTAINED BY THE GENERAL SERVICES ADMINISTRATION(GSA).

PURSUANT TO OMB CIRCULAR A-110,SUBPART B, SECTION 13 A PERSON OR AFFILIATE WHO HAS BEEN PLACED ON EITHER THE FEDERAL EXCLUDED PARTIES LIST SYSTEM OR THE STATE OF FLORIDA CONVICTED CONTRACTOR LIST FOLLOWING A CONVICTION FOR A PUBLIC ENTITY CRIME MAY NOT SUBMIT A BID OR ENTER INTO A CONTRACT TO PROVIDE ANY GOODS OR SERVICES TO A PUBLIC ENTITY, MAY NOT SUBMIT A BID OR ENTER INTO A CONTRACT WITH A PUBLIC ENTITY FOR THE CONSTRUCTION OR REPAIR OF A PUBLIC BUILDING OR PUBLIC WORK, MAY NOT SUBMIT BIDS ON LEASES OF REAL PROPERTY TO A PUBLIC ENTITY, MAY NOT BE AWARDED OR PERFORM WORK AS A CONTRACTOR, SUPPLIER, SUBCONTRACTOR, OR CONSULTANT UNDER A CONTRACT WITH ANY PUBLIC ENTITY, AND MAY NOT TRANSACT BUSINESS WITH ANY PUBLIC ENTITY IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FOR CATEGORY TWO (i.e. \$35,000) WHILE ON THE CONVICTED CONTRACTOR LIST. THE EXCLUDED PARTIES LIST SYSTEM CAN BE FOUND AT <http://epls.gov/epls/servlet/EPLSGETInputSearch>

**Have you attached the Public Entity Crime Sworn Statement Form (Attachment D), signed by authorized officer and notarized in compliance with Florida Statute 287.133(3)(a) and 287.133(2)?**

Agreed? Yes \_\_\_\_\_ No \_\_\_\_\_

5.126 The College, at this time, by this RFP is also requesting information from qualified firms who have previously successfully competed for and have been awarded, a publicly solicited contract for the defined Painting Delivery Order Contracting services. List Public Entity, Contract Number and Term of Contract.

5.127 Does your company agree to all RFP requirements and also agree to sign a resultant contract without exception?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, define below deviations)

5.128 Any resultant contract or contract amendment or contract renewal shall require a manual signature by both parties as opposed to use of e-signatures. Proposer shall define below any exceptions to this contract requirement.

5.129 Has your company timely delivered “both” a hard copy original proposal signed by an officer of your company **AND** also delivered the defined “CD” OR “USB” Drive as specified in Section #1.03?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, describe below):

5.130 Does your proposal fully comply with all RFP requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, describe below):

5.131 Does your proposal “exceed” the minimum requirements of this RFP?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, describe below):

5.132 If awarded this contract can your company assume full operation of contractual requirement on July 1, 2017?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 5.133 The proposer, by submitting a proposal agrees the awarded contractor shall agree the resultant contract shall include:
- A. Providing on a “turnkey” basis all Painting Delivery Order Contracting services as defined herein.
  - B. Be an “independent contractor” providing all supervision of staff including paying all wages and salaries for personnel specified, including payment of all insurance as specified in Special Condition 8.01.
  - C. Agree to a ninety (90) calendar days right of either party to request in writing termination of contract without cause.
  - D. Agree to a fourteen (14) calendar days’ notice of default whereby either party shall be provided fourteen (14) calendar days written notice to resolve any breach of contract terms and if said breach is not cured after fourteen (14) calendar days said contract can be terminated within three (3) business days thereof.
  - E. Agree to sign a hold harmless statement that the awarded contractor would defend and hold the College, its District Board of Trustees, officers, employees, agents, and volunteers harmless from any third party as the result of contractor’s, employees’, subcontractors’ or agents’ negligence.
  - F. Agree to obtain the written approval of the College's marketing department before any advertisements is printed that contains the College’s logo.
  - G. Agree that the College shall retain the right to request awarded contractor to replace onsite management or staff based on unsatisfactory customer service or unsafe practices on campus.
  - H. Agree to the “Material Supplies and Equipment - Owners Sales Tax Exemption” on (Attachment I).

**Agree to include in resultant contract all bullets A. through H.**

Yes \_\_\_\_\_ No \_\_\_\_\_

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

|   |  |  |
|---|--|--|
| Print or type<br>See Specific Instructions on page 2. | <p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>  |  |
|   | <p><b>2</b> Business name/disregarded entity name, if different from above</p>   |  |
|   | <p><b>3</b> Check appropriate box for federal tax classification; check only one of the following seven boxes:<br/>                 Individual/sole proprietor or single-member LLC      C Corporation      S Corporation      Partnership      Trust/estate<br/>                 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶<br/>                 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br/>                 Other (see instructions) ▶</p> | <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br/>                 Exempt payee code (if any) _____<br/>                 Exemption from FATCA reporting code (if any) _____<br/>                 (Apply to accounts maintained outside the U.S.)</p> |
|   | <p><b>5</b> Address (number, street, and apt. or suite no.)</p>  | <p>Requester's name and address (optional)</p>   |
|   | <p><b>6</b> City, state, and ZIP code</p>  |  |
|   | <p><b>7</b> List account number(s) here (optional)</p>   |  |

### 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### 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?* on page 2.

By signing the filed-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?* on page 2 for further information.

**\*\* DRUG-FREE WORK PLACE \*\***

THE UNDERSIGNED VENDOR IN ACCORDANCE WITH FLORIDA STATUTE 287.087 HEREBY CERTIFIES THAT

\_\_\_\_\_ (NAME OF BUSINESS)  
DOES:

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 ACTION THAT WILL 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 EMPLOYEES 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 THIS SOLICITATION 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/PROPOSAL, 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 1893 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.

\_\_\_\_\_  
PROPOSER'S SIGNATURE

Date: \_\_\_\_\_

**MINORITY BUSINESS ENTERPRISE/WOMAN BUSINESS  
ENTERPRISE CERTIFICATE**

I HEREBY DECLARE AND AFFIRM that I am the \_\_\_\_\_  
(Title)

representative of the firm of \_\_\_\_\_ (Company  
Name)

minority business enterprise (MBE/WBE) \_\_\_\_\_ (Minority Type) as defined  
by Florida State College at Jacksonville in the specifications for **RFP 2017C-38  
Painting Delivery Order Contracting Services** (Project Name & Number) that I will  
provide information requested by COLLEGE to document this fact. The foregoing  
statements are true and correct and include all material necessary to identify and  
explain the

operations of \_\_\_\_\_ (Company Name) as well as the  
ownership thereof. Further, the undersigned does agree to provide COLLEGE current,  
complete and accurate information regarding actual work performed on the project, the  
payment therefor and any proposed changes in any of the arrangements hereinabove stated  
and to permit and audit an examination of the books, records and files of the above  
named company by authorized representative of COLLEGE. It is recognized and  
acknowledged that the statements herein are being given under oath and material  
misrepresentation will be grounds for terminating any contract which may be awarded in  
reliance hereon. Termination is understood to forfeiture of payment for all work not  
performed at time of notification.

I DO SOLEMNLY DECLARE OR AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE  
FOREGOING DOCUMENTS ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE  
ABOVE FIRM, TO MAKE THIS AFFIDAVIT.

\_\_\_\_\_  
Signature of Company's Authorized Representative

State of \_\_\_\_\_ County of \_\_\_\_\_ City of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2013, before me, in the  
foregoing affidavit and acknowledged that he (she) executed the same in the capacity  
therein stated and for the purpose therein contained.

In witness thereof, I hereunto set my hand and official seal.

(Notary Public)

My commission Expires:

**Minority Type:** #**M1** if Black American Man; **M2** if Hispanic American; **M3** if Asian  
American; **M4** if Native American (Eskimo & Aleutian); **M5** if Native Hawaiian; **M6** if Small  
Business; **M7** if Disabled; **M8** if American Woman; **M9** if Black American Woman; and **NM** if  
Not Minority. (Must have greater than 51% minority ownership)

"Minority/Woman Business Enterprises that file false misrepresentation of their MBE/WBE  
status shall be found guilty of a felony of the second degree and be debarred from  
bidding no less than 36 months pursuant to 287.094 Florida Statute".

**SWORN STATEMENT UNDER SECTION 287.133(3)(A),  
FLORIDA STATUTES ON PUBLIC ENTITY CRIME**

**This form must be signed and sworn to in the presence of a notary public or other officer authorized to administer oaths.**

1. This sworn statement is submitted to \_\_\_\_\_  
*(Print name of the public entity)*

by \_\_\_\_\_  
*(Print individual's name and title)*

for \_\_\_\_\_  
*(Print name of the entity submitting sworn statement)*

Whose business address is \_\_\_\_\_

(If Applicable) its Federal Identification Number (FEIN) is \_\_\_\_\_

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: On the attached sheet.) Required as per IRS Form W-9.

2. 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, and bid or contract for goods or services to be provided to any public entity or agency or political subdivision or any other state or of the United States, and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding 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 guilt or nolo contendere.

4. I understand that "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime:  
or:
2. An 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 offices, directors, executives. Partners, shareholders, employees, members and agents who active in the management of the 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 fair market value under an arm's length agreement, shall be a facie case that one person controls another. 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.



5. I understand that a "person" as defined in Paragraph 287.133(1)(c), 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 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 the entity.

6. **Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting those sworn statements. (Please indicate which statement applies.)**

\_\_\_\_\_ Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor 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, member, or agents who are active in management of the entity, or an 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, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administration Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order)

**I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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

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

PERSONALLY APPEARED BEFORE ME, the undersigned authority, \_\_\_\_\_  
(Name of individual signing)

who, after first being sworn by me, affixed his/her signature in the space provided on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**(NOTARY PUBLIC)**

My Commission Expires: \_\_\_\_\_

**RFP 2017C-38**  
**FSCJ Site Visit Certification Form**

**Proposers are to include in their submittal a signed and checked Site Visitation Certification Forms (Attachment E) whether or not the Proposer elected to take advantage of the site visits opportunity.**

\_\_\_\_\_ **I hereby declined the FSCJ site visit opportunity**, by submitting a RFP, I acknowledge that I have investigated and satisfied myself as to the conditions affecting the work, including, but not limited to, those bearing upon transportation, disposal, handling, and storage of materials, availability of labor, water, electric power, at the site, the character of equipment and facilities needed preliminary to and during prosecution of work. In submitting a RFP, I further acknowledge that I have satisfied myself as to obstacles to be encountered insofar as this information is reasonably ascertainable from an inspection of the site, including all exploratory work done by the college as well as from information presented by the specifications made a part of this contract. Any failure by the proposer to acquaint himself with the available information will not relieve him from responsibility for estimating properly the difficulty or cost of successfully performing the work. The college assumes no responsibility for any conclusions or interpretations made by the proposer on the basis of the information made available by the college.

\_\_\_\_\_ **I do hereby certify I have inspected** the following FSCJ campus/center sites fully satisfying the requirement to inspect "all" College elevators/escalators to fully understand their existing condition which is the basis of submitting a proposal. **No questions will be answered during the non-mandatory site visit and must be submitted in writing as per Section 1.09.**

\_\_\_\_\_  
 (Contractor Name)

\_\_\_\_\_  
 (Contractor's signature)

\_\_\_\_\_  
 (Contractor's printed name)

| Site Contact     | Campus/Center                                | Telephone Numbers | College Employee Signature | Date |
|------------------|--|-------------------|----------------------------|------|
| Ray McEwen       | Downtown Campus (DTC)<br>AO/URC/ATC/Main St. | 904-633-8197      |                            |      |
| Dale Cason       | Kent Campus (Kent)                           | 904- 381-3560     |                            |      |
| Chris Owens      | Cecil Center                                 | 904 -779-4177     |                            |      |
| Mark Gandy       | North Campus (Nth)                           | 904-766-6692      |                            |      |
| Terry Pittman    | Nassau Center                                | 904- 548-4452     |                            |      |
| Phillip Mitchell | South Campus (Sth)                           | 904-646-2417      |                            |      |
| Zoran Bozic      | Deerwood Center                              | 904- 997-2714     |                            |      |

**Special Condition Submission****\*\* COOPERATIVE PURCHASE AGREEMENT \*\***

**PURCHASES BY OTHER STATE OF FLORIDA COLLEGES, UNIVERSITIES AND STATE AGENCIES:** With the consent and agreement of the successful Proposer(s), purchases may be made under this RFP by other community colleges, state universities, district school boards, and other state agencies within the State of Florida. Such purchases shall be governed by the same terms and conditions stated in the RFP/proposal solicitation as provided in State Board of Education Rule 6A-14.0734(2)(d). If the period of time is not defined within the solicitation, the prices, terms and conditions shall be firm for 120 days from date of award.

Proposer(s) shall note exceptions to the above paragraph, if any:

**\*\* TERMS AND DELIVERY \*\***

PAYMENT TERMS: NET 40 DAYS OR PROMPT PAYMENT DISCOUNT OF \_\_\_\_\_%, \_\_\_\_\_ DAYS OFFERED BY PROPOSER.

NOTE: Any prompt payment discount offered by the proposers will be taken by the college if payment is made within the time period offered, however, only terms allowing 40 day's payment will be considered in evaluating RFPs.

DELIVERY: UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION, DELIVERY TO BE NO LATER THAN 40 DAYS AFTER RECEIPT OF ORDER. DELIVERY WILL BE MADE \_\_\_\_\_ DAYS AFTER RECEIPT OF ORDER (PROPOSER COMPLETE IF OTHER THAN 40 DAYS)

FLORIDA SALES TAX EXEMPTION NO: 85-8012556864C-6

FSCJ reserves the right to reject any or all RFPs/proposals received, to resolicit or not and to waive informalities as deemed in the best interests of the College.

**\*\* DISCRIMINATION \*\***

Any entity or affiliate who has been placed on the discriminatory contractor list may not submit a RFP on a contract to provide goods or services to a public entity, may not submit a RFP on a contract with a public entity for the construction or repair of a public building or public work, may not submit RFPs on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity. This is in accordance with HB 2127, Section 6(3)(a), all invitations to RFP, as defined by 287.012(11) FS, request for proposals, as defined by 287.012(15) FS, and any written contract document of the state shall contain a statement informing entities of the discrimination provisions.

Florida State College at Jacksonville is a member of the Florida College System and is not affiliated with any other public or private university or college in Florida or elsewhere.

Florida State College at Jacksonville does not discriminate against any person on the basis of race, disability, color, ethnicity, national origin, religion, gender, age, sex, sexual orientation/expression, marital status, veteran status, pregnancy or genetic information in its programs, activities and employment. For more information, visit the [Equal Access/Equal Opportunity](#) page.

Florida State College at Jacksonville is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award the baccalaureate and associate degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call (404) 679-4500 for questions about the accreditation of Florida State College at Jacksonville. The Commission is to be contacted only if there is evidence that appears to support an institution's significant non-compliance with a requirement or standard.