

**DEPARTMENT OF FINANCIAL SERVICES  
Award Preferences for Identical Evaluations of Responses**

**Attachment F**

**This form must be completed by the Respondent in the event of a tie if requested by the Department. If the Department discovers that any information on this form is false after the award to the Respondent is made, the Department reserves the right to terminate the Contract and hold the Respondent liable for costs associated with re-procuring the services.**

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Respondents shall certify one or more of the following by checking the adjacent box(es):

- A. The response is from a certified minority-owned firm or company and the net worth of the company is \_\_\_\_\_;
- B. The response is from a veteran-owned business certified according to section 295.187, F.S., and the net worth of the company is \_\_\_\_\_;
- C. The response is from a Florida-based business having at least one of the following characteristics:
  - 1) Fifty-one (51) percent of the company is owned by Floridians; or
  - 2) Employs a workforce for this project or contract that is at least 51% Floridians; or
  - 3) More than 51% of business assets of the company, excluding bank accounts, are located in Florida.
- D. The response is from a Florida-domiciled entity;
- E. The commodities used in this contract are manufactured, grown, or produced within this State;
- F. The response is from a foreign manufacturer with a factory in the State employing over 200 employees working in the State;
- G. The response is from a business that certified at the time of the Response that it has implemented a drug-free workplace program in accordance with section 287.087, F.S.;
- H. **The response is from a company that is not eligible for any of the above preferences.**

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2016.  
Name of Organization: \_\_\_\_\_  
Signed by: \_\_\_\_\_  
Print Name \_\_\_\_\_