

Section 5.10 Company Unique Qualifications and Past Experience:

The committee evaluation will include reference to your company's past experience and unique qualifications providing Construction 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 Construction office:

Sales Office: _____

Maintenance Office: _____

Repair Office: _____

5.104 Year proposers business started? _____

5.105 Year proposer began providing general construction contracting services? _____

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

5.107 Is construction delivery order contracting services your primary business? **Yes** ____ **No** ____

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

--

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

_____ %

5.109 Experience Record - List below three (3) ongoing service contracts you **have lost** for Construction Delivery Order/Job Order Contracting services in the past three years. (If none, state NONE.)

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

5.110 At what locations do you currently manage similar services?

--

5.111 Past related performance of the firm: Include a listing of previous experience with **Construction Delivery Order Contracts**, supervising multiple, concurrent construction jobs of varying complexity and/or construction & 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 construction, and a summary description of the work. Provide information regarding management of concurrent construction 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 Construction Delivery Order/Job Order Contracting services values under \$700,000 per project as defined in this RFP you have managed at least three (3) years.

Client	Type of Services/Contract Provided	Contact Name	Annual Contract Value	# Years of Contractual Relationship

5.112 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).



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



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

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

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

In Northeast Florida? _____ In Florida? _____ In the USA? _____

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

	Attached?
Florida General Contractors License	_____ Yes
Duval County/City of Jacksonville Business Tax Receipt	_____ Yes
If Other Reciprocating County County Name: _____	_____ Yes
Other: (define) _____	_____ Yes

Note: If submitting without a Duval County Business Tax Receipt, the awarded contracting firm will need to obtain the Duval County Business Tax Receipt upon contract execution.

5.118 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.

5.119 Have you completed and submitted the IRS W-9 Form (Section 5.10, Attachment A)?

Yes _____ No _____

5.120 The College currently utilizes an electronic ACH Payment system in lieu of processing checks. If awarded any resultant contract, would your firm be willing to complete the required ACH document banking information to receive electronic payment?

Yes _____ No _____ (If no, describe below):

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

Yes _____ No _____

(If yes, please Submit Section 5.10, Attachment B, Signed and Dated. (A copy of your firm's policy may also be included.)

(If no, please provide certification statement on company letterhead stating such.)

5.122 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 _____

5.123 The College has established a minority outreach program, which has averaged 19 percent of contracts being awarded to small disadvantaged certified minority/women business enterprises (W/MBE) contractors, suppliers and sub-contractors/sub-consultants. By submitting a Qualifications Submittal, your firm will use best efforts to support the Colleges Minority Outreach Monitoring Program.

Agreed? Yes _____ No _____

5.124 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):

--

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

Yes _____ No _____

(If Yes, please complete Section 5.10, 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, please complete Section 5.10, Attachment C “MINORITY BUSINESS ENTERPRISE/WOMAN BUSINESS ENTERPRISE CERTIFICATE” signify the Minority Type claiming “**NM- Non-Minority Type**”)

5.126 **PUBLIC RECORDS:** Proposer acknowledges that OWNER, as a political subdivision of the State of Florida is subject to the provisions of Chapter 119, Florida Statutes regarding public access to records. A proposer will not be allowed to designate its entire submittal as confidential. The proposer is required to cite/reference the specific Florida statutes exempting specific portions of submission from public disclosure.

Proposals, or replies received by the College pursuant to this solicitation will remain confidential and are exempt from Florida’s Public Records Act (Ch. 119, Florida Statutes) until such time as the College provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier. Thereafter, by submitting a response to this solicitation, the proposer acknowledges that all documents and information submitted to the College, including pricing information, is considered a public record under Florida’s Public Records Act and may be disclosed to third parties upon request notwithstanding any confidentiality clauses or labels contained in such documents. Please direct any inquires to the College contact listed herein.

Contractor shall be in full compliance with public records laws in regard to access to public records as stated in Florida Statute 119.0701 (2) (a) through (d) and defined below for contracts for services with a public agency for which it is acting on behalf of the public agency as provided under Florida Statute 119.011(2)

In addition to other contract requirements provided by law, the Contractor shall:

- a) Keep and maintain public records that ordinarily and necessarily would be required by Florida State College at Jacksonville in order to perform the service.
- b) Provide the public with access to public records on the same terms and conditions that Florida State College at Jacksonville would provide the records and at a cost that does not exceed the cost provided in chapter 119, FS, or as otherwise provided by law.
- c) Ensure that public records that are exempt of confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.
- d) Meet all requirements for retaining public records and transfer, at no cost, to Florida State College at Jacksonville all public records in possession of the Contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosures requirements. All records stored electronically must be provided Florida State College at Jacksonville in a format that is compatible with Florida State College at Jacksonville technology systems.

If a Contractor does not comply with a public records request, the Florida State College at Jacksonville shall enforce the contract provisions in accordance with the contract.

Contractor shall notify the College designated contact each time it receives a public records request for public records Contractor has in its possession.

Agreed? Yes _____ No _____

5.127 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 Federal 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/proposal or enter into a contract to provide any goods or services to a public entity, may not submit a bid/proposal or enter into an agreement with a public entity for the construction or repair of a public building or public work, may not submit bids/proposals on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or energy performance contractor under an agreement 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 <https://www.sam.gov/portal/SAM/#1>

Have you attached the written Public Entity Crimes Sworn Statement (Section 5.10, Attachment D), signed by authorized officer and notarized in compliance with Florida Statute 287.133(3)(a) and 287.133(2)(a)?

Yes _____ No _____

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

--

5.129 Does your company agree to all RFP #2019C-18 requirements and also agree to sign without exception a resultant contract RFP #2019C-18 (Refer to "Sample Agreement" Attachment II)?

Yes _____ No _____ (If no, define below deviations)

--

5.130 Any resultant contract or contract amendment or contract renewal shall require an authorized representative acceptance of manual signatures OR e-signatures by both parties as being acceptable as if the individual is manually signing. Proposer shall define below any exceptions:

5.131 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 #1.06?

Yes _____ No _____ (If no, describe below):

5.132 Does your proposal fully comply with all RFP #2019C-18 requirements?

Yes _____ No _____ (If no, describe below any exceptions):

5.133 Does your proposal “exceed” the minimum requirements of this RFP #2019C-18?

Yes _____ No _____ (If yes, describe below):

5.134 If awarded this contract #2019C-18 on June 11, 2019, can your company assume full operation of contractual requirement on July 1, 2019?

Yes _____ No _____

5.135 The proposer, by submitting a proposal agrees the awarded contractor shall agree the resultant contract shall include:

- A. Providing on a “turnkey” basis all Construction Delivery Order/Job 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. November 2017)
 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.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/deregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requestor's name and address (optional)
	6 City, state, and ZIP code	
	7 Last 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. Also see *What Name and Number To Give the Requestor* for guidelines on whose number to enter.

Social security number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					
OR								
Employer identification number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-					

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

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*, later.

**** 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 2019C-18 Construction Delivery Order/Job 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 _____, 2016, 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 proceeding 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: _____

FSCJ Site Visit Certification Form

Proposers are to include in their submittal a signed and checked Site Visitation Certification Forms (Section 5.10, 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 1.10.**

(Contractor Name)

(Contractor's signature)

(Contractor's printed name)

Site Contact	Campus/Center	Telephone Numbers	College Employee Signature	Date
Ray McEwen	Downtown Campus (DNT) AO/URC/ATC/Main St.	904-633-8197		
Dale Cason	Kent Campus (KC)	904- 381-3560		
Chris Owens	Cecil Center (CC)	904 -779-4177		
Mark Gandy	North Campus (NC)	904-766-6692		
Terry Pittman	Nassau Center	904-548-4452		
Phillip Mitchell	South Campus (SC)	904-646-2401		
Zoran Bozic	Deerwood Center (DWC)	904- 997-2714		

Cooperative Purchase & Terms of Delivery 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.

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

ALTERNATE ELECTRONIC METHODS OF PAYMENT ACCEPTED AT NO ADDITIONAL COSTS:

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.

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, color, ethnicity, genetic information, national origin, religion, gender, marital status, disability, or age in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | equityofficer@fscj.edu.

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.