

**Section 5.10 Company Qualifications and Past Experience, Volume of Work Awarded by College:**

The committee evaluation will include reference to your company’s past experience and qualifications providing Elevator Maintenance & Repair Services. The committee will assign a total score up to 20 points to proposers based on the degree of their unique qualifications and “related” past experience (0 – 15 points). Past Experience will also include Volume of Work Previously Awarded by the College evaluation worth up to 5 points. (0 - 5 points) (Overall 0 – 20 points)

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

**5.102 Two Points of Contact within the C/JV:**

**Primary contact person:** Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Phone/FAX: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

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

Phone/FAX: \_\_\_\_\_

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

**5.103 Parent Company, Indicate N/A, if not applicable.**

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

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

City: \_\_\_\_\_

State & Zip Code: \_\_\_\_\_

Phone/FAX: \_\_\_\_\_

5.104 **Former Names.** Listed below are all the names under which the F/JV has done business. (Indicate N/A, if not applicable).

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5.105 Location of most local \_\_\_\_\_:

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

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

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

5.106 Year proposers business started? \_\_\_\_\_

5.107 Year proposer began providing \_\_\_\_\_ services? \_\_\_\_\_

5.108 Year proposer began providing \_\_\_\_\_ services as specified herein? \_\_\_\_\_

5.109 Is \_\_\_\_\_ services your primary business? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If No, Please briefly describe your primary business: \_\_\_\_\_

5.110 What percentage of your business is the result of delivery order contracting services? \_\_\_\_\_ %.

5.111 At what locations/city's do you currently manage similar services?

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5.112 Experience Record - List below five (5) ongoing service contracts you have lost for \_\_\_\_\_ services in the past three years. (If none, state "None").

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

5.113 Proposers shall list below 3-5 related commercial/public/higher education of previous experience your Company has provided similar Elevator Maintenance & Repair 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

5.114 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).

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5.115 Please list below the name of the company or subcontractors that will provide on campus:

Service? \_\_\_\_\_

Repair? \_\_\_\_\_

Emergency Call? \_\_\_\_\_

Staffing? \_\_\_\_\_

Other? \_\_\_\_\_

5.116 Describe below a brief overview of your company’s unique qualifications.

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5.117 Describe below your company’s experience in commercial applications providing \_\_\_\_\_ services for clients preferably for greater than three (3) years.

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

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

5.119 Have you included a copy of all current licensures your firm has to work in Florida (State of Florida Elevator Maintenance & Repair Contractors License), (Duval County/City of Jacksonville Business Tax Receipt OR another reciprocating county)? Have you attached copies of all current licensures to work in Florida?

Florida Elevator Maintenance & Repair Contractors License

Duval County/City of Jacksonville Business Tax Receipt

If Other Reciprocating County

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

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

Attached?
_____ Yes
_____ Yes
_____ Yes
_____ 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.

5.120 Has your firm provided and attached a copy certificate of incorporation? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If no provide an explanation below.

\_\_\_\_\_

5.121 Have you completed and submitted the IRS W-9 Form in **Attachment A**? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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

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

**(If Yes, Complete Attachment B “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 B “MINORITY BUSINESS ENTERPRISE/WOMAN BUSINESS ENTERPRISE CERTIFICATE” signify the Minority Type claiming “NM- Non-Minority Type”)**

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

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

**(If yes, Submit Attachment C, 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 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 \_\_\_\_\_

5.125 All Contractor or Sub-contractor employees who perform service at the College shall have passed a Duval County Police Department Live Scan, a Level II or a FDLE/FBI criminal background check prior to the start of the project. The background check will be conducted at the Contractors expense.

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

5.126 **Public Entity Crime (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 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 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 \_\_\_\_\_

5.127 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):

5.128 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 whenever applicable.

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

5.129 PUBLIC RECORDS: "CONTRACTOR" 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.

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)

- a. Contractor shall comply with public records laws, specifically to:
- Keep and maintain public records required by the College to perform the service.
  - Upon request from the College for College's public records, Contractor is to provide the College with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.
  - Contractor shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the College.
  - Upon completion of the contract, transfer, at no cost, to College all public records in possession of Contractor or keep and maintain public records required by the College to perform the service. If Contractor transfers all public records to the College upon completion of the contract, Contractor shall destroy any duplicate public records that are exempt or confidential an exempt for public records disclosure requirements. If Contractor keeps and maintains public records upon completion of the contract, Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the College upon request for the College custodian of public records, in a format that is compatible with the information technology systems of the College.

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

5.130 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.

Have you attached the **signed** Site Visitation Certification Forms (**Attachment E**)?

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

5.131 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 Elevator Maintenance & Repair Services.

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5.132 How in detail would your company propose the College transition into a contract with your company, if awarded? (Include a proposed detailed timeline that includes major milestones [i.e. current contract obligations, etc.]

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

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

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5.134 Does your company agree to all RFP #2020C-15 requirements and also agree to sign a resultant contract #2020C-15 without exception?

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

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

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5.136 Has your company timely delivered a hard copy original proposal signed by an officer of your company as specified in Section #1.03?

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

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5.137 Does your proposal fully comply with all RFP #2020C-15 requirements?

**Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please describe):**

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5.138 If awarded this contract #2020C-15 on June 9, 2020, can your company assume full operation of contractual requirement on July 1, 2020?

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

- 5.139 The proposer, by submitting a proposal agrees the awarded contractor shall agree the resultant contract shall include:
- A. Providing on a “turnkey” basis all Elevator Maintenance & Repair Services 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 seven (7) calendar days thereof.
  - E. Agree to sign a hold harmless statement that the awarded contractor would defend and hold the District Board of Trustees 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 - Under Separate Cover).

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

- 5.140 **The evaluation committee will include evaluation of the Elevator Maintenance & Repair Services work performed for the College within the last 5-years. The committee will assign up to 5 points as defined below. (0 - 5 points)**

- A. This information is requested per **§ 287.055 (4) (b)**.
- B. Provide a listing of Elevator Maintenance & Repair Services work previously awarded to your firm directly by Florida State College at Jacksonville **in the past 5 years**.
- C. Include all fees earned/received for Elevator Maintenance & Repair Services in the past 5 years.
- D. Only your company’s construction contracting services fees received for FSCJ projects need to be included in the Volume of Work Chart. You may deduct amounts paid directly by FSCJ for “Tax Saving Material” purchases to suppliers.
- E. In accordance with the FS 287.055, FSCJ shall consider the volume of work previously awarded to each firm “with the objective of effecting an equitable distribution of contracts among qualified firms, provided such distribution does not violate the principle of selection of the most highly qualified firm”.
- F. The total dollar value of the work performed for FSCJ in the past will be evaluated by using a mathematical calculation, related to the dollar value earned by other Applicants, to determine the appropriate score.

- a) Applicants who have not yet performed work for FSCJ will receive “full marks” of 5 points.



- b) Applicants who have performed work for FSCJ will be scored accordingly, and will receive scores lower than 5 points.
- c) The Applicant which performed the most work for FSCJ will receive a score of 0 points.
- d) Sample scoring matrix:

**SAMPLE ONLY: Elevator Maintenance & Repair Services**  
Volume of Work Previously Awarded by FSCJ

	<b>MAX</b>	<b>Awarded</b>	<b>Percentage</b>	<b>Available</b>	<b>Score</b>
Contractor A	1,000,000.00	1,000,000.00	100.00%	5	0.00000
Contractor B	1,000,000.00	387,642.00	38.76%	5	3.06179
Contractor C	1,000,000.00	168,530.46	16.85%	5	4.15735
All Others	1,000,000.00	0.00	0.00%	5	5.00000

5.140.1 Applicants must state the **TOTAL DOLLAR VALUE of Construction Contracting Services EARNED from FSCJ** for all awarded contracts during the past 5 years as defined above for the College:

\$ \_\_\_\_\_

- If NO WORK has been performed for FSCJ in the past 5 years, state “\$ 0.00” in space provided.)
- IF WORK HAS BEEN PERFORMED FOR FSCJ in the past 5 years, state “Total Dollar Value”. TOTAL DOLLAR VALUE is defined as “the total cumulative dollar amount the contracting proposer received from FSCJ during the past 5-years for rendered services.”

5.140.2 Applicants must submit a break-down listing of ALL work performed as defined above for the College: (If needed, Attach Separate page labeled Section 5.140.2).

The below chart needs to be completed as follows:

- If No Elevator Maintenance & Repair Services work has been performed for FSCJ in the past 5 years, state “NONE” in Contract Number Field.)
- IF Elevator Maintenance & Repair Services WORK HAS BEEN PERFORMED FOR FSCJ in the past 5 years, Complete form as follows:
  - The column titled “Contract Number”: List the FSCJ awarded Contract Agreement number (Note: if no contract agreement was executed list the Purchase Order in which the project was completed under.) IF MULTIPLE SIMILAR PROJECTS WERE AWARDED UNDER A SINGLE CONTRACT, MAY COMBINE THE TOTAL DOLLAR AMOUNT RECEIVED AND LISTING THE CONTRACT TITLE AND TERM PERIOD.
  - The column titled “Project Name”: List the Campus and project (Note: multiple projects for a campus may be consolidated).
  - The column titled “Elevator Maintenance & Repair Services Paid for Services by

FSCJ”: The project dollar amount paid directly to the contractor for ONLY the Elevator Maintenance & Repair Services rendered.

- The column titled “Total Contracted Project Cost”: Is the TOTAL cost of the project including all materials, bonding, and sub-contractors Paid for by FSCJ directly to your firm.
- The column titled “Date of Project Completion”: The date in which the final project was accepted by FSCJ. If project listed is still an active project, the date needs to be identified as the anticipated completion date.

<b>Contract Number</b>	<b>Project Name</b>	<b>Elevator Maintenance &amp; Repair Services Paid for Services by FSCJ</b>	<b>Total Contracted Project Cost</b>	<b>Date of Project Completion</b>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Form **W-9**  
 (Rev. November 2017)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type. See Specific Instructions on page 2.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/d disregarded entity name, if different from above.</p> <p>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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership) ▶ _____</p> <p><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></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 2):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 Last account number(s) here (optional)</p>	<p>Requester's name and address (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 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								
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**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.

<b>Sign Here</b>	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](http://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.

**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 2020C-15 Elevator Maintenance & Repair 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 \_\_\_\_\_, 2020, 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".

**\*\* 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: \_\_\_\_\_

**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 4.004.**

\_\_\_\_\_  
(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		
Jerry Abbott	Nassau Center	904-548-4452		
Ron Dykeman	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:

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**\*\* 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.

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

ALTERNATE ELECTRONIC METHODS OF PAYMENT ACCEPTED AT NO ADDITIONAL COSTS:

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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](mailto: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.