



INVITATION TO PARTICIPATE
PLEASE EMAIL THIS DOCUMENT
BACK TO THE PURCHASING
DEPARTMENT AT
bradley@jacksoncountyfl.gov

Notice is hereby given to all interested persons or firms that Jackson County will be accepting sealed bids for the following:

BID NUMBER: 2021-13

BID NAME: Health Department Generator Repair

GENERAL INFORMATION: The Jackson County Board of County Commissioners is seeking qualified vendors to respond to this request for proposals to perform repairs to an emergency generator at the Jackson County Health Department.

BID DEADLINE DATE: THURSDAY, FEBRUARY 25, 2021 DEADLINE TIME: 2:00 PM CST

PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN (MAIL OR FAX) THIS FORM IMMEDIATELY

WE INTEND TO PARTICIPATE IN THIS BID REQUEST		
We DO NOT intend to participate in this Bid request;		
However we would like to remain on the Jackson County Vendor listing		
IF THIS PROJECT REQUIRES A CONTRACTOR MEETING (see page 2)		N/A
WE WILL ATTEND	N/A	WE WILL NOT BE ATTENDING
		N/A

Please indicate with a "*" if there are any changes to the following information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Voice Telephone Number: _____ Fax Number: _____ Email: _____

Contact Person: _____
PRINTED NAME SIGNATURE

Please return this Invitation to Participate immediately upon receipt.
 This form can be sent via email to bradley@jacksoncountyfl.gov



IMPORTANT NOTICE
CONTRACTOR MEETING NOTIFICATION

Project #: 2021-13

Project Name: Health Department Generator Repair

Contractors Pre-bid Meeting: N/A

Meeting Location: N/A

SPECIAL NOTE: Additional information may be handed out at this meeting. This additional information WILL NOT be mailed out to any vendors not responding to this meeting.

**THIS PROJECT DOES NOT INVOLVE A
PRE-BID CONTRACTOR'S MEETING**

QUESTION & RESPONSE FORM

BID NUMBER: 2021-13

BID NAME: Health Department Generator Repair

NOTE: We understand that questions may arise from this bid packet or the specifications pertaining to this project. We will make every attempt to answer your questions in a timely manner. However, all questions must be in written format and on this form. You can submit your question via email to bradlevn@jacksoncountyfl.gov. Please be sure that all of the requested information has been provided. Once the question has been answered, I will email the response back to you and to only those firms that have returned the INVITATION TO PARTICIPATE to the Purchasing Department.

IMPORTANT: YOU MUST EMAIL THE “INVITATION TO PARTICIPATE” AS REQUESTED AS SOON AS POSSIBLE. Only those firms responding with the INVITATION TO PARTICIPATE will receive any response to questions asked.

FIRM REQUESTING INFORMATION: _____

PERSON MAKING REQUEST: _____

ADDRESS	PHONE #	FAX #
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QUESTION: _____

ANSWER: _____

PERSON RESPONDING TO QUESTION: _____



BID PACKET

CONTENTS AND PROCEDURES

BID NUMBER: 2021-13

BID NAME: Health Department Generator Repair

THIS PACKET CONTAINS THE FOLLOWING DOCUMENTS.

NOTE: SOME OF THESE DOCUMENTS NEED TO BE RETURNED. PLEASE READ AND FOLLOW THE SUBMISSION REQUIREMENT SO THAT YOUR BID WILL NOT BE DISQUALIFIED.

DESCRIPTION	SUBMISSION REQUIREMENT
• IMPORTANT NOTICE (if a contractor meeting has been set, the information will be given on page 3.	
• INVITATION TO PARTICIPATE-----	<u>EMAIL THIS DOCUMENT BACK IMMEDIATELY</u>

BID PACKET CONTENTS RETURN AS INDICATED

• BID DOCUMENT-----	DO NOT RETURN
• EXPLANATION & PROCEDURE-----	DO NOT RETURN
• GENERAL CONDITIONS AND SPECIFICATIONS -----	DO NOT RETURN
• PUBLIC ENTITY CRIMES FORM-----	SUBMIT ONE COPY WITH BID
• BID SPECIFICATIONS-----	DO NOT RETURN
• BID RESPONSE FORM-----	SUBMIT THREE COPIES WITH BID
• VENDOR INFORMATION-----	SUBMIT ONE COPY WITH BID
• COPY OF FORM W-9-----	SUBMIT ONE COPY WITH BID
• STATEMENT OF EXPERIENCE-----	SUBMIT ONE COPY WITH BID
• SUBCONTRACTOR LIST-----	SUBMIT ONE COPY (if applicable)
• DRUG FREE WORKPLACE CERTIFICATE-----	SUBMIT ONE COPY WITH BID
• CERTIFICATION REGARDING LOBBYING-----	SUBMIT ONE COPY WITH BID

ADDITIONAL DOCUMENTS REQUIRED IN CONJUNCTION WITH THIS BID

Documents that are in **BOLD ARE** required for submission. Documents **NOT** in **BOLD** are **NOT** required.

- **BID BOND**
- PAYMENT BOND
- PERFORMANCE BOND – must be presented when contract is signed
- **PROOF OF WORKMAN’S COMPENSATION INSURANCE**
- **PROOF OF CURRENT LIABILITY INSURANCE (County may, if necessary, request an increase)**

DOCUMENTS WHICH WILL BE ISSUED UPON AWARD

1. **CONTRACT**
2. **NOTICE OF AWARD**
3. **CERTIFICATE OF FINAL COMPLETION**

CERTIFICATE OF FINAL COMPLETION – Must be completed and submitted to Purchasing Dept. or final payment will not be made.

BID DOCUMENT
EXPLANATION & PROCEDURES CONTINUED

WARNING - THESE PROCEDURES WILL BE FOLLOWED

If an attempt to circumvent this process is made and the invoice for payment is sent directly to the Finance Department, the Finance Department will forward the invoice to the Purchasing Department. If a Notice of Final Completion is not on file with the Purchasing Department, the Contractor will immediately be notified to initiate the Final Completion process.

If the total project cost is more or less than that provided on the Bid response, the Purchasing Department will review the records for an approved Change Order form. If one does not exist, PAYMENT WILL NOT BE MADE. Any and all change orders MUST be approved by the Jackson County Board of County Commissioners or authorized representative. If in the event a Change Order was not found, the Purchasing Department will require the contractor to complete in detail a Change Order form. The Department will then present the Change Order to the Board of Commissioners at their next regular meeting. This does not guarantee that this Change Order will be approved. The Department will follow the direction that the Board of Commissioners dictates.

GENERAL The procedures listed here will be followed by everyone responding to a Bid Request. Failure to comply with these procedures COULD RESULT IN DISQUALIFICATION.

PUBLIC ENTITY CRIMES - SWORN STATEMENT FORM - RETURN WITH BID RESPONSE PACKET

State law dictates that all individuals or firms doing business with a Governmental Agency must provide that agency with written documentation that they have not been convicted of any crimes which would prohibit them from conducting business with a Government Agency.

BID BOND – CONSTRUCTION BIDS \$50,000.00 AND OVER-RETURN WITH BID RESPONSE PACKET

Bid Bonds are insurance agreements in which a third party agrees to be liable to pay a certain amount of money in the event that a specific bidder, if the bid is accepted, fails to accept the contract as bid. NOTE: unless otherwise noted, this bid bond requirement is primarily for construction type bids and NOT for PRODUCT type bids.

ADDENDUM FORMS

Changes are made from time to time pertaining to the Bid. These changes or additional information will be provided to everyone that has returned the Invitation to Participate. If the Invitation to Participate has not been returned, the Purchasing Department will make the determination that your firm does not wish to respond to this Bid request. As a result, any Addendum's will NOT be sent to your firm.

CONTRACT The Contract provided in the Bid packet is a sample document and is representative of the actual contract.

RECIPIENT OF THE BID AWARD Failure to strictly adhere to the procedures listed here could result in delays for any or all payment requests.

NOTICE OF AWARD - RETURN THIS DOCUMENT WITHIN 15 DAYS

This document will be sent to the successful bidder as notification of the award of the bid. The contractor must return this document within 15 calendar days. Return two copies of the Contract along with the Notice of Award. No work on the project is to occur until the Contractor has received the NOTICE TO PROCEED. However, Contractor may take the necessary steps to prepare for the work to begin. These steps could include but not be limited to scheduling, ordering items/equipment etc. The contractor shall also send the remainder of the required documents, Performance Bonds, Insurance requirements Etc. at this time.

PERFORMANCE BOND - BIDS – for projects in excess of \$50,000-00 -RETURN WITH THE NOTICE OF AWARD

This is a contract of guaranty executed subsequent to award by a successful bidder to protect the government from loss due to contractor inability to complete the contract as agreed.

The firm receiving the Bid award shall execute a Performance Bond for the entire amount of the bid itself and naming Jackson County Board of County Commissioners as recipient. Once this has been accomplished, the Notice of Award and Performance Bond must be sent to the Purchasing Department.

NOTE: unless otherwise noted, this bid bond requirement is primarily for construction type bids and NOT for PRODUCT type bids.

NOTICE TO PROCEED - RETURN THIS DOCUMENT UPON EXECUTION

The Notice to Proceed will be sent only after all the required forms have been received by the Purchasing Department. The Notice to Proceed will specify a starting date on which the contractor shall start work. This document will also specify the total amount of days allowed for the completion of this project and will identify the date in which this project should conclude.

TIME ZONE

Jackson County is in the Central Time Zone. Any and all reference to time is made in the Central Time zone. Those responding to this Request for Bid are responsible for responding correctly.

CERTIFICATE OF FINAL COMPLETION

NOTE: This procedure MUST BE FOLLOWED. This document MUST be on file in the Purchasing Department or FINAL PAYMENT WILL NOT BE PROCESSED FOR PAYMENT.

The purpose of this document is a final inspection of the project. The Contractor shall notify the Purchasing Department via the Notice of Final Completion only when the Contractor has fully completed the project. The Purchasing Director will schedule a date for both the Owner and Contractor to complete a final inspection of the project. The results of this final inspection will be either a listing of items which remain to be completed or agreement between both parties as to the completeness of the project. The contractor will receive the final signed copy of the Notice of Final Completion once the work has been completed and released. Contractor should then provide the Purchasing Department with the final invoice for payment. The Purchasing Department shall process said invoice and deliver the invoice for payment to the Finance Department.



PROJECT NUMBER: 2021-13

PROJECT NAME: Health Department Generator Repair

GENERAL CONDITIONS AND SPECIFICATIONS

GENERAL

- A. These documents constitute the complete set of specification requirements and forms. The Proposal including all sheets and attachments must be filled in, executed, and submitted in a sealed envelope bearing the RFP number on the outside and mailed or presented to the Purchasing Office on or before the specified time and date. The face envelope shall contain the return address, the date of RFP opening, the RFP number and title.
- B. It is the sole responsibility of the respondent to ensure that his or her response reaches the Purchasing Office on or before the closing date and time. The County of Jackson shall in no way be responsible for delays, caused by any other occurrence. Offers by telephone, telegram or facsimile shall not be accepted unless otherwise specified.
- C. All responses must be typed or written in ink and must be signed in ink by an officer or employee having authority to bind the company or firm.
- D. **Provide one original signed copy and two additional copies** of any Response pages which have to be prepared by your firm as directed in response to this request. The original copy of the RFP/RFQ must contain an original, manual signature of an authorized representative of the company.
- E. Respondents shall not be allowed to modify their packets after the opening time and date. RFP files may be examined during normal working hours, after the opening, by appointment only.
- F. The RFP packets will be publicly opened by the Purchasing Department of the Board of County Commissioners of Jackson County. This will take place at 2864 Madison Street, Marianna, Florida 32448 on the date and time indicated in RFP packet.

ALL RESPONDENTS OR THEIR REPRESENTATIVES ARE INVITED TO BE PRESENT

For information concerning this project, please contact:

Nicole Bradley, Purchasing Agent
PURCHASING DEPARTMENT
COUNTY ADMINISTRATION BUILDING
2864 MADISON STREET
MARIANNA, FLORIDA 32448
BRADLEYN@JACKSONCOUNTYFL.GOV
VOICE: 850-482-9633 FAX: 850-482-9643

LEGAL REQUIREMENTS

Respondents are required to comply with all provisions of Federal, State and County laws and Ordinances, rules and regulations, that are applicable to the items being requested. Lack of knowledge by the respondent shall in no way be a cause for relief from responsibility or constitute a cognizable defense against the legal effect thereof.

PUBLIC ENTITY CRIMES

Any person submitting a proposal in response to this invitation must execute the enclosed SWORN STATEMENT UNDER SECTION 287.133 (A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES, including proper check(s) in the space(s) provided, and enclose it with the proposal.

No award will be executed with any person affiliate identified on the Department of General Services "Convicted Vendor" list. This list is defined as consisting of persons and affiliates who are disqualified from public contracting and purchasing process because they have been found guilty of a public entity crime. No public entity shall award any contract to, or transact any business in excess of the threshold amount provided in Section 287.017, Florida Statutes for Category Two (2) (currently \$10,000.00) with any person or affiliate on the "Convicted Vendor" list for a period of thirty-six (36) months from the date that person or affiliate was placed on the "Convicted Vendor" list unless that person or affiliate has been removed from the list pursuant to Section 287.133 (3)(f) Florida Statutes.

DRUG FREE WORKPLACE PROGRAMS

Preference shall be given to businesses with Drug-Free Workplace Programs, when two or more packets, which are equal with respect to quality and service, are received by the County of Jackson for the procurement of commodities or contractual services.

PROCUREMENT REGULATIONS

This request is governed by the Jackson County Procurement Regulations. A copy of the Procurement Regulations is available for your review at the County Purchasing Office.

PROTESTS OR DISPUTES

Any protests or disputes pursuant to this request and/or contract award shall be governed by the procedures noted in the Procurement Regulations.

FEDERAL AND STATE TAX

The County of Jackson is exempt from Federal and State Taxes for tangible personal property. The Purchasing Department will supply the successful respondent with an exemption certificate if required. Vendors or contractors doing business with Jackson County shall not be exempted from paying sales tax to their suppliers for materials to fulfill contractual obligations with the County, nor shall any Vendor/Contractor be authorized to use the County Tax Exemption Number in securing such materials.

ACCEPTANCE/REJECTION

The County reserves the right to reject the response of any vendor who has previously failed in the proper performance of an award or to deliver on time contracts of a similar nature or who is not in a position to perform properly under this award. The County reserves the right to inspect all facilities of firms in order to make a determination as to the forgoing. Jackson County reserves the right to waive any irregularities and technicalities and may, at its discretion, request to re-advertise this RFP.

ALTERNATIVES/APPROVED EQUAL DEVIATIONS

Unless otherwise specified, the mention of a particular manufacturer's brand name or number in the specifications does not imply that this particular product is the only one that will be considered for purchase. This reference is intended solely to designate the type or quality of merchandise that will be acceptable. Alternate offers will be considered and must include descriptive literature and/or specifications. Failure to provide descriptive literature and/or specifications with alternate offers may be cause for disqualification of the response. The determination as to whether any alternate product or service is or is not equal shall be made by Jackson County and such determination shall be final and binding upon all responses.

The respondent shall be responsible for reading very carefully, and understanding completely, the requirements and the specifications of the items requested. Any deviation from specifications listed herein must be clearly indicated, otherwise it will be considered that items offered are in strict compliance with these specifications, and the successful respondent will be held responsible; therefore, deviations must be explained in detail on an attached sheet(s) and itemized by number. Any item or items that do not meet County specifications upon delivery will not be accepted and if the item cannot be brought up to specifications in a reasonable time, the firm will be required to compensate the County for difference in price entailed in going to the next low firm.

NO RESPONSE

Where more than one item is listed, any items not included in the response shall be indicated by a written "NO RESPONSE" beside the item. If no items are represented, a "Statement of NO RESPONSE" should be returned, with the envelope plainly marked "NO RESPONSE" and with the RFP number. Failure to comply will be an indication that the firm does not wish to be considered for future requests.

NON-COLLUSION

Firm certifies that this response is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud.

No premiums, rebates or gratuities permitted; either with, prior to or after any delivery of material or provision of service. Any such violation may result in contract cancellation, return of materials or discontinuation of services and possible removal from the vendor list(s).

CONFLICT OF INTEREST

The award is subject to provisions of State Statutes and County Ordinances if any. All respondents must disclose with their response the name of any office, director, or agent who is an employee of Jackson County. Further, all firms must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the firm or any of its branches.

UNIFORM COMMERCIAL CODE

The Uniform Commercial Code (Florida Statutes, Chapter 672) shall prevail as the basis for contractual obligations between the awarded contractor/vendor and the County for any terms and conditions not specifically stated in this Invitation.

AVAILABILITY OF FUNDS

The obligations of Jackson County under this award are subject to the availability of funds lawfully appropriated for its purpose by the State of Florida and Jackson County.

EEO STATEMENT

Jackson County is committed to assuring equal opportunity in the award of contracts and, therefore, complies with all laws prohibiting discrimination on the basis of race, color, religion, national origin, age and sex.

SUBCONTRACTING

If a vendor subcontracts any portion of a contract for any reason, he must submit the name and address of the subcontractor and the name of the person to be contracted. Jackson County reserves the right to accept or reject any or all responses wherein a subcontractor is named and to make the award to the firm, who, in the opinion of the County, will be in the best interest of and/or most advantageous to the County. Jackson County also reserves the right to reject a response of any firm if the response names a subcontractor who has previously failed in the proper performance of an award or failed to deliver on time contracts of a similar nature, or who is not in a position to perform properly under this award. Jackson County reserves the right to make the determination as to the foregoing.

REQUIREMENTS FOR ALL INFORMATION TECHNOLOGY HARDWARE, SOFTWARE, SERVICES, OR ELECTRONIC EQUIPMENT

All Electronic equipment shall be **YEAR 2000 COMPLIANT**. Any firm responding to this request shall supply the County with a statement that the electronic equipment being offered is in fact **YEAR 2000 COMPLIANT**.

QUESTIONS PERTAINING TO THE PROJECT

No questions regarding this project will be answered unless said question is in written form. Questions pertaining to the specifications of this project will be delivered to the Purchasing Agent via Fax, Mail or hand-delivery. The original question along with the answer will be sent via Fax or Mail to every firm who has returned the Invitation to Participate.

NEGOTIATIONS

Negotiations will be conducted in accordance with Florida State Statute 11.45.



BID SPECIFICATIONS

If you have any questions, please don't hesitate to contact us.

bradley@jacksoncountyfl.gov | pottsh@jacksoncountyfl.gov

BID NUMBER: 2021-13

BID NAME: Health Department Generator Repair

Procedures for having questions answered:

1. All questions will be directed to the Purchasing Agent unless otherwise indicated.
2. All questions will be in written form utilizing the provided question form or sent by email.
3. Questions can be emailed to the Purchasing Agent at bradley@jacksoncountyfl.gov
4. All questions will be distributed along with the answer to ONLY THOSE respondents which have returned the INVITATION TO PARTICIPATE.
5. Please read ALTERNATIVES/APPROVED EQUAL DEVIATIONS regarding product specifications.

IMPORTANT INFORMATION:

- **Once this project has been awarded, the contractor/vendor will have 30 days to initiate delivery of services, beginning with the issuance date of the "Notice of Award".**

SCOPE OF PROJECT: The Jackson County Board of County Commissioners is seeking qualified vendors to add four (4) breakers to the existing emergency power panel and refeeding existing circuits from the main switchboard to this panel. All work shall be performed under a single contract. Shutdowns must be performed at night or on weekends.

PROJECT SPECIFICATIONS:

See attached plans for specifications and work details.

Notes:

- The Contractor is responsible to be familiar with the existing condition of the generator prior to commencing repair work.

**BID PACKET
BID RESPONSE FORM**

BID NUMBER: 2021-13

BID NAME: Health Department Generator Repair

DELIVERY: Prices quoted will include delivery F.O.B. Jackson County Florida. The equipment will NOT be shipped with the BOCC, Jackson County as consignee.

DELIVERY COST/CHARGES: All delivery costs or charges must be included in the bid price.

ACCEPTANCE: Jackson County will not be responsible for any equipment until fully delivered and accepted after a complete inspection by both the purchasing department and the requesting department. The Purchasing Department MUST be notified immediately, preferably prior to but if necessary, upon delivery. A "Certificate of Final Completion" will be issued upon such acceptance.

BID AWARD: The County reserves the right to award the contract on a split-order, lump-sum, or individual-item basis, or such combination as shall best serve the interest of the County unless otherwise specified.

EQUIPMENT PURCHASE: The vendor shall at County's discretion, Jackson County to purchase all equipment it deems necessary.

	YES	NO	IF YES – EXPLAINED?	
			YES	NO
Have exceptions or alternatives been taken for any of the specifications given in this Bid request				

	DAYS
This bid price is good for how long after bid opening	
How many days after notification of award, will installation begin	

By signing this form, you attest that all information provided by you is true and correct to the best of your knowledge.

Company name _____

Address _____

CITY _____ STATE _____ ZIP _____

Phone numbers _____
 VOICE _____ FAX _____ E-MAIL _____

Authorized representative _____
 PRINTED NAME _____ SIGNATURE _____

**SWORN STATEMENT UNDER SECTION 287.133 (3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

This SWORN statement is submitted with bid number:

1. By _____
(PRINT INDIVIDUALS NAME AND TITLE)

For _____
(PRINT NAME OF ENTITY SUBMITTING SWORN STATEMENT)

whose business address is _____
CITY STATE ZIP VOICE PHONE

and (if applicable) its Federal Employee Identification Number (FEIN) is: _____

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 of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency of political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand “convicted” or “conviction” as defined in Paragraph 287.133 (a)(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 or 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 guilty or nolo contendere.
4. I understand that an “affiliate” as defined in Paragraph 287.133 (1)(a), Florida Statutes, means:
 - A. A predecessor or a successor of a person convicted of a public entity crime; or
 - B. An entity under the control of any natural person who is active in the management of the entity and who had been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an 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 for fair market value under an arm’s length agreement, shall be a prima facie case that no one person controls another person. A person who knowingly enters 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.

I UNDERSTAND THAT A “PERSON” AS DEFINED IN Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into 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 an entity.

1. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this SWORN statement.

**SWORN STATEMENT UNDER SECTION 287.133 (3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES - CONTINUED**

[INDICATE WHICH STATEMENT APPLIES]

_____ Neither the entity submitting this SWORN statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has 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 its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity **HAS 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 its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or as a affiliate of the entity **HAS BEEN CHARGED WITH AND CONVICTED OF A PUBLIC ENTITY CRIME** subsequent to July 1, 1989. **HOWEVER**, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings 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**).

STATEMENT OF UNDERSTANDING

I understand that the submission of this form to the contracting officer for the Public Entity Identification in Paragraph one (1) above is for that Public Entity Only and, that this form is valid through December 31 of the calendar year in which it 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 (2) of any change in the information contained in this form.

Authorized Signature

Date Signed

Sworn to and subscribed before me this _____ day of _____, 20_____

Personally known to me _____ OR Produced Identification: _____
[Type of Identification]

Signature of Notary Public _____

State of _____

My Commission Expires _____

BID NUMBER: 2021-13

BID NAME: Health Department Generator Repair

NEW VENDOR INFORMATION

(If you are a new vendor with Jackson County)

MUST BE COMPLETED AND RETURNED WITH THE BID RESPONSE PACKET

Please type or print neatly.

FIRM NAME:		PRINCIPAL CONTACT:		E-MAIL ADDRESS	
STREET ADDRESS (INCLUDING SUITE/BUILDING, ETC.):			VOICE PHONE: EXT.		CELL PHONE:
MAILING ADDRESS:			CITY:	STATE:	ZIP:
MAIN PHONE:		FAX:	WEB ADDRESS:		
Is the principal contact listed above authorized to sign bids, contracts and checks? Yes: _____ No: _____					
If no, list the name of the individual who has such authority:				Phone number: Ext.	
Federal I.D. :		Occupational License No.:		State Contractor's License No.:	
Primary Business:	Manufacturer Contractor	Distributor	Other (Please specify)		
Product to be provided/sold:					
Firm/Company type:	Sole Proprietorship Non-Profit Corp.	Partnership	Corporation	Other:	
Is your company a Certified:	Woman-Owned Native Alaskan	African American	Hispanic	Asian American	Native American
Terms of payment:					
Bonding Capability:	Don't know	Under \$100,000	Over \$100,000	Other:	
Does your firm currently cover all employees with Workman's Compensation insurance: Yes No				If yes, in what amount:	
Are any officers, owners, partners, or employees (or employee family) an employee of the Jackson County Board of Commissioners: Yes No					
If above answer is Yes, please identify that person and their position with the County.					
Certification					
I certify that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person (or concern) in any connection with the applicant is a principal officer so far as known, is now debarred or otherwise ineligible from bidding for any reason or project with the Jackson County Board of Commissioners.					
Signature:		Title:		Date:	

**EXPERIENCE STATEMENT
TO BE SUBMITTED WITH RESPONSE PACKET**

BID NUMBER: 2021-13

BID NAME: Health Department Generator Repair

List at least three references for work of a similar nature performed within the last three years.

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

BID NUMBER: 2021-13

BID NAME: Health Department Generator Repair

SUBCONTRACTOR LIST - TO BE SUBMITTED IF SUBCONTRACTORS WILL BE USED

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	CURRENT CERTIFICATE OF LIABILITY INSURANCE
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	CURRENT CERTIFICATE OF LIABILITY INSURANCE
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	CURRENT CERTIFICATE OF LIABILITY INSURANCE
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	CURRENT CERTIFICATE OF LIABILITY INSURANCE
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

DRUG FREE WORKPLACE CERTIFICATE

"I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that

NAME OF FIRM

- Publishes a written statement notifying that the unlawful manufacturer, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace given above and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- Gives each employee, engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the workplace, no later than five (5) days after such conviction, and requires employees to sign copies of such written [*] statement to acknowledge their receipt.
- Imposes a sanction on, or requires 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.
- Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the drug free workplace program.

As a person authorized to sign this statement, I certify that the above-named business, firm or corporation complies fully with the requirements set forth herein."

Authorized Signature

Date Signed

Sworn to and subscribed before me this _____ day of _____, 20____

Personally known to me _____ OR Produced Identification: _____
[Type of Identification]

Signature of Notary Public _____

State of _____

My Commission Expires _____