

**SIGNATURE PAGE**

**(Please type or print clearly in ink for reproduction purposes)**

<b>IDENTIFICATION</b>			Type of Service
Company Name			
Purchasing Address	City	State	ZIP (9-digit)
Remit to Address	City	State	ZIP (9-digit)
Phone #	Fax #	web page address	
Contact Person	Title		
Contact Person's Email Address			
Address of Parent Company	City	State	ZIP (9-digit)
Federal Employer Tax Identification No (9-digit) OR (FEIN)	Social Security Number (SSN)		
Are you a 1099 recipient?	If YES, under what name		
<b>OWNERSHIP</b> Please check all applicable boxes			
Company is at least 51% owned, controlled, and actively managed by <input type="checkbox"/>			
If minority owned, check applicable boxes <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American			
<input type="checkbox"/> Asian Pacific American (includes oriental) <input type="checkbox"/> Asian Indian American (includes India, Pakistan, and Bangladesh)			
<input type="checkbox"/> Native American (includes American Indian, American Eskimo, American Aleut, and Native Hawaiian)			
<b>SIZE INFORMATION</b> Please check appropriate box (check one only).			
<input type="checkbox"/> Foreign Owned Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business <input type="checkbox"/> Small Business <input type="checkbox"/> Government Entity			
<input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Individual, Self-Employed Estate/Trust			
<u>Name (Print):</u>			
<u>Signature:</u>			

Firms certify by their signature they have read and understand the conditions and specifications of this Statement of Qualifications and they have the authority, capacity, and capability to perform to the conditions and specifications of this Request for Qualifications.

**Attach current MBE/WBE Certifications** (Note: Northwest Florida State College requires and certification of MBE's by the National Minority Supplier Development Council or an affiliate council, or a state or local government agency)

**STATEMENT OF NON-SUBMITTAL OF QUALIFICATIONS**

This company elects to submit a "NO PROPOSAL" for this Request for Qualifications for the following reason(s):

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Signature

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Names / Titles

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Legal Name of Firm

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Mailing Address

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City / State / Zip

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Telephone Number

**DRUG FREE WORKPLACE**

The undersigned Firm in accordance with Florida Statute 287.087 hereby certifies that \_\_\_\_\_  
\_\_\_\_\_ 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 actions that will be 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 employee 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 proposed 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 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 893, or any controlled substance law of the United States or any state 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 an 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.

\_\_\_\_\_  
Firm's Signature

\_\_\_\_\_  
Date

**QUALIFICATIONS CERTIFICATION**

I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same materials, supplies or equipment, and is, in all respects, fair and without collusion or fraud. I agree to abide by all conditions of this proposal; I certify that I am authorized to sign this proposal.

I hereby agree to furnish the items and/or services at the prices and terms stated in my proposal. I have read and understand the terms and conditions of the Request for Proposal.

This company is in compliance with the non-discrimination clause contained in Section 202, Executive Order 11246, as amended by Executive Order 11375, relative to Equal Employment Opportunity for all people without regard to race, color, religion, sex or national origin and the implementing rules and regulations prescribed by the Secretary of Labor. I certify that I have received the following addenda (if any):

Addendum _____	Dated _____
Addendum _____	Dated _____
Addendum _____	Dated _____

Signature \_\_\_\_\_

Name(s) and Title(s) \_\_\_\_\_

Legal Name of Firm \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Telephone Fax Date \_\_\_\_\_

**NOTE:** Please return to Northwest Florida State College with your proposal and or email to [lundermd@nwfsc.edu](mailto:lundermd@nwfsc.edu) by July 9, 2020 at 1:00pm CST