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| Proposer Information | |
| Bidder (Company) Name: | Formerly: |
| Mailing Address: | Street Address: |
| City, State, Zip: | City, State, Zip: |
| Type of Entity: *(check one)*  Corporation Partnership Proprietorship Joint Venture | |
| Contact Person: | Title: |
| Email Address: | Website Address:  www. |
| Telephone Number: | Toll Free Phone Number: |
| Fax Number: | Cell Phone Number: |
| Federal Employer Identification Number (FEIN): | SSN (if Sole-Proprietorship or Partnership):    *Only required if FEIN is not provided* |
| Incorporated in the State of: Year: | |
| *This form must be completed and returned with your Proposal* | |

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| Drug-Free Work Place Form | |
| The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does:  *(Name of Business)*  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 bid, 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 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.  **🗶**   |  |  | | --- | --- | |  | Submitting Firm's Signature | |  | Date | | |
| ***This form (if applicable) must be completed and returned with your Proposal*** | |
| Minority / Woman Owned Business Statement |
| Polk State is required to report M/WBE expenditures to the State of Florida’s Office of Supplier Diversity (OSD) on an annual basis. The report includes a supplemental list of firms who have indicated that they are owned by a woman or minority, but have not been certified by OSD, although they may be certified by other public entities.  It is requested that M/WBE owned firms complete this page and include it with their Proposal in Section 1  **For reporting purposes only** |
| Type of Business: *Check applicable block(s)*  ❑ **“African-American”** includes persons having origins in any of the black racial groups of Africa.  ❑ **“Hispanic American”** includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins, regardless of race.  ❑ **“Native American”** includes American Indians, Eskimos, Alaskan Indians, Aleuts and Native Hawaiians.  ❑ **“Asian-Pacific Americans”** includes persons whose origins are from Japan, China, Taiwan, Korea, Southeast Asia, the Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific, and Northern Marianas.  ❑ **“Asian-Indian Americans”** includes persons whose origins are from India, the Indian Sub-Continent and Pakistan.  ❑ **“Woman-Owned Business Enterprise”** |
| **Note:** MBE and WBE are defined by Federal Register 49 CFR, Part 23, as a business firm which as at least fifty-one percent (51%) owned by minority or women group members, or in the case of a publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by the minority or woman. The minority or woman ownership must exercise actual day-to-day management and control of the business. |
| Company Name: |
| Certified by (*name of Public Entity, if applicable*) |

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| Statement of No Proposal  ITN #15-02  If your company does not intend to propose on this procurement, please complete and return this form prior to the date shown for receipt of proposals via fax to 863-297-1085, or via EMail to [purchasing@polk.edu](mailto:purchasing@polk.edu), or mail to:  Polk State College  Purchasing Department  999 Avenue H, Northeast  Winter Haven, Florida 33881-4299  We, the undersigned, have declined to propose on the above referenced ITN for the following reason(s):  Scope of Work or Terms & Conditions are too "restrictive." (*please explain below*)  Unable to meet requirements (*please explain below*)  ITN was unclear (*please explain below*)  Insufficient time to respond  We do not offer this type of service or equivalent  Other (*please explain below in “Remarks”*) | | | |
| Remarks: | | | |
|  | | | |
| **Remove us from your “Vendor Database”** | | | |
| Company: |  | Date: |  |
| Signature: |  | Printed Name: |  |