



vendor fails3102 Tc329o



Attachment B
DRUG FREE WORKFORCE CERTIFICATION

The undersigned Proposer/Offeror 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 of the 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 services to the employer written notice of the drug-free workplace policy.



**ATTACHMENT D
DISPUTES DISCLOSURE FORM**

attachment.

Disclosure can be limited to the regional/district office which will be supporting this Contract.

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1. Has your firm, or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulation or any other regulatory agency or professional association within the last five (5) years?
YES NO

2. Has your firm, or any member of your firm, been declared in default, terminated, or removed from a contract or job related to the services your firm provides in the regular course of business within last five (5) years?
YES NO

If yes, indicate company name, contact name and telephone number, length of service provided, and reason for early cancellation/termination of contract.

3. Has your firm had filed against it or filed any requests for equitable adjustment, contract claims, or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?
YES NO

If yes, state the nature of the request for equitable adjustment, contract claim or litigation, a brief description of the case, the outcome or status of suit and the monetary amounts involved.

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this project:

Company Name _____

(Print or Type Company Name here)

**Type or Print Name & Title Authorized Representative
as shown on Page 1, Solicitation/Offer and Award**

Title

Signature of Authorized Representative as shown above

Date Signed

This form must be completed and returned with your RFP submittal.

ATTACHMENT F

1. Uniformed, armed Security officer Hourly Rate \$_____
 2. Uniformed, armed Security commander (supervisor) Hourly Rate \$_____
 3. Uniformed, armed Security officer Nighttime Rate \$_____
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