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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. **🗶**

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|  | Submitting Firm's Signature |
|  | Date |

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| ***This form (if applicable) must be completed and returned with your Proposal*** |

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| **Bidder:** |
| References |
| EducationalClient Name / Address | Contact Person | Telephone &Fax Number |
|  | Name: **EMail**: | Phone:  |  |
|  | Toll Free: |  |
|  | Fax: |  |
|  | Name:**EMail**: | Phone:  |  |
|  | Toll Free: |  |
|  | Fax: |  |
|  | Name:**EMail**: | Phone:  |  |
|  | Toll Free: |  |
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|  | Name:**EMail**: | Phone:  |  |
|  | Toll Free: |  |
|  | Fax: |  |
|   | Name:**EMail**: | Phone:  |  |
|  | Toll Free: |  |
|  | Fax: |  |
| Non-Educational Client Name / Address | Contact Person | Telephone & Fax Number |
|  | Name: **EMail**: | Phone:  |  |
|  | Toll Free: |  |
|  | Fax: |  |
|  | Name:**EMail**: | Phone:  |  |
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| Include Email Address*This form must be completed and included with your Proposal*  |

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| 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*)    |
| Certificate Number: Attach a copy, please. |

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| Statement of No Proposal RFP #15-01If 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, or mail to: Polk State CollegePurchasing Department999 Avenue H, NortheastWinter Haven, Florida 33881-4299We, the undersigned, have declined to propose on the above referenced RFP for the following reason(s):Scope of Work or Terms & Conditions are too "restrictive." (*please explain below*) Unable to meet requirements (*please explain below*) RFP 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: |  |

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| Checklist |
| This checklist is provided to assist each Proposer in the preparation of their Proposal. Included in this check list are important requirements which are the responsibility of each Proposer to submit with their response in order to make their Proposal fully compliant. This checklist in only a guideline – it is the responsibility of each Proposer to read and comply with the RFP in its entirety. |
| **Check (✓) each of the following when accomplished:*** Outside of box is marked accordingly: **RFP #15-01 for (CNC) Milling and Turning Instructional Software.** If you hand-deliver the Submittal, use the form provided on the website.
* **Two (2)** electronic copies are included. Place in the front-inside pocket of each binder.
* Box is sealed with tape. The **six (6)** binders do not need to be placed in separate envelopes within the box.
* Is the final Addendum (if issued) signed and included?
* Is *Proposer Information Form* complete and included in Section 1?
* Is *Drug-Free Workplace* form signed and enclosed in Section 1, if applicable?
* Are *References* included in Section? Have you contacted each of them to ensure their EMail address is correct? Are they aware that they are listed as a reference and may receive a 1-page questionnaire?
* Is the *Minority and Woman Owned Business Declaration* form enclosed in Section 1, if applicable?
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| *This page is for your information use only.* ***It does not need to be submitted with your Proposal.*** |