SUPPLIER REQUEST FORM

Chad Chronister, Sheriff
Hillsborough County Sheriff's Office
2008 East 8th Avenue
Tampa, Florida 33605



Purchasing Section
Phone: (813) 247-8034
Purchasing@HCSO.tampa.fl.us
HTTPS://TeamHCSO.com

To establish your business as a Supplier to the Hillsborough County Sheriff's Office, provide the following ✓ documentation along with this completed application.

Send completed forms to your HCSO Contact.

Refer to the HCSO Purchasing website HTTPS://TeamHCSO.com/Purchasing for additional information.

Business Name (as shown on your invoice):							
Owners Name as per IRS Records, if reporting under SS#:							
Parent Company (if applicable):							
DUNS Number:							
Federal Tax ID Number:	OR Social Security Number:						
, ,	Individual/Sole Proprietor (1099): LLC/LLP (1099):						
Business Type: Commodity Services*							
Automated Clearing House (ACH) and HCSO Purchasing AccountsPayable@TeamHCSO.com or (813) 247-8276.	g Card are the accepted methods of payment; please inquire at ACH Authorization Form attached.						
Phone Number: Remit	ttance and Advice Notification Email:						
Phone Number: Purchase Order Issuance Email:							
Phone Number:	The above e-mails are required, but may be duplicative of other e-mails listed herein.						
Address:	City: State: Zip:						
Address:	City: State: Zip:						
Address:	City: State: Zip:						
	ode):						
Your HCSO Contact:	·						
SALES CONTACT	ACCOUNTING CONTACT						
Name:	Name:						
Office Phone:							
Cell Phone:							
E-Mail:	E-Mail:						
✓ Completed and Signed IRS Form W9 (W8 for Foreign Ba	ased Company).						
✓ Business Tax Receipt from Hillsborough County or other	municipality's business license.						
✓ Certificates of current Liability & Workers' Compensation	on Insurance (<u>for on-site service providers.</u>)*						
✓ If your company is an LLC or LLP filing as a Corporation, pr	rovide IRS Form 8832 or Form 2553 to prevent receipt of an IRS Form 1099.						
HCSO Use	e Only - Finance Initiator:						
HCSO Staff Requesting:	ABN:						
Payment Types Requested: Check, ACH, Legal C	Check, Etc						
Alternate Name Requested: (FBO) (DBA) (Legacy)							
Supplier PO will be automatically emailed Supplier PO will be set to Print and manually emailed							
HCSO	Use Only - Purchasing:						
Convictions, Suspensions, or Federal Exclusions:	Yes No						
If Yes, please explain:							
Remittance Integration ACH Initiat	·						
Date:	Verified By:						

FSD Rev 5.20.22



Automated Clearing House (ACH) and HCSO Purchasing Card are the accepted methods of payment; please inquire at AccountsPayable@TeamHCSO.com or (813) 247-8276. Each time a payment is disbursed to the financial institution/account provided below, an electronic notification is sent to the e-mail address notated for Remittance Notifications.

Payee Name (Entity Name or Name of Individual)	SSN/EIN/TIN
Payee Remit-To Address	
E-Mail Address (Remittance Notifications)	Phone Number
FINANCIAL INSTITUTION INFORMATION	ON:
Bank Name:	
Address:	
	_ Account Number:
	*) OR Savings (Attach a blank voided deposit slip from your Financial Institution may be substituted.
PAYEE CERTIFICATION:	
By signing this form, I authorize payments to be institution named above by the Hillsborough Co	e deposited to the designated account and financial
reimbursements, or other transactions and, if ne	ecessary, to initiate other adjustments for any entrie in full force and effect until withdrawn in writing
reimbursements, or other transactions and, if ne made in error. This authorization shall remain i	ecessary, to initiate other adjustments for any entrie in full force and effect until withdrawn in writing



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.												
	2 Business name/disregarded entity name, if different from above												
Print or type. See Specific Instructions on page 3.							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)						
ype.	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rshin) ▶			Exem	ірі рау	ee cou	= (II arry)					
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner of the LLC is another large from the owner of the LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. federal tax purposes.						xemption from FATCA reporting code (if any)							
г iệi	is disregarded from the owner should check the appropriate box for the tax classification of its own	ner.			(4			4-114-	:				
bec	Other (see instructions) 5 Address (number, street, and apt. or suite no.) See instructions. Requester's name			(Applies to accounts maintained outside the U.S.) and address (optional)					0.5.)				
96	7 Add occ (Italias), strong and apt. of state its.) occ moradions.	rioquooid	, 0110	21110	una ac	iai 000 i	option	A1)					
Ō	6 City, state, and ZIP code												
	7 List account number(s) here (optional)												
	- Lat account names (c) not (c												
Par	Taxpayer Identification Number (TIN)												
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av		Socia	al se	curity	numbe	r						
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>					_		_						
TIN, la		<u>c</u>	r										
110101 in the deceding is in more than one maine, eee the metaclicite in into 117 tipe eee 1771at 71am earla				r identification number									
Numb	per To Give the Requester for guidelines on whose number to enter.				-								
Par	t II Certification						- 1			1			
Unde	r penalties of perjury, I certify that:												
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and) I have n	ot be	en	notifie	d by th	ne Inte						
3. I ar	n a U.S. citizen or other U.S. person (defined below); and												
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na is corre	ect.										

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

		red property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments ou are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.
Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,



Refer to the HCSO Purchasing website HTTPS://TeamHCSO.com/Purchasing Doing Business with HCSO for additional information.

Additional documentation available from our above-mentioned website include:

- HCSO Holiday Schedule
 - Outline of business days observed by the Hillsborough County Sheriff's Office (HCSO) as Holidays
- Vendor Application Packet
 - A Packet which contains a Supplier Request Form, ACH Payment Authorization Form, and a blank W9
- ACH Payment Authorization Form
 - o A Form utilized by the Hillsborough County Sheriff's Office to initiate new, or update existing, Automated Clearing House (ACH) payment information to process payments.
- Federal Grant Compliance Acknowledgment
 - A document utilized to document Acknowledgment of the requirements of the HCSO and Supplier(s) in regard to public competitive procurements and other purchases made with Federal Grant Funds.
- HCSO's Purchasing Terms and Conditions
 - o General Purchasing Terms and Conditions of the HCSO agreed to upon acceptance and fulfillment of a Purchase Order (PO) for goods or services.
- Procurement Codes (HCSO Supplier Groups)
 - o List of supplier categories HCSO personnel may use to search for purveyors of certain goods or service descriptions within our Supplier Database.
- HCSO's Tax Exemption Certificate
 - o The Hillsborough County Board of County Commissioners (BOCC) and all agencies funded by the BOCC such as HCSO are eligible for Florida State Sales Tax Exemption.
- HCSO's W-9
 - o Completed Request for Taxpayer Identification number and Certification for HCSO including Employer Identification Number.

Name (Please Print)	Title
Signature	Date



Purchasing Terms and Conditions

- 1. The content and conditions of a Purchase Order issued by the Hillsborough County Sheriff's Office (HCSO) may not be modified by verbal agreement. Any changes must be in writing and approved by the Chief Financial Officer of the HCSO.
- 2. Invoices, packing lists, and packages must include the Purchase Order number, if assigned, and the ship to or delivery address.
- 3. Invoices shall be emailed to <u>AccountsPayable@HCSO.Tampa.FL.US</u>.
- 4. Unless otherwise indicated, it is understood and agreed that any commodity offered or shipped on this Purchase Order shall be new and in first class condition or first quality, that all containers shall be new and suitable for storage or shipment and that prices include standard commercial packaging for the items shipped.
- 5. Materials rejected by the HCSO will be returned to the vendor at the vendor's risk and expense. The HCSO shall not be liable or otherwise responsible for any re-stocking charges unless prior written authorization has been issued by the HCSO.
- 6. Cash discounts will be deducted in accordance with the terms of the Vendor's quotation or bid. Payments shall be in accordance with §215.422 Fla. Stat. which states the Vendor's rights and the HCSO's responsibilities concerning interest penalties and time limits for payments of approved invoices.
- 7. Acceptance by the Vendor of a Purchase Order includes acceptance of all items, conditions, prices, delivery instructions, and specifications as shown on the order, or attached to, or referred to, and which are made a part hereof by reference, as fully and to the same extent as, if copied at length herein.
- 8. All shipments by the Vendor must be F.O.B. DESTINATION, unless otherwise authorized in writing by the HCSO. THE HCSO WILL NOT ACCEPT C.O.D. SHIPMENTS.
- 9. The HCSO reserves the right to cancel all or part of the Purchase Order should delivery not occur within the time specified by the Vendor.
- 10. Vendors are expected to satisfy Purchase Orders in one (1) shipment unless otherwise disclosed in writing and authorized by the HCSO in writing. Excessive or unauthorized partial shipments may result in Vendor debarment.

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Purchasing Terms and Conditions

- 11. Vendors are not authorized to deliver any goods or services which exceed the written authority of the Purchase Order, unless the order is modified pursuant to the terms expressed above in item one (1).
- 12. The Vendor, in accepting the order, agrees to indemnify the HCSO and holds harmless from and against all claims, liability, loss, damage, or expense, including attorney fees, arising from or by reason of any actual or claimed trademark, patent, or copyright infringement or litigation based thereon, with respect to the goods and any part thereof covered by the Purchase Order and such obligation shall survive acceptance of the goods and payment thereof by the HCSO.
- 13. The Vendor will indemnify and hold harmless the Sheriff and his agents or employees from and against all liabilities, claims, damages, losses, and expenses, including attorney's fees arising out of or resulting from the performance of the Purchase Order; providing that any such liability claim, damage, loss or expense caused in whole or in part by a negligent act, wrongful act, or omission of the Vendor, anyone directly or indirectly employed by them, or anyone for whose acts they may be liable, whether or not it is caused in whole or in part by a party indemnified herein.
- 14. Vendors agree to disclose any organizational conflict of interest, perceived or real, for evaluation of HCSO's compliance with §112.313, Fla. Stat. regarding Standards of conduct for public officers, employees of agencies, and local government attorneys.
 - No HCSO employee acting in an official capacity, as a purchasing agent, or public officer, shall either directly or indirectly purchase, rent, or lease any realty, goods, or services for HCSO from any business entity of which the officer, partner, director, or proprietor or in which such officer or employee or the officer's or employee's spouse or child, or any combination of them, has a material (>5%) interest. An officer or employee is also prohibited from having an employment or contractual relationship that creates a continuing or recurring conflict between their private interest and the performance of their HCSO public duties.
- 15. The Vendor, in accepting the Order, agrees the Order will become a public document pursuant to §119.07, Fla. Stat. The Vendor agrees to comply with §119.0701, Fla. Stat. with respect to any documents, papers, and records made or received by the Vendor in connection with the Order.

If the Vendor has questions regarding the application of Chapter 119, Florida Statutes, to the Vendor's duty to provide public records, contact the custodian of public records at: HCSO Records Section, 1900 East 9th Avenue, Tampa, Florida 33605, Phone (813) 247-8210 or email at HCSORecords@HCSO.Tampa.FL.US.

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Purchasing Terms and Conditions

- 16. Florida Law shall govern any dispute or contractual right regarding the Purchase Order. In the event of a lawsuit by the Vendor, the venue of such lawsuit shall be in Hillsborough County, Florida and the Vendor waives whatever rights it has in the selection of venue by accepting the order.
- 17. Pursuant to Florida Statute §448.095, a public employer, contractor, and / or subcontractor may not enter into a contract unless each party to the contract registers with and uses the E-Verify system. In addition, if a contractor enters into a contract with a subcontractor, the subcontractor must provide the contractor with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. If public employer has a good faith belief that a contractor or subcontractor has violated Florida Statute §448.09(1), by employing unauthorized aliens, public employer must terminate the contract. Failure to comply with the provisions of Florida Statute §448.095, subjects a contractor to any and all remedies available under Florida law, including but not limited to: the immediate termination of the contract, the imposition of any additional costs incurred by public employer as a result of the termination, and the possibility that the contractor may not be awarded a public contract for at least one {1} year after the date on which the contract was terminated.
- 18. Terms and Conditions of signed contracts, Requests for Proposal, Requests for Bid, and Term Contracts will prevail to the degree said terms may be more stringent.
- 19. The Vendor must sign and acknowledge the <u>Federal Grant Compliance</u>, if applicable, or any purchases made with Federal Grant funding.

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This form is included as an appendix with solicitation documents when any portion of the procurement is funded by a Federal Government Grant with the Hillsborough County Sheriff's Office (HCSO) as Grantee or Sub-Grantee or at any pass through tier. It is included here as documentation for other Grant related purchases.

The HCSO hereby certifies compliance with the e-CFR §§200.318-326 Uniform Grant Guidance (UGG) standards as issued by the US Office of Management and Budget (OMB) Circular effective December 26, 2014. Compliance includes but is not limited to the following: General Procurement Standards, Competition, Methods of Procurement, Contracting with Small and Minority Businesses, Procurement of Recovered Materials, Contract Cost and Price, Federal Awarding Agency Review, Bonding Requirements and Contract Provisions.

The Contractor is advised the Federal awarding agency, the Comptroller General of the United States, or any of their duly authorized representatives shall have access to any books, documents, papers, and records of the Contractor which are directly pertinent to this specific project for the purpose of making audits, examinations, excerpts and transcriptions.

The following provisions as per the Code of Federal Regulations-Title II- Part 200- Appendix II are hereby incorporated into and form a part of the Terms and Conditions.

- a. Equal Employment Opportunity Act Executive Order 11246 as amended by E.O. 11375 and supplemented by regulations at 41 CFR Part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor". The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin.
- b. <u>Davis-Bacon Act</u>, as amended (40 U.S.C. 3141-3148) for prime construction projects in excess of \$2,000 under which Contractors are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor, and shall be required to pay wages not less than once a week. A copy of the current prevailing wage determination issued by the Department of Labor can be found, on line at http://www.wdol.gov, and the award of a contract shall be conditioned upon the acceptance of the wage determination. This includes the Copeland "Anti-Kickback" Act (40 U.S C. 3145) providing that each Contractor shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public Work, to give up any part of the compensation to which they are otherwise entitled.
- c. Contract Work Hours and Safety Standards Act (40 U.S. C 3701-3708) Under Contracts awarded in excess of \$100,000, Contractors are required to base pay on a 40 hour work week and to pay 1.5 times the base pay rate for hours worked in excess of forty. No construction laborer or mechanic shall be required to Work in surroundings or under working conditions that are unsanitary,



hazardous or dangerous.

- d. Rights to Inventions Made Under a Contract or Agreement 37 CFR Part 401.
- e. <u>Clean Air Act</u> (42 U.S.C. 7401-7671q.) and the <u>Federal Water Pollution Act</u> (33 U.S.C. 1251-1387) as amended for Grants and Contracts in excess of \$150,000. Violations to be reported to the regional office of the Environmental Protection Agency (EPA).
- f. <u>Debarment and Suspension</u> (Executive Orders 12549 and 12689) A contract award must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM) list of parties excluded from federal procurement or non-procurement programs.
- g. <u>Byrd Anti-Lobbying Amendment</u> (31 U.S. C. 1352). Contractors that bid for an award exceeding \$100,000 must file certification that it will not use Federal funds to pay any person or organization for influencing an officer or employee of any agency, a member, officer or employee of Congress in connection with obtaining any federal contract, grant or other award.

Compliance with the Davis Bacon Act identified in paragraph b. above requires the Contractor to submit on a weekly basis, a certified copy of all payrolls for the preceding weekly payroll period. Each payroll submitted shall be accompanied by a Statement of Compliance using page 2 of Form WH-347 Payroll (Optional Use), or any form with identical wording, certifying compliance with applicable requirements. The statement is to be signed by the Contractor or subcontractor or by an authorized officer or employee of the Contractor or subcontractor who supervises the payment of wages, and delivered to the Project Manager or other designee. This must be submitted within seven (7) days after the regular pay date for the pay period.

The Contractor's signature below constitutes agreement to comply with the above provisions and CFR §200.321 and to flow down all applicable provisions to subcontractors. The Contractor further accepts the Department of Labor prevailing wage determination.

ACCEPTANCE

We do hereby acknowledge the above provisions as part of the Terms and Conditions.

PLEASE PRINT	Company Name
	By
	Title
	Signature