

# 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](mailto:Purchasing@HCSO.tampa.fl.us)  
[HTTPS://TeamHCSO.com](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](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: _____   |  |
| Tax Status: C-Corp: _____ S-Corp: _____ Individual/Sole Proprietor (1099): _____ LLC/LLP (1099): _____            |  |
| Business Type: Commodity _____ Services* _____ Visa Accepted: Yes _____ No _____ ACH Attached: Yes _____ No _____ |  |

Automated Clearing House (ACH) and HCSO Purchasing Card are the accepted methods of payment; please inquire at [AccountsPayable@TeamHCSO.com](mailto:AccountsPayable@TeamHCSO.com) or (813) 247-8276. ACH Authorization Form attached.

|  |  |
|--|--|
| Phone Number: _____                                | <b>Remittance and Advice Notification Email:</b> _____                                 |
| Phone Number: _____                                | <b>Purchase Order Issuance Email:</b> _____  |
| 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: _____ |  |

|   |
|---|
| <b>HCSO Supplier Group</b> (Procurement Category Code): _____ |
| <b>Your HCSO Contact:</b> _____                               |

| SALES CONTACT       | ACCOUNTING CONTACT |
|---------------------|--------------------|
| Name: _____         | Name: _____        |
| Office Phone: _____ | Phone: _____       |
| Cell Phone: _____   | Fax: _____         |
| E-Mail: _____       | E-Mail: _____      |

- Completed and Signed IRS Form W9 (W8 for Foreign Based Company).
- Business Tax Receipt from Hillsborough County or other municipality's business license.
- Certificates of current Liability & Workers' Compensation Insurance (for on-site service providers.)\*
- If your company is an LLC or LLP filing as a Corporation, provide IRS Form 8832 or Form 2553 to prevent receipt of an IRS Form 1099.

| <b>HCSO Use Only - Finance Initiator:</b>   |                        |
|---|------------------------|
| HCSO Staff Requesting: _____  | ABN: _____             |
| Payment Types Requested: Check, ACH, Legal Check, Etc. _____  |                        |
| Alternate Name Requested: (FBO) (DBA) (Legacy) _____  |                        |
| <b>Supplier PO will be automatically emailed</b> _____ <b>Supplier PO will be set to Print and manually emailed</b> _____ |                        |
| <b>HCSO Use Only - Purchasing:</b>  |                        |
| Convictions, Suspensions, or Federal Exclusions: Yes _____ No _____   |                        |
| If Yes, please explain: _____   |                        |
| Remittance Integration _____  | ACH Initiated _____    |
| Payment Terms _____   | IRS Verification _____ |
| Date: _____   | Verified By: _____     |



**PAYMENT AUTHORIZATION FORM**

Automated Clearing House (ACH) and HCSO Purchasing Card (PCard) are the accepted methods of payment; please inquire at [AccountsPayable@TeamHCSO.com](mailto: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 INFORMATION:**

|  |              |
|--|--------------|
| 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:**

|                        |                |
|------------------------|----------------|
| Bank Name              | Bank Address   |
| Routing Transit Number | Account Number |

Type:  Checking (Attach a blank voided check\*) OR  Savings (Attach a blank voided deposit slip\*)

*\*Letter of Verification from your Financial Institution on letterhead and signed may be substituted.*

**VISA PCARD PAYMENT INFORMATION:**

Visa is accepted as a form of payment without fees to the taxpayers of Hillsborough County:  YES  NO  
 Visa is accepted as a form of payment with fees to the taxpayers of Hillsborough County not to exceed \_\_\_\_\_%:   
 Exception is made to transactions between \_\_\_\_\_ and \_\_\_\_\_ at which time fees are not applied to taxpayer funds.

|                                     |                            |
|-------------------------------------|----------------------------|
| Business Name as appears on Invoice | Credit Card Statement Name |
|-------------------------------------|----------------------------|

**PAYEE CERTIFICATION:**

By signing this form, I authorize payments to be deposited to the designated account and financial institution named above by the Hillsborough County Sheriff's Office for goods/ services rendered, reimbursements, or other transactions and, if necessary, to initiate other adjustments for any entries made in error. This authorization shall remain in full force and effect until withdrawn in writing with sufficient notice to allow adequate time to effect termination.

|                     |       |
|---------------------|-------|
| Name (Please Print) | Title |
| Signature           | Date  |

**Please return completed form and blank voided check/deposit slip or verification letter\* to Hillsborough County Sheriff's Office, ATTN: Purchasing, 2008 East 8th Avenue, Tampa, Florida 33605 or [Purchasing@HCSO.Tampa.FL.US](mailto:Purchasing@HCSO.Tampa.FL.US).**





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](#)
  - 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](#)
  - 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 \(HCSO Supplier Groups\)](#)
  - 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](#)
  - 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](#)
  - Completed Request for Taxpayer Identification number and Certification for HCSO including Employer Identification Number.



### Federal Grant Compliance

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. Davis-Bacon Act, 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. Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Act (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. Debarment and Suspension (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. Byrd Anti-Lobbying Amendment (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.
- h. Procurement of recovered materials. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at [40 CFR part 247](#) that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.
- i. Prohibition on certain telecommunications and video surveillance services or equipment Grant funds are prohibited to be used to Procure or obtain Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities) as described in [Public Law 115-232](#), section 889.
- j. Build America, Buy America Act (BABAA). Contractors must comply with the “Build America, Buy America” provisions of the Infrastructure Investment and Jobs Act and E.O. 14005 which states that any Federally funded infrastructure project must source their iron, steel, manufactured products and construction materials from the United States. This provision applies only to Federally funded infrastructure projects.

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 200.322 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 \_\_\_\_\_