

CONTRACTOR PRE-QUALIFICATION APPLICATION FORM



Instructions for Submittal

The School Board of Broward County, Florida (The Board) requires each contractor, firm or person requesting pre-qualification shall submit one (1) complete application (all bellow items, as applicable, must be submitted). The application shall be limited to the requested information and presented in hard copy, including original signatures, and electronically via USB Flash drive to:

**The School Board of Broward County, Florida
Procurement & Warehousing Services Department
7720 W. Oakland Park Blvd., Suite 323
Sunrise, FL 33351
Tel.: 754-321-0505**

Each submittal shall contain the detailed information setting forth the applicant's qualifications for review by The Board's Qualifying Selection Evaluation Committee (QSEC), including:

- ☐ Statement of Contractor's Qualification. [Per SREF Section 4.1 (1)(C) 8]
Page 3 and 4 – Notarized and with Company Seal
- ☐ Section 1: General Information [Per SREF Section 4.1 (1)(c) 3 and 4]
Page 5
- ☐ Section 2: Organization Classification [Per SREF Section 4.1 (1)(c) 3]
Page 5 and 6
- ☐ Section 3: License Information [Per SREF Section 4.1 (1)(a) 1]
Page 6
- ☐ Section 4: Background Information [Per SREF Section 4.1 (1)(a) 4 and 7]
Page 6 and 7
- ☐ Section 5: Safety. [Per OSHA requirements]
Page 7
- ☐ Section 6: Additional Information [Per SREF Section 4.1 (1)(c) 1]
Page 8
- ☐ Section 7: Relevant Project Experience [Per SREF Section 4.1 (1)(c) 1]
Page 8, 9, and 10
- ☐ Section 8: References [Per SREF Section 4.1 (1)(c) 5]
Page 10, 11
- ☐ Contractor Pre-Qualification Reference Sheet [Per SREF Section 4.1 (c) 1 and 5]
Page 12
- ☐ General Financial Information (Notarized). [Per SREF Section 4.1 (1)(C) 1, 2 and 6]
Page 13 and 14
 - ☐ Bank
 - ☐ Insurance
 - ☐ Bonding Agency

☐ Letter of Intent from Surety Company
[Per SREF Section 4.1 (1)(a) 1 and (C) 2]
(Original, Notarized, and Sealed Letter of
Intent from Surety Company alongside an
Original, Notarized, and Sealed Power of Attorney)
Page 15

☐ Financial Statement [Per SREF Section 4.1
(1)(a) 1 and (c) 2]
Page 16
OR

- ☐ SWORN STATEMENT UNDER SECTION 287.133(3)(A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES
Page 17 and 18
- ☐ Affidavit of Joint Venture IF APPLICABLE. [Per SREF Section 4.1 (1)(C) 9]
Page 19
- ☐ Credit References. (Minimum of FIVE (5)) [Per SREF Section 4.1 (1) (C) 1]
Page 20
- ☐ Please attach resumes of key individuals. [Per SREF Section 4.1 (1) (C) 1, 3, and 4]
(Both principal officers and project managers/superintendents).

Statement of Contractor's Qualification [Per SREF Section 4.1 (1)(c) 8]

Please accept our application for certification as a pre-qualified contractor for The School Board of Broward County, Florida (the "Board").

A copy of the license(s) under which our firm is engaged in the business of contracting in the State of Florida is attached. The license was issued in accordance with the applicable provisions of Chapter 489, Florida Statutes, and is currently valid and active.

It is understood that certification, if given, shall be valid for a period of one year from date of approval, unless suspended, terminated or revoked, or the applicable license expires.

We authorize and request any public official, engineer, architect, surety company, bank depository, credit union, credit bureau or material or equipment manufacturer or distributor or any person, firm or corporation to furnish any information requested by the Board, to verify statements given in this application and to comment on our standing and general reputation in the community.

It is understood that all information submitted in this application may be determined to be public record and subject to disclosure as governed by applicable Florida law. If a public records request is made for information that I submit to the Board, I understand that the Board will provide me with a copy of the request and that I will have seven (7) business days from the date of the Board notice in which to act to protect this information prior to the Board complying with this request.

The costs incurred by the respondent in submitting its proposal are considered an operational cost of the respondent and shall not be passed on or borne by the Board under any circumstances. All materials received will be considered property of the Board.

The undersigned guarantees the authenticity of the foregoing statements, as evidenced by this affidavit and does hereby authorize and request any person(s), firm or corporation to furnish any information requested by the Board, and its authorized representative in verification of the recitals comprising this "Statement of Contractor's Qualification."

During the evaluation of application information provided by the contractor, should it be determined that any of the information provided is not accurate, the contractor agrees that such inaccuracies are grounds for rejecting the contractor's application from further consideration.

Drug-Free Workplace [Per Drug-Free Workplace Act of 1998]

It is the intent of The School Board of Broward County, Florida, to comply with the Drug-Free Workplace Act, as amended, and other applicable laws which require the School Board to maintain a Drug-Free Workplace. It is prohibited for an employee, contractor, firm or person requesting pre-qualification to unlawfully manufacture, distribute, dispense, possess, or use a controlled substance, including alcohol, on school board property. Employees, contractors, firms, or persons requesting pre-qualification are strictly prohibited from reporting to work or being on duty while under the influence of alcohol or a controlled substance. By submitting this application, the contractor, firm, or person requesting pre-qualification is acknowledging receipt of this section indicating that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance, including alcohol, is prohibited. A Drug-Free Workplace contributes to a safe and healthy environment.

We have not been disqualified by any public agency in Florida except as follows:

Date: _____

Name of Organization: _____

By: _____

Authorized Officer of the Company

State of: _____

County of: _____

Personally appeared before me, the undersigned authority, _____

(name of individual signing) who, after first being sworn by me, affixed his/her signature in the space provided above on

this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires: _____

STAMP:

[Company Seal]

Company Information [Per SREF Section 4.1 (1)(c) 3 and 4]

Section 1: General Information

Company Name:					
Authorized Officer of the Company Name:					
Company Street Address:					
City:		State:		Zip:	
Phone Number:		Email Address:			
Mobile Number:		FAX Number:			
Contact Name for Inquiries:					
Check one:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <i>Complete the appropriate information in Section 2 below</i>				
How many years has your company been in business?					
How many years has your company been in business under its present business name?					
Under what other former names has your organization operated?					
Qualifying Agent Name:					
Contractor License Number:					
Is your organization certified as a Minority/Women-owned Business Enterprise (M/WBE) and/or Small Business Enterprise by SBBC?			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach a copy of certificate with application</i>		

Section 2: Organization Classification [Per SREF Section 4.1 (1)(c) 3]

If your organization is a **corporation**, answer the following:

Date of Incorporation:		State of Incorporation	
If your corporation is organized out of state and is currently authorized to do business in Florida, provide the date of authorization:			
Name and Title of Principal Officers		Years of Construction Experience	Date Position Assumed

If your organization is a **partnership**, answer the following:

Date of organization:		Type of partnership:	<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Other
Name of General Partners		Address of General Partners	

If your organization is an **individually owned** (i.e. sole proprietorship) answer the following:

Date of organization:	
Name of Owner:	Address of Owner:

If your organization is other than a corporation, partnership, or individually owned, describe it and name the principles

Description:	
Principal Name	Principal Address

Section 3: License Information [Per SREF Section 4.1 (1)(a) 1]

List the type of license and trade categories in which your organization is legally qualified to do business; indicate license numbers, if applicable: (if county license, provide copy)

Certified/Registered	Trade Category	License # (if applicable)

Attach a copy of the license under which the company performs construction services

Section 4: Background Information [Per SREF Section 4.1 (1)(a) 4 and 7]

Has your organization ever failed to complete any work awarded to it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide details in the space provided below</i>
Have you or your organization ever filed for protection under Federal Bankruptcy Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide details in the space provided below</i>
Case Number:	Name & Location of Court
Date of Discharge:	I have attached a copy of discharge and copy petition
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your organization been a defendant or respondent in any legal action directly or indirectly related to a construction project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide details in the space provided below</i>
Case Number:	Name & Location of Court
Settlement or judgment & any other pleadings	I have attached a copy of final pleading
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain this matter	

Has a claim been filed with your surety based directly or indirectly on a construction project in which you were involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide details in the space provided below</i>
Explain this matter	
Has your firm ever failed to complete a bonded obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide details in the space provided below</i>
Provide the particulars, including circumstances, where and when, name of bonding company, name and address of the owner and disposition of the matter.	

Section 5: Safety [Per OSHA Requirements]

Bureau of Labor Statistics (BLS) Standard Industry Code			
OSHA	Year 1	Year 2	Current
Worker's Compensation Experience Modification Rate for last 3 years:			
Lost workday cases for last 3 years as recorded on OSHA Form 300A, total of columns G & H			
Number of recordable injury/illness cases for last 3 years – OSHA recordable totals, OSHA Form 300A total of Columns M (1-6) and J			
Employee hours worked for last 3 years (do not include any non-work time even though paid)			
Have you had any OSHA fines within the last 3 years?			
Have you had any jobsite fatalities within the last 3 years?			
If you have answered YES to either of the above 2 questions you MUST submit on separate sheet the details describing the circumstances surrounding each incident			
I have attached the details as indicated above	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I have attached a copy of the last completed OSHA's Form 300A	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 6: Additional Information [Per SREF Section 4.1 (1)(c) 1]

Trades usually self-performed		
% of work performed by own forces		
Total # of full-time/permanent staff presently employed by firm:		

The above referenced permanent staff employment includes the following:

Management		Superintendents	
Engineers/Architects		Foreman	
Draftsmen		Skilled Craftsmen	
Project Managers		Unskilled Labor	
Project Engineers		Estimators	
Other		Please describe 'other'	
Is your firm in compliance with EEO requirements?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7: Relevant Project Experience [Per SREF Section 4.1 (1)(c) 1]

Provide at least three (3) completed projects from within the last five (5) years that are the most relevant in scope and complexity to schools or educational facilities.

Note: Negative change orders should be denoted by a negative sign before the figure (-).

Project 1

Relevant Classification Codes:					
Company Name:					
Name of Owner:					
Company Street Address:					
City:		State:		Zip:	
Phone Number:		Email Address:			
Project Name & Location:					
Description of Work performed					
Prime or Sub-Contractor					
Architect/Engineer					
Person in charge					

Original Contract Amount		Change Order Amount		Bond Amount	
Date Commenced		Date Completed			
Was time extension necessary?					
Were any penalties imposed?					
Were liens, claims or stop notices filed?					

Project 2

Relevant Classification Codes:					
Company Name:					
Name of Owner:					
Company Street Address:					
City:		State:		Zip:	
Phone Number:		Email Address:			
Project Name & Location:					
Description of Work performed					
Prime or Sub-Contractor					
Architect/Engineer					
Person in charge					
Original Contract Amount		Change Order Amount		Bond Amount	
Date Commenced		Date Completed			
Was time extension necessary?					
Were any penalties imposed?					
Were liens, claims or stop notices filed?					

Project 3

Relevant Classification Codes:					
Company Name:					
Name of Owner:					
Company Street Address:					
City:		State:		Zip:	
Phone Number:		Email Address:			
Project Name & Location:					
Description of Work performed					
Prime or Sub-Contractor					
Architect/Engineer					
Person in charge					
Original Contract Amount		Change Order Amount		Bond Amount	
Date Commenced		Date Completed			
Was time extension necessary?					
Were any penalties imposed?					
Were liens, claims or stop notices filed?					

Section 8: References [Per SREF Section 4.1 (1)(c) 5]

Provide six (6) references for prime construction projects

#	Company Name	Contact Name	
1		Phone	
		Fax	
		Email	
		Contact Name	
2		Phone	
		Fax	
		Email	
		Contact Name	
3		Phone	
		Fax	
		Email	
		Contact Name	
4		Phone	
		Fax	
		Email	
		Contact Name	
5		Phone	
		Fax	
		Email	
		Contact Name	
6		Phone	
		Fax	
		Email	
		Contact Name	

Procurement and Warehousing Services

Procurement & Warehousing Services
Mary Coker, Director
www.browardschools.com

Contractor Pre-Qualification Reference Sheet [Per SREF Section 4.1 (c) 1 and 5]

Minimum of Three (3) References.

Company seeking pre-qualification			
Reference Company		Date Received	
Reference Name and Title		Phone Number	

Item	Excellent	Good	Satisfactory	Unsatisfactory
a) Quality of workmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cooperation/Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Adherence to schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Safety record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Job site cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Technical knowledge of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Management of project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Site organization and planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Adherence to direct purchase procedure (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Draw requests/completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Document/close out processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Adherence to codes/documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What size was the job they did for you?	
What year was the project completed?	
Would you hire the contractor again?	
Comments, complaints, ideas, suggestions	

Reference Signature

Date Completed

General Financial Information [Per SREF Section 4.1 (1)(c) 1, 2 and 6]

Bank

Bank Name:					
Bank Address:					
City:		State:		Zip:	
Contact Name for Inquiries:					
Phone Number:		Email Address:			

Note: A credit report may be requested of your bank. Your signature below denotes permission to do so.

Insurance

Vendor Insurance Requirements

- ✓ General Liability/ Commercial General and Contract Liability
 - ✓ \$1 million each occurrence
 - ✓ \$1 million general aggregate
 - ✓ \$1 million Products and Completed Operations
- ✓ Auto Liability
 - ✓ Non-owned, hired and all owned autos - \$1 million combined single limit
If insured does not own any vehicles \$1 million hired and non-owned auto liability is required plus an affidavit stating the insured does not own any vehicles. If insured acquires vehicles during the policy term insured agrees to provide proof of coverage.
- ✓ Workers' Compensation/Employers Liability
 - ✓ Statutory Limit – \$100,000 each accident, \$100,000 disease each employee, \$500,000 disease policy limit
- ✓ Minimum AM Best Rating for Insurers
 - ✓ Alpha Rating: A-
 - ✓ Financial Category: VI
- ✓ Certificate Wording
 - ✓ "The School Board of Broward County, Florida, its members, officers, employees and agents are Additional Insureds' with reference to General Liability."
 - ✓ "All liability policies are primary of all other valid and collectable coverage maintained by the School Board of Broward County, Florida."

Insurance Company Name:	
Agent Company:	
Agent Contact:	
I have attached a copy of current general liability, workman's compensation and auto insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bonding Agency

Bonding Company Name:					
Bonding Company Address					
City:		State:		Zip:	
Contact Name for Inquiries:					
Phone Number:		Email Address:			
I have attached written verification of bonding capacity.		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Verification must be submitted by licensed surety company rated excellent ("A-" or better) in the current A.M. Best Guide and qualified to do business in the State of Florida</i>			

I hereby certify that the above information is true and complete to the best of my knowledge.

Dated this _____ day of _____, 20_____.

Name of organization _____

By: _____ **Title:** _____
 (An authorized officer of the company, the owner, or sole proprietor, as appropriate must sign the application.)

State of: _____ **County of:** _____

Personally appeared before me, the undersigned authority, _____
 (name of individual signing) who, after first being sworn by me, affixed his/her signature in the space provided above on
 this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires: _____ **STAMP:**

Letter of Intent from Surety Company
[Per SREF Section 4.1 (1)(a) 1 and (c) 2]

The School Board of Broward County, Florida, 7720 West Oakland Park Blvd, Suite 323, Sunrise, FL 33351

Administrator:

This is to advise that, until we provide further notice to you in writing, we agree to provide bonds on behalf of _____ covering construction in the amount of \$_____ for any single contract and \$_____ in the aggregate of outstanding contracts.

When more than one surety is included in this letter of intent, unless clearly indicated to the contrary on this letter of intent, and a separate limit indicated for the surety on this letter of intent, each surety agrees that it shall be jointly and severally liable with the other sureties included in this letter of intent.

Performance Rating:	
Financial Size:	
Name of Surety	
By:	
(Affix Seal)	
Sworn to and subscribed before me this _____ day of _____, 20_____	
Notary Public	
My commission expires:	
(Notary Seal/Stamp)	
Printed, typed, or stamped commissioned name of notary public	

Financial Statement [Per SREF Section 4.1 (1)(a) 1 and (c) 2]

If you do not submit a Letter of Intent from Surety, you must submit an audited financial statement, not more than twelve (12) months old, including Contractor's latest balance sheet and income statement showing the following items:

- a) Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);
- b) Net Fixed Assets;
- c) Other Assets;
- d) Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries, and accrued payroll taxes); and
- e) Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus, and retained earnings).

Name of Certified Public Accountant preparing financial statement and date of same:

Name of CPA or Firm

Date

Is this financial statement for the identical organization named on page one of the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary).	
Will this organization act as a guarantor of the contract for construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The undersigned guarantees the authenticity of the foregoing financial statement, as evidenced by this sworn affidavit and does hereby authorize and request any person(s), firm or corporation to furnish any information requested by The School Board of Broward County, Florida, and its authorized representative in verification of this statement, contained in this "Statement of Contractor's Qualification."

SEAL of the Firm

Firm: _____

Signed for the Firm: _____
Name/Title

The foregoing instrument was subscribed and sworn to by _____

before me this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires: _____

STAMP:

SWORN STATEMENT UNDER SECTION 287.133(3)(A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____
by _____.
2. This sworn statement is submitted by _____
whose business address is _____
_____ and (if
applicable) its Federal Employer Identification Number (FEIN) is _____
3. My name is _____ and my relationship to the entity
named above is _____.
4. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that a “public entity crime: as defined in Paragraph 287.133(1)(g), Florida Statutes, means:
 - a. A predecessor or successor of a person convicted of a public entity crime: or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
7. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity or, an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND [Please indicate which additional statement applies].

There has been a proceeding concerning the conviction before a hearing office of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. [Please attach a copy of the final order.]

The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

The person or affiliate has not been placed on the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

Signature

Date

State of: _____

County of: _____

Personally appeared before me, the undersigned authority, _____
(name of individual signing) who, after first being sworn by me, affixed his/her signature in the space provided above on
this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires: _____

STAMP:

Affidavit of Joint Venture
[Per SREF Section 4.1 (1)(c) 9]

**State of Florida
County of Broward**

Before me, the undersigned authorities, personally appeared _____ and
_____ (called "Affiants"), who being first respectively duly sworn, depose and say:

1. Affiants as officers or principals of the undersigned entities, are representatives of the joint venture known as _____ located at _____ and is duly authorized to file this affidavit on behalf of the joint venture.
2. Affiants state that the joint venture is registered or certified to engage in the construction business in the State of Florida and bears the registration or certification number _____ dated _____ and is issued at _____.
3. Affiants are filing this affidavit of joint venture as required for pre-qualification to bid on The School Board of Broward County, Florida Project Number _____.
4. A true copy of the Joint Venture Agreement is attached as Exhibit "A". Said Joint Venture Agreement is in full force and effect and has not been modified, amended, changed or rescinded in any manner and the sole parties have interest in said Joint Venture Agreement are Affiants and the entities they represent as indicated below.

Signature

Date

Signature

Date

(Print name of company and Title)

(Print name of company and Title)

The foregoing instrument was subscribed and sworn to by _____
before me this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires: _____

STAMP:

CREDIT REFERENCE
(MINIMUM of five (5) References)

Reference for (Applicant Company Name):			
Company Name (providing reference):			
Name:		Title:	
Phone Number:		Email Address:	
QUESTIONS REGARDING CREDIT			
Credit Line:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Credit Amount:	
Current	YES <input type="checkbox"/> NO <input type="checkbox"/>	Client How Long:	
Comments:			

Signature (Person providing reference)

Date

Name and Title

Company Name