



CONTRACT COMPLIANCE
REQUEST FOR PROPOSALS

FORMS INCLUDED:

RESPONSE FORM

AUTHORIZED SIGNATORIES/ NEGOTIATORS

AGENT AUTHORIZATION

RELATIONSHIP DISCLOSURE

SPECIFIC PROJECT EXPENDITURE REPORT

IRS FORM W9

RESPONSE FORM
THE FOLLOWING MUST BE COMPLETED BY ALL RESPONDENTS:

Company Name: _____

(Street No. or P.O. Box Number) (Street Name) (City)

(County) (State) (Zip Code)

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

EMERGENCY CONTACT

Emergency Contact Person: _____

Emergency Phone Number: _____ Emergency Cell Phone Number: _____

Additional Emergency Phone Number: _____ Emergency Email: _____

Type of Organization: _____ State of Incorporation: _____
Federal I.D. number: _____

DUNS#: _____

* *Joint venture firms must complete and submit with response the form titled "Information for Determining Joint Venture Eligibility", and attach a copy of the formal agreement between all joint venture parties. This joint venture agreement must indicate the parties' respective roles, responsibilities and levels of participation for the project. If proposing as a Joint Venture, the Joint Venture shall obtain and maintain all contractually required insurance in the name of the Joint Venture as required by the Contract. Individual insurance in the name of the parties to the Joint venture will not be accepted. Failure to timely submit the required form along with an attached written copy of the joint venture agreement may result in disqualification.*

PRINCIPAL PLACE OF BUSINESS

Shall be the address of the Respondent's principal office as identified by the Florida Division of Corporations
(See: [Florida Statute Chapter 607](#) and [www.sunbiz.org](#) for registration)

Same as Contact
Address Above See below:

(Street No. or P.O. Box Number) (Street Name)

(City) (County) (State) (Zip Code)

AUTHORIZED SIGNATORIES/NEGOTIATORS

PART 1: ORGANIZATION PRINCIPALS

The Respondent represents that the following **principals** are authorized to sign bids, negotiate and/or sign contracts and related documents to which the respondent will be duly bound. Principal is defined as an employee, officer or other technical or professional in a position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Name	Title	Phone Number/Email

PART 2: AGENT AUTHORIZATION FORM

Not Applicable Only the principals listed above are authorized.
(Skip Notarization)

Applicable I/We, (Print Respondent Name) _____,
(Requires Notarization)

Do hereby authorize (print agent's name), _____
as agent of the Principal(s).

Agent is hereby authorized to execute any petitions or other documents necessary
to affect the contract approval process and to appear on my/our behalf before any
administrative or legislative body in the county considering this contract and to act
in all respects as our agent in matters pertaining to this contract.

Signature of Principal

Date

STATE OF _____; COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,
this (date) _____, by _____ (signatory above).

(NOTARY SEAL)

(Signature of Notary Public)

(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification

Type of Identification Produced _____

**RELATIONSHIP DISCLOSURE FORM
FOR USE WITH PROCUREMENT ITEMS**

[CLICK HERE TO ACCESS FREQUENTLY ASKED QUESTIONS CONCERNING THIS FORM](#)

For procurement items that will come before the Board of County Commissioners for final approval, this form shall be completed by the Respondent and shall be submitted to the Procurement Division by the Respondent.

In the event any information provided on this form should change, the Respondent must file an amended form on or before the date the item is considered by the appropriate board or body.

PART I

INFORMATION ON RESPONDENT:

Legal Name: _____

(Street No. or P.O. Box Number) _____ (Street Name) _____ (City) _____

(County) _____ (State) _____ (Zip Code) _____

Phone Number: _____ Fax Number: _____

Email Address: _____

INFORMATION ON RESPONDENT'S AUTHORIZED AGENT, IF APPLICABLE:

(Agent Authorization Form also required to be completed)

Name: _____

(Street No. or P.O. Box Number) _____ (Street Name) _____ (City) _____

(County) _____ (State) _____ (Zip Code) _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Part II

1. IS THE RESPONDENT A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?

2. IS THE MAYOR OR ANY MEMBER OF THE BCC THE RESPONDENT'S EMPLOYEE?

3. IS THE RESPONDENT OR ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC?

If you responded "YES" to any of the above questions, please state with whom and explain the relationship.
(Use additional sheets of paper if necessary)

Part III

ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date

Signature of Principal or Principal's Authorized Agent
(check appropriate box)

Printed Name and Title of Person completing this form:

STATE OF _____; COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this (date) _____, by _____ (signatory above).

(NOTARY SEAL)

(Signature of Notary Public)

(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification

Type of Identification Produced _____

ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

[**CLICK HERE TO ACCESS FREQUENTLY ASKED QUESTIONS CONCERNING THIS FORM**](#)

This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.

This is the initial Form: _____

This is a Subsequent Form: _____

Part I

Please complete all of the following:

Name and Address of Principal (legal name of entity or owner per Orange County tax rolls):

Name and Address of Principal's Authorized Agent, if applicable:

List the name and address of all lobbyists, Contractors, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary.)

1. Name and address: _____ Are they a registered Lobbyist? _____
of individual (or)
business entity
2. Name and address: _____ Are they a registered Lobbyist? _____
of individual (or)
business entity
3. Name and address: _____ Are they a registered Lobbyist? _____
of individual (or)
business entity
4. Name and address: _____ Are they a registered Lobbyist? _____
of individual (or)
business entity
5. Name and address: _____ Are they a registered Lobbyist? _____
of individual (or)
business entity
6. Name and address: _____ Are they a registered Lobbyist? _____
of individual (or)
business entity
7. Name and address: _____ Are they a registered Lobbyist? _____
of individual (or)
business entity
8. Name and address: _____ Are they a registered Lobbyist? _____
of individual (or)
business entity

Part II**Expenditures:**

For this report, an "expenditure" means money or anything of value given by the principal and/or his/her lobbyist for the purpose of lobbying, as defined in section 2-351, Orange County Code. This may include public relations expenditures including, but not limited to, petitions, fliers, purchase of media time, cost of print and distribution of publications. However, the term "expenditure" **does not** include:

- Contributions or expenditures reported pursuant to chapter 106, Florida Statutes;
- Federal election law, campaign-related personal services provided without compensation by individuals volunteering their time;
- Any other contribution or expenditure made by or to a political party;
- Any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4), in accordance with s.112.3215, Florida Statutes; and/or
- Professional fees paid to registered lobbyists associated with the project or item.

The following is a complete list of all lobbying expenditures and activities (including those of lobbyists, contractors, Contractors, etc.) incurred by the principal or his/her authorized agent and expended in connection with the above-referenced project or issue. **You need not include de minimus costs (under \$50) for producing or reproducing graphics, aerial photographs, photocopies, surveys, studies or other documents related to this project.**

Date of Expenditure	Name of Party Incurring Expenditure	Description of Activity	Amount Paid
		TOTAL EXPENDED THIS REPORT	\$

Part III

Original signature and notarization required

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I acknowledge and agree to comply with the requirement of section 2-354, of the Orange County code, to amend this specific project expenditure report for any additional expenditure(s) incurred relating to this project prior to the scheduled Board of County Commissioner meeting. I further acknowledge and agree that failure to comply with these requirements to file the specific expenditure report and all associated amendments may result in the delay of approval by the Board of County Commissioners for my project or item, any associated costs for which I shall be held responsible. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date

Signature of Principal or Principal's Authorized Agent
(check appropriate box)

Printed Name and Title of Person completing this form:

STATE OF _____; COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this (date) _____, by _____ (signatory above).

(NOTARY SEAL)

(Signature of Notary)

(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification

Type of Identification Produced _____

Request for Taxpayer
Identification Number and CertificationGo to www.irs.gov/FormW9 for instructions and the latest information.Give form to the
requester. Do not
send to the IRS.**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)							
	2 Business name/disregarded entity name, if different from above.							
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____							Exempt payee code (if any) _____
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____							Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	5 Address (number, street, and apt. or suite no.). See instructions.							Requester's name and address (optional)
	6 City, state, and ZIP code							
7 List account number(s) here (optional)								

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number						
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
or						
Employer identification number						
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you 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 noted.

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they