

## 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: _____	

HCSO Supplier Group (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.

HCSO Use Only - Finance Initiator:	
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>
HCSO Use Only - Purchasing:	
Convictions, Suspensions, or Federal Exclusions: Yes _____ No _____	
If Yes, please explain: _____	
Remittance Integration	ACH Initiated
Payment Terms	IRS Verification
Date: _____	Verified By: _____



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. 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: \_\_\_\_\_

Address: \_\_\_\_\_

Routing Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type:    Checking (Attach a blank voided check\*) OR    Savings (Attach a blank voided deposit slip\*)  
\*A signed Letter of Verification on letterhead from your Financial Institution may be substituted.

**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 Bank 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).**

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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 <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## 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 ►
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## 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](http://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 taxpayer 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, later.*



Refer to the HCSO Purchasing website [HTTPS://TeamHCSO.com/Purchasing](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.

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Name (Please Print)

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Title

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Signature

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Date



### 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.

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 \_\_\_\_\_