APPENDIX I

SUPPLIER PACKET

SUPPLIER REQUEST FORM

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

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
CHAD CHRONISTER, SHERIFF

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: _____
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 or (813) 247-8276. ACH Authorization Form attached.**

Phone Number: _____ Telephone
Phone Number: _____ Fax
Phone Number: _____ Cell

Remittance and Advice Notification Email: _____
Purchase Order Issuance Email: _____
The above e-mails are required, but may be duplicative of other e-mails listed herein.

Address: _____ City: _____ State: ____ Zip: _____ Remit-To
Address: _____ City: _____ State: ____ Zip: _____ Procurement
Address: _____ City: _____ State: ____ Zip: _____ Shipping

HCSO Supplier Group (Procurement Category Code): _____
Your HCSO Contact: _____

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) _____
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 Initiated ☐ Payment Terms ☐ IRS Verification ☐
Date: _____ Verified By: _____

FSD Rev 12-2022

HILLSBOROUGH COUNTY
SHERIFF'S OFFICE
CHAD CHRONISTER, SHERIFF

PAYMENT AUTHORIZATION FORM

Automated Clearing House (ACH) and HCSO Purchasing Card (PCard) 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 INFORMATION:

Payee Name
(Entity Name or Name of Individual)

SSN/EIN/TIN

Payee Remit-To Address

E-Mail Address
(Remittance Notifications)

Phone Number

PAYMENT PREFERENCES:

☐ The Payee acknowledges that ACH and P-Card are the approved methods of payment and agrees to accept payment through one of these methods.

☐ ACH Direct Deposit is preferred.

☐ P-Card (VISA®) payment is preferred.

Please note: Payment information must be provided on the next page.

or

☐ The Payee requests to receive payment by mailed check and acknowledges that this method requires prior approval from the HCSO Financial Services Division through the CFO or an authorized designee.

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

HCSO Supplier Number

HILLSBOROUGH COUNTY
SHERIFF'S OFFICE
CHAD CHRONISTER, SHERIFF

PAYMENT AUTHORIZATION FORM

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 attached as substitution.

PLACE VOIDED CHECK HERE

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 PCardAdmin@hcso.tampa.fl.us.

VISA PCARD PAYMENT INFORMATION:

Visa is accepted as a form of payment without fees to the taxpayers of Hillsborough Couty: ☐ YES ☐ NO
Visa is accepted as a form of payment with fees to the taxpayers of Hillsborough Couty 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 _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

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 **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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 should check the appropriate box for the tax classification of its owner.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

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** ►

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.*

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.*

HILLSBOROUGH COUNTY
SHERIFF'S OFFICE
CHAD CHRONISTER, SHERIFF

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.

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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.

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CHAD CHRONISTER, SHERIFF

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_____