



## **HILLSBOROUGH COUNTY SHERIFF'S OFFICE**

### **REQUEST FOR TERM CONTRACT QUOTATION**

TC 2023-022 Temporary Dumpster Services

Date: June 26, 2023

The Sheriff of Hillsborough County, a Constitutional Officer of the State of Florida (“Sheriff”), is soliciting a quote for the services described in the following document for the purpose of entering a Term Contract for their procurement. If you intend to respond with a quote, please fill out and return this document along with a copy of your quote and all the exhibits, appendices, attachments, or amendments by e-mail to the Buyer named below by the date and time indicated. If you were notified of this RFQ due to being on the Hillsborough County Sheriff’s Office (“HCSO”) approved supplier list, and are declining to provide a quote, please return the included **Statement of No Participation**.

**RESPOND TO:** Marianne Theen, Buyer  
[MTheen@TeamHCSO.com](mailto:MTheen@TeamHCSO.com)  
Phone: (813) 247-8053 Fax: (813) 242-1826

**QUESTIONS & CLARIFICATIONS DEADLINE:** July 17, 2023 by 5:00pm EST

**ELECTRONIC RESPONSE DEADLINE:** July 27, 2023 by 5:00pm EST

**IN GENERAL:** The HCSO is requesting services to include the provision, placement, and removal of temporary construction dumpsters at various HCSO locations throughout Hillsborough County on an as-needed basis. It is intended to award to a single supplier for a year with optional renewals. Electronic PDF based submissions will be accepted.

**NOTE:** Items A, B, & D will become effective upon award. Item C may become effective no earlier than October 1, 2023.

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## A. GENERAL TERMS AND CONDITIONS

1. Term Contract Definition: The total annual expense represented by this Request for Term Contract Quotation (RFQ) is estimated to be less than the \$100,000 threshold which would require a public bid process. However, a competitively awarded Term Contract provides advantages of price protection and ordering convenience for those services or products which have either high priority, frequent ordering, or multiple quote requirements. The Awarded Supplier will be asked to lock in their rates for a minimum of one (1) year, assuring the HCSO a competitive price or guaranteed schedule under a short-term contract.
2. General Description of Procurement Need/Scope of Work: The HCSO is seeking a qualified Supplier or Supplier(s) to provide temporary Roll-off Container placement and removal services on an as-needed basis at various locations within Hillsborough County. Any reference to “Work” throughout this RFQ is defined to be inclusive of the Scope of Work and any related performance detailed herein. For further details, refer to *Specifications, Part B*.
3. Supplier Qualifications: Suppliers may be required to furnish written evidence that they maintain permanent places of business and have sufficient equipment, finances, and personnel to furnish the goods and/or services offered in a satisfactory and expeditious manner and are able to meet the terms and conditions as set forth herein. The HCSO reserves the right to inspect the Supplier’s place(s) of business and equipment prior to award of any contract, for the purpose of making these determinations.

Supplier employees who will be working in HCSO facilities or on HCSO property may be required to undergo a background check at HCSO expense.

The Supplier Application, attached as **Appendix I**, must be returned with your RFQ Response along with copies of all requested documents. Referencing documentation HCSO may have on file will not be considered responsive to this requirement.

4. Conflict of Interest: The Supplier agrees to disclose any organizational conflict of interest, perceived or real, for evaluation of HCSO’s compliance with §112.313, Fla. Stat., regarding standards of conduct for public officers, employees of agencies, and local government attorneys.

No HCSO employee acting in an official capacity, as a purchasing agent, or public officer, shall either directly or indirectly purchase, rent, or lease any realty, goods, or services for HCSO from any business entity of which the officer, partner, director, or proprietor or in which such officer or employee or the officer’s or employee’s spouse or child, or any combination thereof, has a material (>5%) interest. An officer or employee is also prohibited from having an employment or contractual relationship that creates a continuing or recurring conflict between their private interest and the performance of their HCSO public duties.

5. Certificates of Insurance: Any Supplier who performs Work or provides a service on HCSO property must provide, prior to commencement of the Work, current Certificates of Insurance for General Liability and Workers Compensation.

The Supplier understands and agrees that the HCSO does not waive its immunity and nothing herein shall be interpreted as a waiver of the HCSO’s rights, including the limitation of waiver of immunity,

as set forth in §768.28, Fla. Stat. or any other statutes, and the HCSO expressly reserves these rights to the fullest extent allowed by law.

The Supplier understands and agrees that the stipulated limits of coverage listed herein shall not be construed as a limitation of any potential liability to the HCSO, or to others, and the HCSO's failure to request, receive, or retain, evidence of this insurance coverage shall not be construed as a waiver of the Supplier's obligation to provide and maintain the insurance coverage specified. All insurance policies shall be with insurers qualified to do business in Florida. The HCSO shall be notified within thirty (30) calendar days of cancellation, non-renewal, or change in the insurance coverage.

- General Liability Insurance in the minimum amount of \$300,000 per occurrence, as per State of Florida certification requirements.
  - Worker's Compensation Insurance is to be maintained during the life of this Contract for all employees connected with the Work and in full compliance with the Florida Worker's Compensation Statute Chapter 440. Equipment is not protected under the Worker's Compensation statute. The Awarded Supplier shall provide adequate insurance, satisfactory to the HCSO, for the protection of its employees not otherwise protected.
6. Prices: All quotes submitted must show the new price after all discounts allowable have been deducted. The HCSO is exempt from all state sales, use, transportation, and excise taxes. The HCSO will issue tax exemption certificates to the Awarded Supplier.

The Supplier's attention is directed to the laws of the State of Florida, including but not limited to Chapter 212, *Florida Statutes*, which applies to all transactions resulting from this RFQ. All applicable taxes and fees will be deemed to have been included in the *Request for Quote Response Part C* as part of the materials cost, when applicable.

7. Brand Names: Manufacturer name, trade name, and brand name information and/or catalog numbers used herein are for purposes of description and reference, and for establishing general quality levels. Such references are not intended to be restrictive and items from any manufacturer may be offered if they are deemed by the HCSO to be equivalent. The determination as to whether an alternate product or service is or is not equivalent shall be made exclusively by the HCSO and such determination shall be final and binding upon all.
8. Substitution: Substitutions will be accepted. Item descriptions provided for example only. Respondent is to include documentation identifying proposed alternates and their specifications.
9. Warranties/Guarantees: Unless otherwise agreed, all product(s) provided will be new and of first-class condition or first quality.

All materials or equipment shall be guaranteed to be free of defect for a period of at least six (6) months from the date of acceptance. Any materials or equipment found with defect will be rejected and returned to the Supplier at their expense for immediate replacement. Replacements shall be finalized within two (2) weeks of reporting the defect. The Supplier agrees that it shall observe and obey all the laws, ordinances, regulations, and rules of the Federal, State, County and City which may be applicable to its services and will warrant all Work completed to be in direct compliance.

10. Communication Between Parties: All questions regarding this RFQ are to be directed in writing to the Buyer, Marianne Theen, at MTheen@TeamHCSO.com, or by fax at (813) 242-1826. No communication is allowed, either directly or indirectly, with any other HCSO employee regarding this RFQ prior to the Award Date.
11. Electronic Signatures: HCSO recognizes the legal validity and efficiency of electronic signatures and authorizes their use for conducting business transactions, entering into agreements, and endorsing electronic documents. Electronic signatures are deemed equivalent to traditional handwritten signatures, provided they comply with applicable laws and regulations.
12. Award: Contract award shall be made to the most responsive Quote and responsible Supplier meeting the specifications, price and other factors considered. The HCSO reserves the right to award by line item or by overall total, whichever is deemed in the best interest of the HCSO. In the event two (2) or more Suppliers have submitted the lowest and best quotes, preference may be given in the award in the following order. First, to the Supplier who has their principal place of business in Hillsborough County; second, to the Supplier who has a place of business in Hillsborough County; and third, if the Suppliers involved in the tie situation are all located inside/outside Hillsborough County, the toss of a coin will be used to break the tie.
13. Contract Period and Renewal: The Contract shall be effective for one (1) year from the date of award with optional renewals for up to three (3) additional one (1) year periods. The Term of this contract and each renewal thereof shall automatically be renewed for successive periods of one (1) year each, unless either the HCSO or the supplier shall give notice of his or its intention not to renew not less than three (3) months before the end of the then-current Term.
14. Addition/Deletion: The HCSO reserves the right to add or delete any items or services from this RFQ or resulting Contract(s) when deemed to be in the best interest of the HCSO. Any additions or deletions to the RFQ will be considered amendments. Any additions or deletions to the Contract will constitute a Change Order and must be executed in writing and approved by the CFO. The Change Order will consist of a memo to the CFO describing the justification for the change accompanied by the Supplier's written, fixed price quote for each change to be added. If approved by the CFO, the item or service description and price change will be added to the Contract and recorded on the original tabulation/price sheet. Purchase Orders and billing will be adjusted accordingly, pro-rated if necessary to the agreed start date.
15. Escalation/De-Escalation: The HCSO will allow an escalation/de-escalation provision in this solicitation. The prices set herein shall have the opportunity to be adjusted during the renewal period for each term of the contract. The Awarded supplier(s) must notify the HCSO's Financial Services Division of the price escalation/de-escalation request a minimum of 30, but no more than 60, calendar days prior to the end of each one (1) year period for which the solicitation was awarded for it to be considered. The price escalation request must be due to a factor beyond the control of the bidder and can be no more than the percentage of increase passed through to the vendor by the manufacturer. At the time of request, Bidder must furnish written substantiation of increase by its supplier/manufacturer to the HCSO. Said substantiation shall be in the form of invoices, receipts and/or other appropriate documentation showing costs in effect at the time of the solicitation proposal versus cost in effect at the time of the request for price escalation. Any price increase must be substantiated to the satisfaction of the HCSO and shall only be effective upon acceptance by HCSO in writing.

A price escalation request outside of the renewal process may be accepted. These requests must reference/cite any source materials used to form the basis of the proposed justification but must not include historical information prior to the initial contract term. The HCSO will research Bureau of Labor Statistics (BLS) Producer Price Index (PPI) and/or other related indicators, or sources and conduct an analysis to determine 1) if the submitted justification and evidence are sufficient, 2) the requested price escalation is fair and reasonable, and 3) if approving the request is in the HCSO's best interest. The HCSO reserves the right to negotiate, accept or reject the request, or terminate and re-solicit the contract.

16. Emergency: If and when an emergency requirement should occur, the HCSO reserves the right to deviate from this contract and procure the services or products from the most available source.
17. Default: The contract may be canceled or nullified by the CFO in whole, or in part, by written notice of default to the Supplier upon non-performance or violation of Contract terms. An award may be made to the next best responsive Quote and responsible Supplier based on evaluation, or articles specified may be purchased on the open market. Failure of the Supplier to deliver products within the time stipulated in this RFQ, unless extended in writing by the Financial Services Division, shall constitute default. Suppliers who default on contracts may be removed from the HCSO Supplier List and determined ineligible for future contracts at the discretion of the CFO.
18. Cancellation: When deemed to be in the best interest of the HCSO, any contract(s) resulting from this RFQ may be canceled by the following means:
  - a) 10 calendar days' written notice with cause, or
  - b) 30 calendar days' written notice without cause.

If it becomes necessary to terminate the Contract without cause, all services and/or materials provided through the date of receipt of written notice of cancellation may be invoiced to the HCSO and will be considered for payment providing documentation of said expenses are forwarded with the request for payment.

19. Invoicing and Payment: The Supplier(s) may invoice the HCSO for item(s) orders as delivered. All invoices must have a unique invoice number and include the following: date of purchase, shipping locations, item description, item quantity shipped, item/stock number, unit price, and the HCSO Purchase Order number (unless payment is to be made by HCSO Purchasing Card). Payment shall be made in accordance with Chapter 218, Part VII, *Florida Statutes* which states the Supplier's rights and the HCSO's responsibilities concerning interest penalties and time limits for payment of invoices.

Timely payment of invoices is incumbent upon the HCSO and in no case shall payment exceed 45 calendar days from date of receipt of a properly approved application/invoice.

Invoices shall be e-mailed to: [AccountsPayable@TeamHCSO.com](mailto:AccountsPayable@TeamHCSO.com).

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

20. Indemnification: The Awarded Supplier will indemnify and hold harmless the HCSO and its employees and agents from and against all liabilities, claims, damages, losses, and expenses, including attorney's fees arising out of or resulting from the performance of its Work, provided that

any such liability, claim, damage, loss, or expense is (a) attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property (other than the Work itself), including the loss of use resulting there from and (b) is cause in whole, or in part, by the act or omission of the Awarded Supplier, any Subcontractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, whether or not it is caused in whole, or in part, by a party indemnified hereunder.

In any and all claims against the HCSO or any of its agents or employees by any employee of the Supplier, any Subcontractor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, the indemnification obligation under the previous paragraph shall not be limited in any way as to the amount or type of damages, compensation or benefits payable by or for the Supplier or any Subcontractor under worker's compensation acts, disability benefit acts, or other employee benefit acts.

21. E-Verify Requirement: Pursuant to §448.095, *Fla. Stat.*, the Sheriff requires the Awarded Supplier, and all subcontractors, if permitted by agreement, to register with and use the E-Verify system to verify the work authorization status of all newly hired employees. If the Awarded Supplier enters into a contract with a subcontractor, the subcontractor must provide the Awarded Supplier with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. The Awarded Supplier shall maintain a copy of such affidavit for the duration of the contract. If the Sheriff has a good faith belief that the Awarded Supplier has knowingly violated §448.09(1), *Fla. Stat.*, the contract will be terminated. If the Sheriff has a good faith belief that a subcontractor knowingly violated this subsection, but the Awarded Supplier otherwise complied with this subsection, the Sheriff will promptly notify the Awarded Supplier and order the Awarded Supplier to immediately terminate the contract with the subcontractor. Termination of any and all contracts and/or sub-contracts as provided above, does not constitute a breach of contract, and may not be considered as such. If the Sheriff terminates a contract with an Awarded Supplier as provided above, the Awarded Supplier may not be awarded a contract for at least one (1) year after the date on which the contract was terminated. The Awarded Supplier is liable for any additional costs incurred by the Sheriff as a result of the termination of a contract.
22. Protests: Any prospective Supplier who disputes the reasonableness or appropriateness of the notice of award, or notice of rejection, for any or all term contracts must submit a notice of protest in writing within 72 hours (excluding HCSO holidays, Saturdays, and Sundays) of the notice of award or notice of rejection to the HCSO Purchasing Section by registered mail or hand-delivered for which a receipt must be provided.

The Purchasing Section will have five (5) business days upon receipt of this notice to meet and consider the protest as written. The Buyer will coordinate the review process with the parties involved and may request additional information from the Supplier or request a meeting to gain further clarification of the issues. Upon completion of this review process, the Buyer will make a recommendation to the CFO.

The CFO may concur with the recommendation or arrive at a separate decision. The decision of the CFO will be communicated to the Supplier in writing. This decision of the CFO and the basis upon which it was made will be communicated to the Supplier within five (5) business days following the receipt of the recommendation from the Purchasing Section.

23. Governmental Purchasing Councils: All responses received shall be considered as submittal packages to all members of the Hillsborough County and Tampa Bay Area Purchasing Cooperative. Said members may, at their discretion, utilize this RFQ as required.
24. Supplier Diversity: The HCSO shall comply with, and shall cause each of its third-party contractors, suppliers, and professionals to comply with, all applicable laws, regulations, codes, and rules governing the design, construction, and completion of the components of the Project, including but not limited to, those relating to the Americans with Disabilities Act (ADA). To ensure the maximum participation in posted HCSO solicitations, the HCSO Purchasing Office submits all postings to the Florida Department of Management Services' Office of Supplier Diversity (OSD) and the Hillsborough County MBE/SBE Programs Office. These offices will then share the posted opportunities with OSD certified vendors to ensure exposure to businesses and increase the number of eligible Disadvantaged Minority/Disadvantaged Women Business Enterprise (DM/DWBE) and Small Business Enterprise (SBE) vendors in the area while also expanding the overall participation rate for DM/DWBE and SBE vendors, and overall providing greater opportunities to disadvantaged businesses.
25. Public Records: Any material submitted in response to this RFQ will become a public document pursuant to §119.07, *Fla. Stat.* This includes material which the respondent might consider to be confidential or a trade secret. Any claim of confidentiality is waived upon submission, effective after opening pursuant to §119.07, *Fla. Stat.* The Supplier agrees to comply with §119.0701, *Fla. Stat.* regarding maintenance and provision of access to all public records generated by this Contract with the HCSO.

If the Supplier has questions regarding the application of Chapter 119, Florida Statutes, to the Supplier's duty to provide public records relating to this Contract, contact the custodian of public records via [rec\\_request@hcsotampa.fl.us](mailto:rec_request@hcsotampa.fl.us), (813) 247-0960, or at Records Section – Freddie Solomon Annex, 1900 East 9<sup>th</sup> Avenue, Tampa Florida 33605.

Chad Chronister,  
Sheriff of Hillsborough County,  
A Constitutional Officer of the State of Florida

By: \_\_\_\_\_

William V. Spinelli, CPA  
Chief Financial Officer

**B. SPECIFICATIONS**

1. In General: The HCSO is requesting services to include the provision, placement, and removal of temporary construction dumpsters at various HCSO locations throughout Hillsborough County on an as-needed basis for various projects. It is the intention to award to one responsive, and responsible, supplier.
2. Estimated Usage: The anticipated annual expense is approximately \$50,000.00 and service is requested on an as-needed basis. The anticipated annual expense is not a guarantee of Work.
3. Item Sizes and Dimensions: Substitutions will be accepted. Item descriptions provided for example only.
  - A **10 Yard Dumpster (approximately 14' x 7.5' x 3.5' LWH)**
  - B **20 Yard Dumpster (approximately 20' x 7.5' x 4.5' LWH)**
  - C **30 Yard Dumpster (approximately 22' x 7.5' x 6' LWH)**
  - D **40 Yard Dumpster (approximately 22' x 7.5' x 7.5' LWH)**
4. Duration: The duration of continuous use is dependent on each project's scope of work and may have multiple pickup requests within this time period. Typically, usage is several days to several weeks, with occasional extended use.
5. Service Point of Contact: Coordination of services by supplier to the HCSO should be provided by a singular point of contact.
6. After Receipt of Order: Work is expected to be acknowledged within 24 hours after receipt of order (ARO). Orders may be received by Purchase Order, notification directly to the Service Point of Contact, or over the phone unless stipulated within the Pricing Matrix.
7. Pricing: Pricing is based on Delivery Fee, Pickup Fee, and Disposal Fee as applicable and is to include all applicable discounts.
8. Invoicing: In addition to Part A, Paragraph 19, *Invoicing and Payment* – All invoices must include a Service Description verifiable from Pricing Matrix, Address Location, HCSO Point of Contact, and Account Number as applicable. All invoices charging a tonnage fee must be accompanied by a receipt from the appropriate County Waste Disposal Facility.
9. Payment Acceptance: The Supplier acknowledges that upon acceptance of payment for services rendered, there may be supplemental terms and conditions for the issued purchase that are incorporated herein by reference. All terms and conditions are maintained on TeamHCSO.com.

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**C. REQUEST FOR QUOTE RESPONSE**

Provide a response to the following pages. If not applicable, input N/A. The Suppliers attention is directed to the fact some pages may require signature, or further direction. Any Response missing requested attachment(s), Appendix(cies), or Exhibits, completed in full, may be rejected without further consideration.

1. Exceptions: The following represents every deviation (itemized by Location listed herein) to the foregoing General Terms and Conditions (Part A) and Specifications (Part B) upon which this RFQ is based, to wit (additional pages may be submitted). Please mark N/A if not applicable:

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2. Pricing Matrix: Review the included Specifications and complete the following on the next page:

- Company Contact information.
- Service Point of Contact information, Preferred Order Method.
- Item Number for Items A through D.
- Estimated Delivery time ARO for Items A through D.
- Delivery Fee.
- Per-Pickup Fee.
- Disposal Fee.
- Approximate container dimensions if other than suggested in Part B, *Specifications*.
- Any additional foreseeable charges not listed.

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**PRICING MATRIX**

Please complete the highlighted sections.



Company Name:
Address 1:
Address 2:
Phone:
Service Point of Contact:
E-Mail:
Phone:
Preferred Order Method:

TEMPORARY DUMPSTER SERVICES FOR HCSO

Description	A. 10 YD	B. 20 YD	C. 30 YD	D. 40 YD
Item No.:				
Delivery ARO:				
Delivery Fee:				
Pickup Fee:				
Disposal Fee:				
Approximate Dimensions:				
Additional Charges:				

*Mark N/A if Not Applicable*

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**STATEMENT OF ACCEPTANCE**

The undersigned understands that this Quotation Response must have an e-signature or must be signed in ink and that an **unsigned** Quotation Response will be considered incomplete and subject to rejection by the HCSO.

**The undersigned must be an officer of the company or a designated agent empowered to bind the company in contract.**

The undersigned has carefully examined the Term Contract requirements and all conditions affecting the cost of the product/service required by the HCSO. At this present time, we understand all requirements and warrant compliance with all the stipulations included in the RFQ.

We propose to furnish the products at the prices stated herein and further confirm that all costs regarding these products are indicated herein. If awarded the contract, we agree to complete services within the time stated, such time commencing from the notice to proceed.

Company Name: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Describe the preferred method of contact for questions regarding this Quotation Response, below: \_\_\_\_\_

*RFQ POC:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Upon completion, return this entire document to the Buyer listed herein, or FAX to (813) 242-1826 prior to the deadline listed.

**STATEMENT OF NO PARTICIPATION**

If, for any reason, you are unable or unwilling to respond at this time, please complete the following and return by e-mail to the Buyer listed herein or by fax at (813) 242-1826. Your choices or comments below will assist us in properly notifying you of future opportunities.

We, the undersigned, have declined to respond to TC 2023-022 for the following reason(s):

SPECIFICATIONS

NATURE OF AWARD

(Please provide explanations below)

Specifications are too ‘tight’ (i.e., limited to one brand or manufacturer)

Insufficient time was provided for response

Unable to meet specifications

Product or an equivalent is not offered

Specifications are unclear

Other

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We request to:

\_\_\_\_\_ remain on HCSO’s list for future solicitations in this service category.

\_\_\_\_\_ be removed from HCSO’s list for future solicitations in this service category.

Company Name: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

### TERM CONTRACT CHECKLIST

To ensure that the most responses can be considered, this checklist has been included to encourage maximum responsiveness. All responses deemed to be responsive from responsible parties will be considered for award.

Responsive submissions will have, at a minimum, the below criteria met.

- Questions & Clarifications Deadline: July 17, 2023 by 5:00pm EST;
- Electronic Response Deadline: July 27, 2023 by 5:00pm EST;
- Appendix I – Supplier Application Packet;
- Exceptions Notated, or marked N/A;
- Pricing Matrix Completed, or marked N/A;
- Statement of Acceptance completed and signed by officer of the company.

Responsible parties should meet, at a minimum, the below criteria.

- W9 provided in the supplier packet verifies with the IRS Tin Matching application;
- Supplier is not listed on the Florida Convicted or Suspended Vendor List;
- Supplier is not on the Federal Excluded Parties List;
- Supplier is registered to do business in the state of Florida.

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**Appendix I – Supplier Application Packet**

Referencing documentation HCSO may have on file will not be considered responsive to this requirement.

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# 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: _____



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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<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.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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.

<b>Sign Here</b>	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> 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 \_\_\_\_\_