

**HARDEE COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**  
**Office of Community Development and General Services**  
**Janet Gilliard, Director**  
**412 West Orange Street, Room 201**  
**Wauchula, Florida 33873**  
**Telephone: 863-773-6349 \*\*\* Fax: 863-773-5801\*\*\*TDD:711**

Re: Contractor Application

Dear Contractor Applicant:

Thank you for your interest in being placed on our bid list for the Hardee County Housing Rehabilitation Programs. Per your request, attached is our Application.

Along with your application, please submit a copy of the following:

- Business License and photo ID of license holder (s)
- Liability and Worker's Compensation Insurance Certificate
- W-9 Form (Request for Taxpayer Identification Number) attached
- One (1) reference letter from business supplier
- One (1) reference letter from individual/agency that you have performed work for

Please return your completed application and required copies to the above address. We will notify you if additional information is necessary and/or upon our decision.

Once again, thank you for your interest in Hardee County.

Sincerely,

Janet Gilliard, Director  
Community Development & General Services

Attachments



"An Equal Opportunity Employer"

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**CONTRACTOR APPLICATION**  
**HARDEE COUNTY HOUSING REHABILITATION PROGRAMS**

Date\_\_\_\_\_

1. BUSINESS NAME:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

TELEPHONE:\_\_\_\_\_FAX:\_\_\_\_\_E-MAIL:\_\_\_\_\_

2. TAXPAYER IDENTIFICATION NUMBER\_\_\_\_\_ (ATTACH W-9 FORM)

3. TYPE OF ORGANIZATION: (Check one)

Individual ( ) Partnership ( ) Joint Venture ( ) Non-Profit Organization ( )  
Small Business Concern ( ) Corporation ( )

4. TYPE OF SERVICES PROVIDED: \_\_\_\_\_

5. NAMES OF OFFICERS, OWNERS, OR PARTNERS (must be completed as recorded with Department of State):

\_\_\_\_\_  
President Vice President

\_\_\_\_\_  
Secretary Treasurer

\_\_\_\_\_  
Owners /partners Owners /partners

6. How long in present business? \_\_\_\_\_

7. Firm is independently owned and operated? \_\_\_\_\_ An affiliate, subsidiary, or division of \_\_\_\_\_

8. Persons authorized to sign quotations, bids, contracts, and checks: \_\_\_\_\_

9. Minority business enterprise? \_\_\_\_\_ If so, check appropriate boxes and complete attached form:

**Black Asian-American Am. Indian/Alaskan Native Female Other** \_\_\_\_\_

I certify that the information supplied herein is correct and that neither the applicant nor any person having any connection with the applicant as a principal or officer is now debarred or otherwise declared ineligible by the State of Florida from bidding for furnished materials, supplies, or services to HARDEE COUNTY.

\_\_\_\_\_  
(Name and title of person signing)

\_\_\_\_\_  
(Name and title -Typed or printed)



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NOTE: A submitted bid or "No Bid" will indicate your desire to remain on our list of active vendors and thus assures you of being placed on our mailing lists for the next bidding cycle. As part of our policy to reduce operating costs, please be advised that any vendor who does not respond to three (3) consecutive invitations to bid will be placed in our inactive files.

**AFFIDAVIT OF MINORITY BUSINESS ENTERPRISE**

**I HEREBY DECLARE AND AFFIRM that I am the \_\_\_\_\_**  
(Title)

and duly authorized representative of \_\_\_\_\_  
(Name of firm)

whose address is \_\_\_\_\_.

I HEREBY DECLARE AND AFFIRM that I am a minority business enterprise (MBE) as defined by the State of Florida, and that I will provide information requested by HARDEE COUNTY to document this fact.

I DO SOLEMNLY DECLARE AND AFFIRM under the penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized on behalf of the above firm, to make this affidavit.

\_\_\_\_\_  
(Affiant)

**Date:** \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned, personally appeared \_\_\_\_\_, known to me to be the person described in the foregoing affidavit and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In witness thereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires:



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**AFFIDAVIT**

**CONTRACTOR DOCUMENTATION OF ATTEMPTS TO HIRE  
MINORITY SUB-CONTRACTORS**

I, \_\_\_\_\_, a Representative of \_\_\_\_\_,  
have been provided with the internet link to the Office of Supplier Diversity and a copy of "Office of Supplier Diversity 04152016". I will make attempts to hire minority sub-contractors to perform duties in conjunction with Hardee County Office of Community Development housing projects.

[https://www.dms.myflorida.com/agency\\_administration/office\\_of\\_supplier\\_diversity\\_osd/get\\_certified](https://www.dms.myflorida.com/agency_administration/office_of_supplier_diversity_osd/get_certified)

<https://vendor.myfloridamarketplace.com/vms-web/spring/login?execution=e1s1>

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

State of Florida  
County of Hardee

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:



"An Equal Opportunity Employer"

# 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.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> 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.</p> <p> <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         </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____         </p> <p><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.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

**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>												
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<b>or</b>												
<b>Employer identification number</b>												
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**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.*