

***Town of Loxahatchee Groves
Request for Sealed Proposals***

155 F Road
Loxahatchee Groves, Florida 33470
www.loxahatcheegrovesfl.gov

William F. Underwood, II
Town Manager

RFP Proposal Data

RFP Number: 2015-003

RFP Title: Town Code Enforcement Services.

RFP Opening Date: 2:00 P.M., December 21, 2015

CONTACT PERSON: Cheryl Miller, Financial Services

Phone: 561-793-2418

E-Mail Address: cmiller@loxahatcheegrovesfl.gov

RFP Submission Deadline

DATE: 2:00 P.M., December 21, 2015

Location/Mail Address: Town of Loxahatchee Groves
Office of the Town Clerk
155 F Road
Loxahatchee Groves, Florida 33470

Sealed written Proposals must be received by the Town of Loxahatchee Groves; Town Clerk's Office, no later than the date, time and at the location indicated above for the Request for Proposals Submission. Submittal of Response by fax is not acceptable. One (1) electronic (DVD) copy and Seven (7) copies of your Proposal and response forms must be returned to the Town or your Proposal may be disqualified.

NOTE: This Proposal does not constitute an order for the goods or services specified. The number of copies requested in this Proposal together with completed Response Forms must be returned.

Publish: Palm Beach Post
November 24, 2015

TOWN OF LOXAHATCHEE GROVES
REQUEST FOR PROPOSALS
CONTRACTUAL CODE COMPLIANCE OFFICER
RFP No. 2015-003

The Town of Loxahatchee Groves is seeking to hire a Contractual Code Compliance Officer, as an Independent Contractor, or as a corporation, to provide Code Enforcement Services. The successful applicant needs to be State Certified at Level I, at the very minimum; Level II preferred. At this time, the contractual officer will be on call on an as-needed basis. Contractor will provide their own transportation and insurance holding the Town harmless. Contractor will be available to investigate a complaint within 24 hours of being notified by Town Management to respond.

Additionally, it is preferred that the successful candidate have at least two years experience with a municipality or county, or with a company that does provide such services. Experience should include: writing citations; general knowledge of municipal and county codes; know how to access codes on line; able to access county property appraiser records for identification purposes; have prosecuted violators before a Magistrate or municipal Code Enforcement Board, as examples, and not to be all-inclusive.

Interested parties should submit a sealed proposal to:

Virginia Walton, MCM
Town Clerk
Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, FL 33470

by Tuesday, December 21, 2015, at 2:00pm, at which time they will be opened in public.

For further information contact Cheryl Miller at cmiller@loxahatcheegrovesfl.gov or 561-793-2418.



REQUEST FOR PROPOSAL

DATE: November 20, 2015

RFP NO. 2015-003

ALL INTERESTED PARTIES:

The Town of Loxahatchee Groves, Florida, hereinafter referred to as the “TOWN”, will receive sealed Responses at the office of the Town Office at 155 F Rd., Loxahatchee Groves, Florida 33470 for the services described below:

TOWN CODE ENFORCEMENT SERVICES

Sealed Responses must be received and time stamped in by the Town Clerk’s Office, either by mail or hand delivery, no later than 2:00 p.m. local time on **MONDAY, December 21, 2015**. Any Responses received after 2:00 p.m. local time on said date will not be accepted under any circumstances. Any uncertainty regarding the time a Response is received will be resolved against the Offeror.

TOWN reserves the right to reject any or all Responses, to waive any informalities or irregularities in any Responses received, to re-advertise for Responses, to award in whole or in part to one or more offerors, or take any other such actions that may be deemed to be in the best interests of the TOWN.

Virginia Walton
Town Clerk, Loxahatchee Groves

I. SCOPE OF WORK

Request for Proposal (RFP) for Code Enforcement Services

The Town of Loxahatchee Groves is requesting responses from firms and individuals to provide Code Enforcement services for the Town of Loxahatchee Groves to include the services as outlined in this Request for Proposal.

Items to consider when responding to the RFP:

1. Currently Code Enforcement is pursued and investigated on a **complaint basis** only. The Town does not provide proactive code enforcement.

DUTIES AND RESPONSIBILITIES:

- 1) Provide Town Code Enforcement Personnel on an as needed basis to enforce the Town's Code of Ordinances and Uniform Land Development Code to obtain compliance with the Town's Code of Ordinances, as requested by the Town Manager.
- 2) Ascertain and gather facts related to applicable ordinances, codes, laws, rules, and regulations in order to determine whether code enforcement action is necessary, and institute proper action to enforce the Town's codes.
- 3) Respond to and investigate complaints regarding violations of Town ordinances and the Land Development Code, issue notices of violation, provide information to property owner in order for the property owner to comply with the Town's ordinances and Land Development Code, and take appropriate action to insure compliance.
- 4) Prepare reports and recommendations on code enforcement matters, and obtain voluntary compliance from property owners.
- 5) Coordinate actions with other Town departments, as well as other jurisdictions and regulatory agencies.
- 6) Prepare case information and present evidence at code enforcement hearings and other code enforcement proceedings.
- 7) Attend Special Magistrate hearings.
- 8) Maintain records of inspections, investigations, violations, hearings and related data.
- 9) Perform field surveys and inspections related to above functions.

DESIRED MINIMUM QUALIFICATIONS

Knowledge of the following:

1. Town, county, state and federal laws and regulations pertaining to code enforcement, land use, zoning, building permits, property maintenance, public health and safety, animal regulations, fire, traffic, public nuisance.
2. Methods, procedures and techniques used in the identification, interpretation and enforcement of a wide variety of code violations.
3. Principles and methods of research and investigation related to code enforcement
4. Effective public relations practices.
5. Evidentiary requirements for code enforcement hearings.

Ability to:

1. Recognize conditions that constitute code violations in the Town of Loxahatchee Groves.
2. Use effective inter-personal techniques to interact with citizens and the public when explaining town health, public safety, fire, traffic, zoning/land use, building codes, and permit requirements.
3. Analyze potential code violations accurately and adopt effective resolution processes.
4. Research, investigate, and interpret land use and zoning code issues.
5. Carry out duties with a minimum of supervision.

Training and Experience:

The individual or individual representing the firm performing code enforcement services must have graduated from high school or earned a G.E.D. equivalent; and previous code enforcement experience would be preferred, but not mandatory; or an equivalent combination of training and experience.

Licenses; Certificates; Special Requirements: The individual or the individual representing the firm performing code enforcement services must have the following licenses and certifications:

- 1) A valid State of Florida driver's license.
- 2) F.A.C.E. Certified (Florida Association of Code Enforcement)
 - a. **Level I = *Fundamentals of Code Enforcement***. Must successfully pass the following: Legal Aspects, Communication Skills, Report Writing, Property Owner, Ethics, and Principles & Practice
 - b. **Level II = *Administrative Aspects of Code Enforcement***. Must successfully pass the following: Organization of the Unit, Expanded Responsibilities & Enforcement, Public Speaking, Records Management, Media & Public Relations, Personnel Issues, Performance Management, Time Management, and Stress Management.
 - c. **Level III = *Legal Issues in Code Enforcement***. Must successfully pass the following: Mock Code Board Hearing, Case Development, Special Issues, Code Enforcement Board, Evidentiary Issues, Local Government Ordinances, Mock Citation Trial, Other Legal Options, and Testifying and Demeanor (*it is NOT a requirement for Level II and Level III certification, but it is preferred because of the size of the Town Staff*)

II. TIME REQUIREMENTS

A. PROPOSAL CALENDAR

The tentative schedule of events, relative to the procurement shall be as follows:

| <u>Event</u> | <u>Date (on or by)</u> |
|---|---------------------------|
| 1. Issuance of Request for Proposal | Friday, November 20, 2015 |
| 2. Due Date for Questions to be submitted | Friday, December 4, 2015 |
| 3. Response to Questions | Friday, December 11, 2015 |
| 4. RFP Opening Date | Monday, December 21, 2015 |
| 5. Contract Award | Tuesday, January 5, 2015 |

TOWN reserves the right to change and/or delay scheduled dates.

B. COMMENCEMENT OF CONTRACT

January 1, 2016

III. REQUIREMENTS FOR RESPONSES

A. SUBMISSION OF RESPONSES

The following materials should be submitted for a proposing firm/individual to be considered:

1. An original copy (so marked) of the Proposal, seven (7) copies and an one (1) electronic version should be submitted to the Town of Loxahatchee Groves, 155 F Rd., Loxahatchee Groves, FL 33470 to the attention of Virginia Walton, Town Clerk.
2. Responses must be submitted in a sealed envelope clearly marked with the name of the firm/consultant "Request for Proposal RFP 2015-003 , Town Code Enforcement Services

B. REQUIRED INFORMATION TO BE PROVIDED IN RESPONSES

1. **Cover Letter:** (not to exceed two pages)
2. **Individual / Company Background:** Describe the individual / company's historical background relative to the requirements of the RFP. (can be submitted in the form of a resume)
3. **Methodology and Approach** to the overall operation of Town Code Enforcement to include a detailed response to achieving all of the tasks outlined in the RFP.
4. **Fees:** Provide a rate schedule and total monthly / annual fee for proposal
5. **References:** The proposer should list a minimum of three (3) verifiable former clients / employers
6. **Appendices:**
 - a. **Acknowledgement**
 - b. **Offeror's Certification 1 of 4**
 - c. **Contact Information Worksheet**
 - d. **Certificate of Solicitation Requirements**
 - e. **Non-Collusive Affidavit**
 - f. **Public Entity Crimes Statement**
 - g. **Anti-Kick Back Affidavit**
 - h. **References**

IV. EVALUATION OF RESPONSES

A. Evaluation Method and Criteria

The Town of Loxahatchee Groves Town Council will evaluate responses submitted. The Town Council, in its sole discretion, has the right to reject any and all responses or waive any minor irregularity or technicality in any responses received.

The Town of Loxahatchee Groves will select/award the individual, firm, or consultant who best meets the interests of the Town, all factors considered. The Town Council shall be the sole

judge of the Town's best interests, the responses, and the resulting negotiated agreement. The decision of the Town Council shall be final.

VIII. GENERAL CONDITIONS

A. PUBLIC ENTITY CRIMES INFORMATION STATEMENT: "A person or Affiliate who has been placed on the convicted vendor list following a conviction for a Public Entity Crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplies, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list."

B. DISCRIMINATORY VENDOR LIST: An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

IX. INSURANCE

The Proposer shall procure and maintain at its own expense and keep in effect during the full term of the Contract the following coverages:

Workers' Compensation and Employer's Liability Insurance, Comprehensive General Liability Insurance, Automobile Liability Insurance and Professional Liability Insurance as follows:

1. Workers' Compensation Statutory limits with \$100,000 Employers Liability.
2. Commercial General Liability Insurance with limits of no less than \$250,000.00. Bodily injury shall include operations and premises liability, products and completed operations, owners and contractors protective liability and personal injury liability.
3. Business Auto Liability coverage is to include bodily injury and property damage arising out of operation, maintenance or use of any auto, including owned, non-owned and hired automobiles and employee non-ownership with limits of not less than \$300,000.00 per occurrence.
4. Professional Liability Insurance limits of liability provided by such policy shall be no less than \$1,000,000.00 to assure TOWN the indemnification specified in Article 5.

A Certificate of Insurance acceptable to TOWN shall be provided listing the above coverages and providing 30 days prior written notice to the Town of Loxahatchee Groves in the case of cancellation. The Town of Loxahatchee Groves shall be named as an additional insured on both of the General Liability Policies with a waiver of subrogation on the Workers' Compensation/Employees Liability Policy.

Additionally, any subcontractor hired by the Proposer for this contract shall provide insurance coverage as well.

ACKNOWLEDGMENT

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____(Name), who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

WITNESS my hand and official seal.

NOTARY PUBLIC

(Name of Notary Public: Print, Stamp,
or typed)

OFFEROR'S CERTIFICATION

WHEN OFFEROR IS AN INDIVIDUAL

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal form this _____ day
of _____, 2015.

By: _____
Signature of Individual

Witness

Printed Name

Printed Name of Individual

Witness

Printed Name

Business Address

Town/State/Zip

Business Phone Number

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____,
2015, by _____, who is personally known to me or who has produced
as identification and who did not take an oath.

NOTARY PUBLIC

OFFEROR'S CERTIFICATION

WHEN OFFEROR IS A SOLE PROPRIETORSHIP OR OPERATES UNDER A FICTITIOUS OR TRADE NAME

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this _____ day of _____, 2015.

Printed Name of Firm/consultant

By: _____
Signature of Owner

Witness

Printed Name of Individual

Witness

Business Address

Town/State/Zip

Business Phone Number

State of _____

County of _____

The foregoing instrument was acknowledged before me this ___ day of _____, 2015, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

NOTARY PUBLIC

OFFEROR'S CERTIFICATION

WHEN OFFEROR IS A PARTNERSHIP

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this ___ day of _____, 2015.

Printed Name of Partnership

By: _____
Signature of General or Managing Partner

Witness

Printed Name of partner

Witness

Business Address

Town/State/Zip

Business Phone Number

State of Registration

State of _____

County of _____

The foregoing instrument was acknowledged before me this ___ day of _____, 2015, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

NOTARY PUBLIC

OFFEROR'S CERTIFICATION

WHEN OFFEROR IS A CORPORATION

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this ___ day of _____, 2015.

Printed Name of Corporation

Printed State of Incorporation

By: _____
Signature of President or other authorized officer

(CORPORATE SEAL)

Printed Name of President or other authorized officer

ATTEST:

Address of Corporation

By _____
Secretary

Town/State/Zip

Business Phone Number

State of _____
County of _____

The foregoing instrument was acknowledged before me this ___ day of _____, 2015, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

NOTARY PUBLIC

CONTACT INFORMATION WORKSHEET

COMPANY/AGENCY/FIRM NAME: _____

ADDRESS: _____

BUSINESS EMAIL ADDRESS: _____ PHONE No.: _____

CONTACT PERSON & TITLE: _____

CONTACT EMAIL ADDRESS: _____ PHONE No.: _____

BUSINESS HOURS: _____

BUSINESS LEGAL STATUS: (circle one)
CORPORATION / PARTNERSHIP / JOINT VENTURE / OTHER
If Other, please explain: _____

BUSINESS IS A: (circle one)
PARENT / SUBSIDIARY / OTHER
If Other, please explain: _____

DATE BUSINESS WAS ORGANIZED/INCORPORATED: _____

ADDRESS OF OFFICE WHERE WORK IS TO BE DONE FOR THIS PROJECT (if different from address provided above): _____

INDIVIDUALS(S) AUTHORIZED TO MAKE REPRESENTATIONS AND EXECUTE CONTRACTS ON BEHALF OF THE FIRM (NOTE: CONTACT PERSON CAN BE DIFFERENT FROM AUTHORIZED REPRESENTATIVE):

(First, Last Name) (Title) (Contact Phone No.)

(First, Last Name) (Title) (Contact Phone No.)

(First, Last Name) (Title) (Contact Phone No.)

(Resumes of individuals named on this sheet must be included in submittal)

CONTACT'S SIGNATURE: _____ DATE: _____

CERTIFICATION OF SOLICITATION REQUIREMENTS

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE: _____

DATE: _____

We, the undersigned have carefully read and understand all the requirements of the solicitation.

As the person authorized to sign the statement, I certify that this firm is fully knowledgeable with the solicitation requirements and has fully read the entire solicitation.

VENDOR'S SIGNATURE

NAME OF COMPANY

VENDOR PRINT NAME

NON-COLLUSIVE AFFIDAVIT

State of _____)
County of _____)

_____ being first duly sworn, deposes and says that:

- (1) He/she is the _____, (Owner, Partner, Officer, Representative or Agent) of _____ the Responder that has submitted the attached Proposal;
- (2) He/she is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Proposal;
- (3) Such Proposal is genuine and is not a collusive or sham Proposal;
- (4) Neither the said Responder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Responder, firm/consultant, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Responder, firm/consultant, or person to fix the price or prices in the attached Bid or of any other Responder, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Responder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;
- (5) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Responder or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered
in the presence of:

By: _____

(Printed Name and Title)

SWORN TO and subscribed before me this _____ day of _____, 2015, by _____, who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC
SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a), FLORIDA STATUTES
ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____ by _____
for _____ whose
business address is _____ and (if
applicable) its Federal Employer Identification number (FEIN) is _____ (IF the
entity had no FEIN, include the Social Security Number of the individual signing this sworn
statement: _____.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any Bid or Contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Para. 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Para. 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime; or
2. Any entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executors, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prime facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Para. 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding Contract and which Bids or applies to Bid on Contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies

to transact business with a public entity. The term "persons" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of any entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order.)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY, CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

By: _____
(Printed Name) _____
(Title) _____

State of _____
County of _____

SWORN TO and subscribed before me this _____ day of _____, 2015 .

NOTARY PUBLIC

Personally known _____ or Produced Identification _____

ANTI-KICKBACK AFFIDAVIT

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the Town of Loxahatchee Groves, its elected officials, and or its design consultants, as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By: _____

Printed Name

State of _____

County of _____

SWORN TO and subscribed before me this _____ day of _____, 2015.

NOTARY PUBLIC

Personally known _____
or Produced Identification _____

ACKNOWLEDGMENT

I have carefully examined the Request for Proposal form agreement and any other documents accompanying or made a part of this Request for Qualifications.

I hereby propose to furnish the goods or services specified in the Request for Proposal. I agree that my proposal will remain firm for a period of not less than 90 days in order to allow the Town adequate time to evaluate the proposals.

I certify that all information contained in this proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this proposal on behalf of the firm as its act and deed and that the firm is ready, willing and able to perform if awarded the contract.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a proposal for the same product or service; no officer, employee or agent of the Town of Loxahatchee Groves or any other Responder is interested in said proposal; and that the undersigned executed this Respondent's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crimes may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, sub- contractor, or consultant under a contract with a public entity , and may not transact business with any public entity in excess of the threshold amount provided in Sec. 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

State of _____
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2015, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

NOTARY PUBLIC

**DISCLOSURE FOR BUSINESS SCREENING REGARDING PROCUREMENT
OF CONSUMER REPORT.” (DISCLOSURE FORM)**

In connection with your potential employment relationship, the Town of Loxahatchee Groves, Florida, has engaged the firm of Philip S. Deming and Associates to conduct a background investigation. This firm may procure a "consumer report" on you as part of our business relationship screening process.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document, if any adverse information is obtained in connection with our screening process.

By your signature below, you hereby authorize Philip S. Deming and Associates to obtain a consumer report and/or an investigative report. Further, you hereby authorize Philip S. Deming and Associates and/or their designee to conduct an investigation into your character, reputation, and personal characteristics, which may include but not be limited to checking your educational credentials (including transcripts), any criminal convictions, civil actions, bankruptcy filings, employment, driving record, professional licensing and other information.

Applicant's Name: _____
(Including Maiden Name) Please Print

Social Security Number: _____

Date of Birth: _____

Applicant's Address: _____

City/State/Zip: _____

Former Address: _____

City/State/Zip: _____

Former Address: _____

City/State/Zip: _____

Professional Licensing: _____

License Number: _____

Expiration: _____

REFERENCES

1. Name: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____
Relationship: _____
2. Name: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____
Relationship: _____
3. Name: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____
Relationship: _____

EDUCATIONAL EXPERIENCE

(IMPORTANT: Include address(es) and year(s) attended or year of graduation)
