

PALM BEACH COUNTY SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



Welcome to Palm Beach County Sheriff's Office Procurement!

As we support our Agency and the Citizens of Palm Beach County, we look to the business community for suppliers that can not only offer the best value for our constituents but also those that meet Federal Laws, State Statutes, and comply with PBSO policies.

To join our list of approved suppliers, please read and follow the instructions below. All required forms are included here for your convenience.

Please direct any questions through email at purchasingisupplier@pbsso.org, or phone at 561-688-3260.

REQUIRED FORMS:

- **Taxpayer Identification Number Request Substitute W-9.**
3 Pages – Complete pages 2 or 3. **DO NOT SEND A STANDARD IRS W-9.**
- **Drug Free Workplace** – Complete by filling in legal entity name on the top; at the bottom printed name and signature of authorized signor, and date.
- **Sworn Statement Concerning Public Entity Crimes** –
 - Page 1 - Print authorized signor's name and title on first line; name of entity on second line. Complete business address section, and EITHER Federal Employer Identification Number (FEIN) OR Social Security number of individual signing this sworn statement.
 - Page 2 – Check only ONE (1) box. Read each option carefully and select the one that applies.
 - Page 3 – Check a box to answer #6 at the top of the page and provide required documents if you select YES. Have signature on the lower portion of the page notarized.
- **Electronic Payment Agreement** – To join our approved supplier list, you must agree to receive payments electronically. Complete all fields as instructed
 - **Provide a supporting document -voided check or bank letter with account info.**
- **Business Classification** – If you are a certified Small Disadvantaged Business (SDB), Small Business Enterprise (SBE), Disadvantaged Business Entity (DBE), Woman Business Enterprise (WBE), or any other recognized, certified business classification, please include a copy of your current certificate.

Preferred Inside Sales Contact to receive Purchase Orders

Name:	
Title:	
Department:	
Email:	
Phone:	
Fax :	

FORMS CHECKLIST-

Please verify that you have each of the documents below before submitting your forms.

- 1099 Substitute W-9
- ACH Form
- ACH Supporting Document (Voided check or bank letter with account info)**
- Sworn Statement Concerning Public Entity Crimes – **Must be notarized.**
- Drug Free Workplace

Completed forms should be scanned and emailed to purchasingisupplier@pbso.org. If you are unable to scan and email, you may send a fax to 561-688-3280.

Your forms will be reviewed for completion. You will be contacted for any corrections or missing items. Once approved, you will be contacted with your login credentials and further instructions.

Thank you, and welcome aboard!

Your PBSO Procurement Team



Taxpayer Identification Number Request Substitute Form W-9

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. You may also be subject to a \$50 penalty imposed by the Internal Revenue Service under IRS code section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 28% of its payment to you. Be advised that payments will only be issued to the name and TIN/EIN certified on this document.

Use this form ONLY if you are a US person/entity (including US resident alien). If you are a foreign person/entity, use the appropriate Form W-8.

Instructions: Please read carefully.

If you are a US Individual, a US Sole Proprietorship, or a US Non-Corporation such as LLC, Partnership, or Trust, complete the section in **Part 1** that corresponds to your tax status. Only complete one of the boxes in this Part. *Do not complete Part 2.*

If you are a US Corporation, Exempt Charity, or Government Agency complete **Part 2**. *Do not complete Part 1.*

Complete **Part 3** to sign and date the form. This section is required for all entities.

Email the completed form to the Palm Beach County Sheriff's Office at purchasingisupplier@pbso.org or fax to 561-688-3280. You may also mail the form to Palm Beach County Sheriff's Office, Attention: Procurement, 3350 Gun Club Rd., West Palm Beach, FL 33406. Please note that any completed Substitute W-9 that is faxed or emailed **MUST** be clearly typed or printed legibly and must include a contact phone number or email address. Otherwise, the form will not be accepted.



Taxpayer Identification Number Request
Substitute Form W-9

Part 1: US Individuals, Sole Proprietors and Non-Corporations (Complete only ONE box in this Part. Choose the box that applies)

US Individuals (Form 1099 reportable) Individuals are **not** a “doing business as” a company or alternative.

Individual Name (print) as shown on your tax return:

Individual Social Security Number _____

US Sole Proprietor: (Form 1099 reportable) A sole proprietorship may have a “doing business as” trade name but the legal name is the business owner. If you supplied your personal SSN as the Tax ID, you must provide your name as it is issued with your SSN. If you provided an EIN issued to you by the IRS for your business, you must provide the legal business name registered for the EIN.

Business Owner’s Name (print) as shown on your tax return:

Business Owner’s Social Security Number _____

OR Business EIN _____

Business or Trade Name (print) _____

Non-Corporations (US Partnership, LLP, LLC or Trust, etc): (Form 1099 Reportable)

Name of Partnership/LLP, LLC, Trust, etc.(print) as shown on your tax return:

Partnership’s/Company’s EIN _____

(If Part 1 has been completed, skip to Part 3 on the next page. If Part 1 does not apply to your entity, proceed to Parts 2 and 3 on the next page)



Part 2: Corporation, Exempt Charity, or Government Agency

US Corporation (must be a "C" or "S" corporation only), exempt charity, or Federal, State or Local Government Agency

Name of Corporation or Entity (print) as shown on your tax return:

State Incorporated: _____ Business EIN _____

Possible Exemption (Please check the correct exemption below. If no box is checked, a 1099 WILL be issued regardless of status.)

Corporation: *not medical, healthcare, or legal service provider*

Corporation: *Medical, healthcare, or legal services (all 1099 reportable)*

Tax exempt charity under 501(a), or IRA

US Government: The United States or any of its agencies or instrumentalities, a state, the District of Columbia, a possession of the United States, or any of their political subdivisions

A foreign government or any of its political subdivisions located in the US or US territories

Part 3: Signature I am a US person (including US resident alien). I certify under penalty of perjury that the Tax Identification Number and associated individual or company name provided on this form is correct.

Name (print): _____ Title: _____

Signature: _____ Date: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

For Office Use Only:

Supplier Number: _____ Reportable: _____ Reviewed by: _____



DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

_____ does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction or, plea of guilty or nolo contendere to, any violation of Charter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Signature below represents and warrants that he or she has authority to bind the company on whose behalf he or she has executed this document.

Name: _____ Signature: _____ Date: _____
(Print)



SWORN STATEMENT CONCERNING PUBLIC ENTITY CRIMES

The Palm Beach County Sheriff's Office has elected to follow Section 287.133, Florida Statutes, concerning Public Entity Crimes. Accordingly, 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 the Palm Beach County Sheriff's Office by

Print individuals name and title

for _____

Print name of entity submitting sworn statement

Whose business address is:

and (if applicable) its Federal Employer Identification Number (FEIN) is:

(if the entity has 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 State, including, but not limited to, any bid or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.
3. I understand that "convicted" or "conviction" as defined in Paragraph 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 Paragraph 287.133(1)(a), Florida Statutes, means:
- A. A predecessor or successor of a person convicted of a public entity crime; or

- B. An 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, executive, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The ownership by one person of shares constitution 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 prima 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 Paragraph 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 let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity.

Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. You must 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, of 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 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).

6. I understand that "judgment" as defined in paragraph 55.01, Florida State Statutes, means any sum of money that was awarded by judgment against any person(s) or entity under the control of any natural person who is active in the management of the entity.

Has your entity or person(s) in management had judgment entered against it?

No

Yes (If yes, provide a copy of the judgment)

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 OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Signature below represents and warrants that he or she has authority to bind the company on whose behalf he or she has executed this document.

(Signature)

Sworn to and subscribed before me this _____ day of _____, 20____

Personally known _____

Or Produced identification _____

(Type of identification)

Notary Public – State of _____

My Commission Expires _____

(Printed typed or stamped)

Commissioned name of Notary Public

(Notary Public Signature)

PALM BEACH COUNTY
SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



ELECTRONIC PAYMENT AGREEMENT

This agreement will allow the Palm Beach County Sheriff's Office ("Originator") to make electronic payments to the "Receiver" (name and address below): Receiver wishes to have Originator initiate Credit Entries to its account specified below in payment of obligations owed by Originator. This agreement is subject to the "ACH Rules" of the National Automated Clearing House Association (NACHA) and shall be made in the type of *payment form: File Transfer Protocol (FTP)*. For additional clarification visit www.NACHA.org. The Originator and Receiver acknowledge that the origination of ACH transactions to the Receiver's account must comply with the provisions of U.S. law.

Company Name (Receiver): _____

Mailing Address: _____

Receiver's ACH Account: If there are multiple bank accounts to be used, please complete a separate form for each account. The Account is the deposit account specified below:

Financial Institution: _____ **Account No:** _____

Bank Street Address: _____ **Transit Route No:** _____

City, State, Zip: _____ **Type of Account:** *Checking* *Savings*
Type of Payment: File Transfer Protocol (FTP)

To facilitate this process and for bank information validation, please include supporting documentation such as a copy of a bank statement from your checking or savings account, voided check or invoice that includes the bank account details.

Payment Remittance details should be directed to:

Name: _____ E-mail _____

Questions and Errors: In the event of any question or errors relating to Entry(ies) initiated in pursuant to this Agreement, Originator should contact the following person regarding information on this form:

Name: _____ Phone: _____

E-mail: _____ Fax: _____

Authorized Representative of Receiver signs below: Signer acknowledges that he/she is authorized to sign on behalf of Receiver. You authorize Originator or its Banking Partner to contact your bank to independently verify the banking information provided above.

By: _____ Title: _____

Print Name: _____ Date: _____

Please fax this form and supporting document(s) to 561-688-3280 or
E-MAIL: Purchasingisupplier@pbso.org or
Mail to: Palm Beach County Sheriff's Office- Accounts Payable Unit
3228 Gun Club Road West Palm Beach, Florida 33406-3001