



Each Child, Every Day

St. Lucie Public Schools

Purchasing Department

4204 Okeechobee Road

Fort Pierce, Florida 34947

Voice – (772) 429-3988

Email form to purchasing.slcsb@stlucieschools.org or

Fax form to 772-429-3999

SUPERINTENDENT
Genelle Zoratti Yost

VENDOR APPLICATION AND VENDOR MASTER FILE MAINTENANCE (Complete vendor application and the requirements for goods or service)

☐ Add New Vendor

SBAA Vendor _____

or

District Vendor _____

☐ Update Existing
Vendor Information

Vendor

Code: _____

Name of District personnel requesting that your business be setup as a vendor.

Name: _____

What school or department is the District personnel located?

Briefly describe commodities or services vendor offers:

Requirements for Vendors Providing Goods only.

*****This includes SBBA vendors*****

☐ **W9 – (MUST BE PROVIDED WITH VENDOR REQUEST)**

☐ **Insurance/Hold Harmless Agreement (AGREEMENT MUST BE PROVIDED WITH VENDOR REQUEST ALONG WITH PROOF OF INSURANCE) (Note: The District's standard insurance requirements must be satisfied before issuance of a purchase order.)**

Requirements for Vendors Providing Services.***This includes SBBA Vendors**

☐ **W9 - MUST BE PROVIDED WITH VENDOR REQUEST**

☐ **Insurance/Hold Harmless Agreement (AGREEMENT MUST BE PROVIDED WITH VENDOR REQUEST ALONG WITH PROOF OF INSURANCE) (Note: The District's standard insurance requirements must be satisfied before issuance of a purchase order.)**

☐ **Jessica Lunsford Act Agreement (AGREEMENT MUST BE PROVIDED WITH VENDOR REQUEST)**

☐ **Business License (Note: Business license requirement must be satisfied before vendor setup.)**

What State was license issued?

What County or City was license issued?

Vendor Information

Vendor Name:			
Contact Name:			
Address:			
City:		State:	
Zip/Postal Code		Web address:	
Phone:		Ext.	Fax:

Remit To Address (Complete This Section Only If The Payment Will Be Sent To A Location Different From The Address Shown Above)		
Address:		
City:		State:
Zip/Postal Code		

Green Procurement – Electronic Purchase Order Process

The School Board of St. Lucie County has implemented an **Electronic Purchase Order (E-PO)** delivery system to streamline our procurement process and eliminate a paper-driven process. In order to expedite delivery of purchase orders, we ask that you provide our office with a designated email address. The email address you provide should have the capability of being monitored by more than one person within your company. This will ensure that orders received electronically are not delayed. By us sending purchase orders out electronically, we can more effectively control our procurement activities and achieve a significant cost savings over the paper purchase order process. The electronic purchase order process also reduces the purchase order to vendor cycle time from days to hours. We encourage your acceptance of electronic purchase orders. Please provide a designated email address below to participate in the electronic purchase order process. **Please Note: Our system can only accommodate one email address.**

E-PO Designated Email Address _____ Contact Person _____
Phone: _____

Print Name _____

Authorized Signature _____ Date _____

W-9

**Request for Taxpayer
Identification Number and Certification**

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Insurance Requirements and Hold Harmless Agreement

Vendors shall furnish a Certificate of Insurance that complies with the insurance requirements listed below. The Certificate of Insurance shall list the deductible as well as the type of policy purchased (i.e. claims made or per occurrence) for each of the policies listed below. The following liability coverage limits must not be less than the limits specified. Thirty (30) day advance notice of cancellation is required. The policies must be specifically endorsed to grant the District the same notification rights that it provides to the first named insured as respects cancellation and nonrenewal. This endorsement must be attached to the certificate of insurance. The District by and through its Risk Management Department and in cooperation with the Purchasing Department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages or endorsements, herein from time to time throughout the term of this contract.

INSURANCE

1. General Liability

Contact Purchasing for limits.

2. Automobile Liability

Contact Purchasing for limits.

3. Workers' Compensation

WORKERS' COMPENSATION INSURANCE WITH LIMITS EQUAL TO FLORIDA STATUTORY REQUIREMENTS. EMPLOYERS LIABILITY MUST INCLUDE LIMITS OF AT LEAST \$100,000 EACH ACCIDENT, \$100,000 EACH DISEASE/EMPLOYEE, \$500,000 EACH DISEASE/MAXIMUM. A WAIVER OF SUBROGATION MUST BE PROVIDED. COVERAGE SHOULD APPLY ON A PRIMARY BASIS. SHOULD SCOPE OF WORK PERFORMED BY VENDOR QUALIFY ITS EMPLOYEE FOR BENEFITS UNDER FEDERAL WORKERS' COMPENSATION STATUTE (EXAMPLE, U.S. LONGSHORE & HARBOR WORKERS ACT OR MERCHANT MARINE ACT), PROOF OF APPROPRIATE FEDERAL ACT COVERAGE MUST BE PROVIDED.

WORKERS' COMPENSATION EXEMPTION FORMS WILL NOT BE ACCEPTED FOR THE PROJECT ARCHITECT, ENGINEER, GENERAL CONTRACTOR, OR SOLE PRACTITIONER THAT INTENDS TO SUB-CONTRACT THE WORK TO OTHER INDIVIDUALS OR COMPANIES. THESE ENTITIES OR INDIVIDUALS ARE REQUIRED TO PURCHASE A WORKERS' COMPENSATION INSURANCE POLICY.

4. Professional Liability

WHEN INDICATED BY THE SCOPE OF SERVICE, VENDOR MUST MAINTAIN PROFESSIONAL LIABILITY OR EQUIVALENT ERRORS & OMISSIONS LIABILITY WITH LIMIT OF NOT LESS THAN \$1,000,000 PER OCCURRENCE. FOR POLICIES WRITTEN ON A CLAIMS MADE BASIS, VENDOR SHALL MAINTAIN A RETROACTIVE DATE PRIOR TO OR EQUAL TO THE EFFECTIVE DATE OF THIS CONTRACT. IN THE EVENT THE POLICY IS CANCELED, NON-RENEWED, SWITCHED TO AN OCCURRENCE FORM OR THERE IS A CHANGE IN RETROACTIVE DATE, VENDOR MUST PURCHASE AN EXTENDED REPORTING PERIOD RIDER DURING THE LIFE OF THIS CONTRACT OF NOT LESS THAN 3 YEARS. COVERAGE IS TO APPLY ON A PRIMARY BASIS.

HOLD HARMLESS AGREEMENT

The vendor shall, in addition to any other obligation to indemnify the St. Lucie County School District and to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the School District, its agents, officers, elected officials and employees from and against any and all claims, actions, liabilities, losses (including economic losses), costs arising out of any actual or alleged;

- A. bodily injury, sickness, disease or death, or injury to or destruction of tangible property including the loss of use resulting there from, or any other damage or loss arising out of, or claimed to have resulted in whole or in part from any actual or alleged act or omission of the vendor, any subcontractor of the vendor, anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable in the performance of the work; or
- B. violation of law, statute, ordinance, governmental administration order, rule or regulation by the vendor, any subcontractor of the vendor, or anyone directly or indirectly employed by any of them in the performance of the work; or
- C. liens, claims or actions made by the vendor, any subcontractor of the vendor, or any other party performing the work.

The indemnification obligations hereunder shall not be limited to any limitation on the amount, type of damages, compensation or benefits payable by or for the vendor or any subcontractor of the vendor under workers' compensation acts; disability benefit acts, other employee benefit acts or any statutory bar.

Any costs or expenses, including attorney's fees, incurred by the St. Lucie County School District to enforce this hold harmless agreement shall be borne by the vendor.

The above provisions shall survive the termination of this Agreement and shall pertain to any and all claims for occurrences during the term of this Agreement, even though such claims may be presented after the termination hereof. Nothing contained herein is intended nor shall be construed to waive St. Lucie County School District's rights and immunities under the common law or Florida Statutes including, but not limited to, Florida Statutes 768.28, as amended from time to time.

Any questions as to the intent or meaning of any part of the above-required coverage should be brought to the Risk Management Coordinator of the School District of St. Lucie County, Florida at (772) 429-5520.

Vendor/Company Name – Print

Authorized Signature

Date

JESSICA LUNSFORD ACT COMPLIANCE AGREEMENT

Effective immediately, any vendor or contractor conducting business with a Florida School District must submit to a Level 2 fingerprint screening. This includes any vendor or contractor that may:

Be at school when students are present;
Have direct contact with students; or
Have access to or control of school funds

Pursuant to Florida Statue 1012.32 background and criminal history checks must be completed and results must be cleared prior to your start date. You will need to contact the Human Resources Department at 772-429.7500 or Fingerprints@stlucieschools.org to schedule your appointment. Results will be received and reported to the Human Resources Department.

The cost for the national Background check (FDLE and FBI check) is \$78.50 and must be paid prior to being printed. The amount is payable on-line at www.cogentid.com or by money order made out to 3M Cogent. **All individuals must register online.**

1. Navigate to http://www.cogentid.com/fl/index_fdoe.htm and select "register online"
2. For County select St. Lucie County from the pull-down box
3. For CRI Literal select: **FL931532Z Contractors & Vendors**
4. *Please fill out the remaining information appropriately. (Please include your social security number so you can be added to the Florida Shared School Results (FSSR) System)*

ALL contractors will be required to purchase an ID badge at the cost of \$6.00 payable by check or money order made out to SLCSB, or at <http://stlucie.revtrak.net/tek9.asp?pg=products&grp=5> by Discover, Master Card, or Visa. Please Note: Cash and/or personal checks will not be accepted for your fingerprints.

Martin, Indian River and Okeechobee Counties have entered into an inter-local agreement to share fingerprinting results. Should you or your employees elect to be fingerprinted outside St Lucie County School District, clearance cards will be accepted from these treasure coast districts. You will need to provide St Lucie County with a listing of employees fingerprinted in Martin, Indian River or Okeechobee Counties indicating which treasure coast district conducted the level 2 fingerprint screening.

In addition, please provide written verification to the St Lucie County School District that you have cleared all employees with the sexual offender/predator databases at <http://www.floridalsexoffender.net> and <http://www.nsopr.gov>. Verification should be mailed to St. Lucie County School District, 4204 Okeechobee Road, Fort Pierce, Florida 34947 Attn. Lynn Louderback, Fingerprint Specialist, Human Resources.

As you add new employees, please contact the Human Resources office to make appointments for fingerprinting.

The Vendor certifies it will comply with the requirements of the Jessica Lunsford Act (Section 1012.465, Florida Statutes) in regards to fingerprinting and level 2 background screenings of all employees and any subcontractors employees who will have access to any District school or property when students may be present, or will have direct contact with any student; or have access to or control of school funds. Vendor's failure to comply with this requirement will constitute a material breach of contract. **Vendor is responsible for all costs incurred to comply with this requirement.**

Vendor/Company Name _____
Signature of Authorized Representative _____ Date _____