

**Request for Quote  
For  
Defensive Tactics Lab Room Resurface**

**St. Petersburg College**

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**SPC**

**DUE: JANUARY 14, 2016      2:00 PM**

## Table of Contents

INTRODUCTION AND PURPOSE OF THE REQUEST FOR QUOTE (RFQ) .....	3
SPECIFICATIONS: .....	4
SUBMITTAL:.....	4
SUMMARIZED SCHEDULE OF RFQ EVENTS: .....	4
AGREEMENT TERMS AND CONDITIONS: .....	5
ROUGH MEASUREMENTS: .....	6
PANORAMIC PHOTOS: .....	7
SUBMITTAL CERTIFICATION .....	14
RESPONDENTS QUALIFICATION STATEMENT .....	15
ATTACHMENT "A" .....	18
DRUG FREE WORKPLACE .....	19
W-9 .....	20
TAX EXEMPTION CERTIFICATE.....	23

## **INTRODUCTION AND PURPOSE OF THE REQUEST FOR QUOTE (RFQ)**

**HISTORY:** St. Petersburg College (“SPC” or the “College”), located in Pinellas County, Florida, and established in 1927, is one of the oldest colleges in the 28-institution Florida College System (“FCS”). SPC is the first college in the FCS to become a four-year college issuing baccalaureate degrees beginning in 2001. SPC is governed by a five-member Board of Trustees appointed to four-year terms by the Governor of Florida. The Board of Trustees appoints the College President who has administrative responsibilities for college operations.

**POLICE – CORRECTIONS CERTIFICATION ACADEMIES:** As a licensed training center under the Florida Criminal Justice Standards and Training Commission, it is required by statute to maintain this room to perform the required training by the commission for the certification of law enforcement and corrections officers. These post-secondary adult vocational programs which articulate into the AS Degree in Criminal Justice Public Safety Services in the College of Public Safety at St. Petersburg College. Enrollment for FY 2014-15 includes 129 for Law Enforcement, 30 for Corrections, and 135 for Equivalency of Training academies. The room is also used for our high liability in-service public safety training classes which had an approximate enrollment of 50 during the fiscal year.

**PROJECT NEED:** The defensive tactics lab room is used to perform officer defensive tactics, handcuffing, ground fighting, falls and other officer safety training. This room is padded on the floor, walls and the existing columns to provide safety during training. The current surface is dated and after previous state inspection, we have need to replace the existing surfaces in the room. This room is inspected annually by the Florida Department of Law Enforcement for compliance in order to maintain the training center status.

**REQUEST FOR QUOTE:** This quote is for vendor product and installation only. The removal of existing mats/brackets and preparation of the current surfaces will be complete prior to installation. This quote should be for the total cost including product and installation. A detailed Scope of Work (SOW) containing a description of the work to be performed and a time-line of the deliverables must accompany the material/labor pricing quotes. As this project will be funded by the Carl D. Perkins IV grant, no deposits or pre-payments will be made.

**PROJECT GOAL:** The room will be prepared for product installation no later than March 3, 2016. **The installation must commence on March 7, 2016 and be completed by March 11, 2016.**

### **SPECIFICATIONS:**

- The surface should be some mixed martial arts style surface that provides grip but does not allow for burns and must be rated for this type of activity. Too much grip can result in injury.
- All surfaces should be a panel style construction to allow for removal of individual sections in the event of damage and or cleaning of the subfloor.
- The matted surface should be 1.5 to 2-Inch-thick type of high density foam or similar.
- The vendor should provide a warranty of these panels in the event of damage.
- The time frame for the installation must comply with the project goal
- The matted surface of the walls and columns should extend at least 5 foot 10 inches high.
- Vendor should provide a variety of color options (Navy or Dark Blue is preferable).

### **QUESTIONS:**

Questions regarding this RFQ should be submitted to Karen Reynolds, [reynolds.karen@spcollege.edu](mailto:reynolds.karen@spcollege.edu)  
Purchasing Manager, St. Petersburg College **no later than** Wednesday, January 6, 2016.

### **SUBMITTAL:**

Please submit written Quote and SOW via mail or express carrier to St. Petersburg College, 14025 58th Street North, Clearwater, Florida 33760, Attn: Karen Reynolds, Purchasing Manager. The College must receive the documents no later than 2:00 p.m. on January 14, 2016.

***Electronic submissions are not recommended as the Colleges' Firewall and SPAM filters may delay delivery.***

### **SUMMARIZED SCHEDULE OF RFQ EVENTS:**

Below is a summarized schedule of RFQ events.

Any changes will be issued in the form of a written notification.

Time	Day/Date	Description
	Tues., December 15, 2015	RFQ issued to vendor(s)
	December 19, 2015 thru January 4, 2016	Winter Break - College is closed
2:00PM	Weds., January 6, 2016	All questions and/or requests for site visits submitted to Karen Reynolds, <a href="mailto:reynolds.karen@spcollege.edu">reynolds.karen@spcollege.edu</a>
3:00PM	Fri., January 8, 2016	Q&A sent to all respondents via email
2:00PM	Thurs., January 14, 2016	Quotes due to Purchasing: St. Petersburg College

		14025 58th Street N. Clearwater, FL 33760 Attn: Mrs. Karen Reynolds, Purchasing Mgr.
	January 15, 2016 thru January 21	Quotes reviewed, vendor selection
	Thurs., January 28, 2016	Notify intended vendor of contingent selection
	Mon., February 1, 2016	Request state's approval of budget amendment
	Fri., February 19, 2016	Expected approval by the state
	Awarded vendor to be notified via email upon State approval at which time a PO will be issued.	

**AGREEMENT TERMS AND CONDITIONS:**

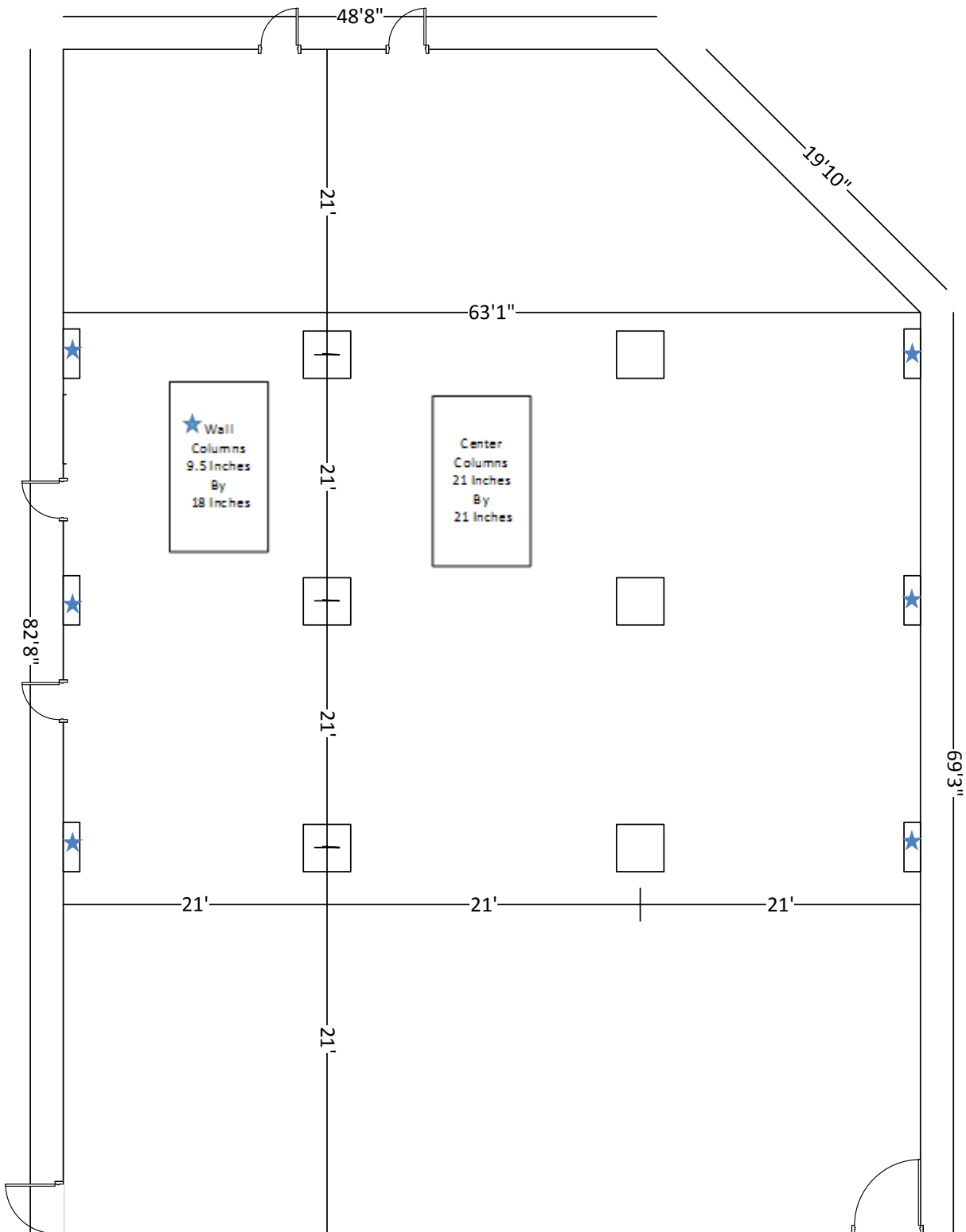
The College's standard purchase order terms and conditions, as shown in Attachment A, will govern this agreement.

Due to funding by the Carl D. Perkins IV grant, all travel and related costs must be included within the labor line item as an "all inclusive cost"; and the total quote amount must be a **firm** price.

Completed *Submittal Certification, Respondent's Qualification Statement, W-9* and *References* are a required part of the submittal

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**ROUGH MEASUREMENTS:**



PANORAMIC PHOTOS:



















## VENDOR REGISTRATION FORM

Anyone interested in doing business with St. Petersburg College is requested to complete the Vendor Registration Form. The completed vendor registration is not a guarantee of an opportunity to bid, but will help us in evaluating your business for future opportunities.

Business Name:	
Mailing Address (Street/P.O. box):	
City: _____	State: _____ County: _____
	Zip Code: _____
Contact Person:	Title:
Telephone #:	Fax #:
Email Address:	
Is your company certified by the State of Florida's Office of Supplier Diversity as a Minority/Woman owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify certification:	
Please forward a current catalog or provide a website address if catalog is available online. Website Address:	
Type of business/service offered:	
Please return the completed Vendor Registration Form to:  St. Petersburg College Facilities Services Department P.O. Box 13489 St. Petersburg, FL 33733-3489  OR -  Fax to: (727) 444-6710	

## SUBMITTAL CERTIFICATION

I certify that this quote is made without prior understanding, agreement or connection with any corporation, firm or person submitting a quote for the same services, materials, supplies or equipment, and is, in all respects, fair and without collusion or fraud. I agree to abide by all conditions of this RFQ; I certify that I am authorized to sign this submittal.

I hereby agree to furnish the items and/or services at the prices and terms stated in my submittal. I have read and understand the terms and conditions of the Request for Quote.

This company is in compliance with the non-discrimination clause contained in Section 202, Executive Order 11246, as amended by Executive Order 11375, relative to Equal Employment Opportunity for all people without regard to race, color, religion, sex or national origin and the implementing rules and regulations prescribed by the Secretary of Labor.

Name(s) and Title(s) \_\_\_\_\_

Legal Name of Respondent \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

## RESPONDENTS QUALIFICATION STATEMENT

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions and information provided hereinafter.

Submitted to: St. Petersburg College  
Director of Business Services

Submitted by: Name: \_\_\_\_\_

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

Principal Office: \_\_\_\_\_

( ) Corporation

( ) Partnership

( ) Individual

( ) Joint Venture

( ) Other

(Note: Attach separate sheets as required.)

1. How many years has your organization provided the requested services? \_\_\_\_\_

2. How many years under the present business name? \_\_\_\_\_

If applicable:

Former business name: \_\_\_\_\_ # Years: \_\_\_\_\_

3. Corporations, answer the following:

Date of incorporation: \_\_\_\_\_

State of incorporation: \_\_\_\_\_

President: \_\_\_\_\_

Regional Manager: \_\_\_\_\_

District Manager: \_\_\_\_\_

4. Partnerships, answer the following:

Date of organization: \_\_\_\_\_

Type of partnership: \_\_\_\_\_



Names and addresses of partners (if applicable):

1). \_\_\_\_\_

2). \_\_\_\_\_

3). \_\_\_\_\_

5. If other than a corporation or partnership, describe organization and name principals:

\_\_\_\_\_

1). \_\_\_\_\_

2). \_\_\_\_\_

3). \_\_\_\_\_

6. Have you ever failed to complete any project awarded to you? If so, indicate when, where, why, and name/telephone number of persons we may talk to about this: \_\_\_\_\_

\_\_\_\_\_

1). \_\_\_\_\_

2). \_\_\_\_\_

3). \_\_\_\_\_

7. Worker's Compensation insurance policy number: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Policy Amount: \_\_\_\_\_

8. Comprehensive General Liability policy number: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Policy Amount: \_\_\_\_\_

(\$500,000 combined single limit minimum)

The Board of Trustees, St. Petersburg College, will be named additional insured for General Liability coverage if our firm is awarded the project. Yes \_\_\_\_\_ No \_\_\_\_\_  
(A "No" answer will disqualify your quote)

9. Name(s) and telephone number(s) of person(s) designated as liaison with the College in administering this project upon award

1). \_\_\_\_\_

2). \_\_\_\_\_

3). \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

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

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

---

#### NOTARIZATION

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

\_\_\_\_\_  
Notary Signature

Personally Known to me \_\_\_\_\_ OR

Produced Identification: \_\_\_\_\_

Type of Identification: \_\_\_\_\_

Notary Public State of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Printed, typed or stamped Commissioned name of Notary Public)

ATTACHMENT "A"

**ST. PETERSBURG COLLEGE PURCHASE ORDER TERMS AND CONDITIONS**

1. Any change to these Terms and Conditions requires the written authorization of the Purchasing Department.
2. C.O.D. or Freight Collect Shipments will not be accepted.
3. All shipments are F.O.B. DESTINATION unless otherwise specified. Where F.O.B. Shipping Point has been negotiated, shipper must repay and add to invoice.
4. Purchase Order Number must be clearly shown on shipping label and all paperwork, including Bill of Lading, Packing Slip and Invoice.
5. Shipments must be properly packaged. Inspection of delivery will be made at delivery point unless otherwise specified
6. Billing Instructions are at the top right on Purchase Order and must be followed explicitly to insure proper and prompt payment. Payment terms are Net 30 days after receipt of a valid invoice. Discount periods will start upon acceptance of goods and/or services and receipt of a correct invoice.
7. All containers and reels remain the property of the College unless otherwise specified.
- 8 SPC reserves the right to reject any shipment that does not meet the terms, conditions and specifications as stated. Rejected shipments will be returned to vendor at vendor's expense.
9. DO NOT EXCEED SPECIFIED QUANTITIES UNLESS A VARIATION OF QUANTITY IS SPECIFIED.
10. Delivered goods shall comply with all Federal, State and Local laws relative thereto. The vendor shall defend actions or claims brought and save harmless the College from loss and cost of damage by reason of actual or alleged infringement of letters of patent.
11. TOXIC SUBSTANCES must be shipped with MATERIAL SAFETY DATASHEETS, in compliance with Chapter 442, Florida Statutes.
12. DELIVERY RECEIVING HOURS Mon.-Fri, 7:30 a.m.-Noon; 1-4 p.m.
13. Failure to make delivery by or before the required delivery date stated on the Purchase Order shall constitute cause for cancellation of the order, or any part thereof, without further liability to SPC or without prejudice to SPC's rights. Supplier's failure to adhere to any term or condition of this order may result in cancellation with 48 hours notice. Supplier agrees that SPC may return part or all of any shipment made, and may charge the supplier for any loss or expense sustained as a result thereof.
14. When a formal contract has been entered into by SPC and Supplier, the terms and conditions included in the contract shall have preference, and this Purchase Order is used solely to encumber funds and for payment purposes. In the event of any conflict or inconsistency between this Purchase Order, a formal contract and/or an invitation to bid/ request for proposal, the order of priority of controlling terms shall be: (i) formal contract; (ii) invitation to bid/ request for proposal; (iii) this Purchase Order.
15. This Purchase Order is not transferable or assignable by the Supplier to third parties, unless approved by SPC in advance in writing.
- 16.** 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, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply contract with a public entity for the construction or repair of a public building or public work; may not submit a bid, proposals, or replies on leases of real property of public entity; may not be awarded or perform work as a contractor, supplier, 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, Florida Statutes, for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

## DRUG FREE WORKPLACE

The undersigned Respondent in accordance with Florida Statute 287.087 hereby certifies that<sup>u</sup>does:

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, any 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 proposal, the employee will abide by the terms of the statement, and will notify the employer of any conviction of, or plea of guilty or nolo contendere, to any violation of Chapter 893, or any controlled substance law of the United States or any state 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 an 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.

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Respondent's Signature

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Date

## 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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> 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 the "Name" line 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									
			-			-			

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.

<b>Sign Here</b>	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,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## **Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## **Specific Instructions**

### **Name**

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

**Disregarded entity.** Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.





## Consumer's Certificate of Exemption

DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8015292024C-6	07/31/2014	07/31/2019	SCHOOL-COLLEGE-UNIV
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Certificate Number

Effective Date

Expiration Date

Exemption Category

This certifies that

ST PETERSBURG COLLEGE  
6021 142ND AVE N  
CLEARWATER FL 33760-2822

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.