

**Request for Quote  
Industry Certification Testing  
Registration Workflow & Reporting  
Alternate Web Solution**

**St. Petersburg College**

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**SPC**

**DUE: FEBRUARY 22, 2016 at 2:00 PM**

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## **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.

### INDUSTRY CERTIFICATION AT SPC & PROJECT NEED

This project will support students’ achievement of industry certifications by making it simpler for them to engage with the testing center for their testing appointment(s) and by providing a repository for them to access their results. Students’ achievement of relevant industry certifications will contribute to their job marketability. Both students’ achievement of industry certifications and their job-placement are key performance indicators for the Carl D. Perkins IV grant, which is funding this project. The college supports students’ achievement of industry certifications by aligning many workforce programs with industry certifications, by providing test preparation for these certifications, by offering the Industry Certification Testing Center, and by paying for students’ vouchers for industry certification tests.

Currently, students schedule appointments at the Industry Certification Testing Center through manually created surveys, and all changes to those appointments are manual. Students often forget about their appointments, resulting in lost voucher dollars. In order to scale up operations, a semi-automated workflow application is needed to help students reconfirm their appointments and/or reschedule, as needed. Additionally, as students may lose their test results, SPC needs to offer students a repository for their testing score report. The college also needs a reliable, automated way to track and report students' data to the state.

## PROJECT DESCRIPTION

Install a web solution (project named "OneCert," Phase 1) to assist with all aspects of communication, documentation, and tracking of credit and non-credit workforce students during the industry certification process. The solution will automate the workflow relating to students' engagement with test preparation, testing and tracking, as well as a reminder and confirmation system regarding test date and time. Students will register, request testing center appointments, confirm their appointments, reschedule as needed, and track their certification results through this solution. The college's industry certification related personnel and faculty will be able to administer and manage resources relating to the industry certification including students' eligibility for college-paid vouchers, test preparation, testing and tracking, create on-demand reports, and facilitate the sharing of data. The solution will improve voucher inventory tracking, purchasing, and shelf life to optimize use of college resources allotted for industry certification. The system must integrate effectively with PeopleSoft student administration system (exporting data for import into PeopleSoft), Lumens (for registration of non-credit students, if feasible), and MyCourses (Desire2Learn learning management system, for exporting lists of eligible students, if feasible). Where needed, single-sign-on (SSO) must be included. **OneCert must be easy to navigate for students, faculty, and staff, meet the College's standards for branding, and be visually appealing.**

## REQUEST FOR QUOTE

This quote should be for the total cost of developing and implementing OneCert Phase 1. A detailed Scope of Work (SOW) containing a description of the work to be performed and a timeline of the deliverables must accompany the quote. As this project will be funded by the Carl D. Perkins IV grant, no deposits or pre-payments will be made.

**In your quote response, you must list all resources needed from the college, such as time, anticipated meetings, need for access to SPC personnel, SPC IT security access, IT needs, licenses, machines, etc. Your quote response must outline your experience with the proposed solution, workflows, user configurations, how you would develop this web-based solution (what programming language, and tools would you use), and how you would test it. You should take into account the need to collaborate and obtain approval from multiple departments at SPC. You should also include references for similar projects. The solution must be designed in a way that the first instances are done by the vendor, and all subsequent changes are able to be done easily by a SPC administrator.**

## LICENSING, WARRANTY, AND MAINTENANCE

**Due to grant requirements, any solution purchased must have a lifetime license (instead of annual fees). The grant has a year-end of June 30<sup>th</sup>. SPC cannot commit to any future licensing costs.**

The warranty for the solution and labor must be described, as well as a plan and costs for ongoing maintenance in future years.

## PROJECT TIMING REQUIREMENT

**OneCert Phase 1 to be developed, tested, and in use by students by June 15, 2016. Phase 1 includes all deliverables outlined herein. This is a grant requirement.**

## NOTE REGARDING SEPARATE RFQ FOR ALTERNATE SOLUTION

Our department is also issuing a separate RFQ, with the same timing, for a pre-packaged solution that can be modified to accommodate all of the RFQ requirements. These two RFQs are for the same project. Potential respondents are encouraged to submit a response to the RFQ for a SharePoint web application, as that is the preferred option currently, and to also submit a response to this RFQ for an alternate system proposal, if they have a solution that would meet the requirements of this RFQ and that would be more cost-effective.

## SPECIFICATIONS

The design of the application shall include feature description, proposed screen and form layouts, site navigation plan, layout and labeling. All proposed screen and form layouts shall be subject to review, editing, and approval.

## COMPONENTS OF ONECERT WORKFLOW SYSTEM

### Surveys

*Each test will have its own survey, with different required text and questions.*

### Calendar Scheduling

The calendar module will provide centralized overview and scheduling of tests and other testing center activities. Staff will have a master calendar of all date/times for scheduling of test center dates, and other public events. Time blocks will be in 15 minutes increments.

*Each test will have a separate calendar which keeps track of student registrations and remaining open testing slots. The open slot is then communicated to the master calendar, and filled slots are removed from the list of available testing dates/times. After registering, students will be sent email reminders by the automated system confirming their test information and other details. If needed, students will be able to reschedule.*

### Primary Key Fields and Relevant Information

*Staff – Staff will use their SPC staff user ID*

*Students – Students will be identified by their SPC student user ID*

*Exam companies*

*Industry certifications – Certifications will be set up as groups. Multiple versions of a certification will have the same alphanumeric code but different test codes.*

*Example: CompTIA A+*

*This certification will be set up to require the passage of 2 tests to become certified.*

*Currently, those tests are JKO-801 and JKO-802.*

*The tests are changing versions/content and numbers.*

*If a student passes both of either set, the system is to count them as being A+ certified.*

*(We want to be able to know which set of tests the students passed, for some reports.)*

*Test vouchers (voucher number)*

*College or department*

## DETAIL ABOUT INFORMATION STORED RELATING TO THE PRIMARY KEYS

### **Student Information Database**

The database will provide space for Contact lists. These will be based on eligible student lists uploaded by Deans, academic leaders, and program coordinators, as well as self-pay students. The lists will be built from the various pieces of data provided by the student surveys.

*SPC email address field uploaded with the list*

*Student's preferred primary/permanent email address*

*Contact and results data will be sortable by Month-Week-Day, fiscal year, date, last name, date of exam, voucher expiration data, department, instructor, class section, voucher number, and other fields.*

*Student's test prep records (if outside of the classes)*

*Student's testing appointments records*

*Student's testing results*

*Student certification documents (scanned)*

## SITE STRUCTURE

OneCert Phase 1 will be a web-based solution that is accessible to specific members of the public (specifically, to SPC credit and non-credit students only upon invitation to access). All data storage will be anonymized to prevent hacking. Students will have guest level, read-only access to their own data, in the test center node. Staff will have access as outlined below. The site will use the college's SSL certificate and the college's current system lock-out workflow.

## USER ADMINISTRATION

<b>Administrator</b>	Top level access to web solution (create, edit, delete columns, column names, web designers, user and permissions section (people and groups), look and feel, create reports, create groups)
<b>Student</b>	Students will only have access to their own data. No SSO will be used; students will be encouraged to use their preferred permanent email address as a user name.
<b>Industry Certification - Key Team Members</b>	Editor capabilities and create and edit access to all purchasing functions (Level 1)
<b>Industry Certification - Other Campus Team Members</b>	Editor capabilities and assign vouchers for testing to individual students (Level 2)
<b>View access – All data analytics</b>	Have access to all data, including certifications, students, and purchasing data, for reporting purposes

**Content Contributors - Deans, Academic Leaders, and Program Coordinators**

Have access to all student-level data in their college, and contribute to workflow for their programs

**Content Contributors – Faculty**

Have access to all student-level data in their courses, and contribute to workflow for their courses

## QUESTIONS

Questions regarding this RFQ should be submitted to Lisa Yacso Vanover at [yacso.lisa@spcollege.edu](mailto:yacso.lisa@spcollege.edu), Coordinator of Career and Technical Education, St. Petersburg College no later than Friday, February 12, 2016 at 2:00 PM.

## SUBMITTAL

Please submit written Quote, Statement of Work, Vendor Registration Form, Certification/Respondent's Qualification Statement, W-9, and list of references in a sealed envelope, with the outside of the envelope containing (1) the Respondent's name and address, (2) the RFQ name, and (3) the date the RFQ is scheduled to be opened by the College. Responses must be hand-delivered or mailed to Career Pathways at St. Petersburg College, Attn: Ms. Lisa Yacso Vanover, Coordinator of Career and Technical Education, 14025 58th Street North, Clearwater, Florida 33760. The College must receive the proposal no later than 2:00 PM on Monday, February 22, 2016.

## SUMMARIZED SCHEDULE OF RFQ AND RELATED EVENTS

Below is a summarized schedule of RFQ events. Any changes will be issued in the form of a written amendment.

Time	Day/Date	Description
	Tuesday, February 9, 2016	RFQ issued to vendor(s)
10:00 AM	Thursday, February 11, 2016	Conference call (Skype) to ask questions of the SPC team about this project. Email <a href="mailto:yacso.lisa@spcollege.edu">yacso.lisa@spcollege.edu</a> to request invitation to the call by 5:00 PM on Wednesday, February 10, 2016.
2:00 PM	Friday, February 12, 2016	Final questions and/or requests for site visits submitted to Lisa Yacso Vanover at <a href="mailto:yacso.lisa@spcollege.edu">yacso.lisa@spcollege.edu</a> .
3:00 PM	Wednesday, February 17, 2016	Questions and answers sent to all respondents via email.
2:00 PM	Monday, February 22, 2016	Quotes due to: <b>Career Pathways St. Petersburg College 14025 58th Street N. Clearwater, FL 33760 Attn: Ms. Lisa Yacso Vanover, Coordinator of Career and Technical Education</b>

	February 23 - 26, 2016	Quotes reviewed, vendor selection
	Thursday, March 3, 2016	Notify intended vendor of contingent selection, subject to state approval of grant budget amendment
	By Tuesday, March 22, 2016	Purchase order issued
	By Monday, March 28, 2016	Vendor starts work
	By June 15, 2016	One Cert Phase 1 of OneCert must have been developed, tested, accepted by college, and in use by students by this date.
	Awarded vendor to be notified via email upon grant budget amendment approval, after which 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, if any, must be included within the labor line item as an “all-inclusive cost.” The total quote amount must be a **firm** price.

\*\*\* The rest of this page has been left blank intentionally \*\*\*

## 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 DATA SHEETS, 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\_ 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.

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	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) ▶	
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.

Social security number									
				-			-		

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

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 ▶
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### 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
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.