

**HARDEE COUNTY**  
**Board of County Commissioners**  
**OFFICE OF COMMUNITY DEVELOPMENT & GENERAL SERVICES**  
**Janet Gilliard, Director**  
**412 W. Orange Street, Room 201**  
**Wauchula, FL 33873**  
**Phone: 863-773-6349 \*\* Fax: 863-773-5801**

Re: Contractor Application

Dear Contractor Applicant:

Thank you for your interest in being placed on our bid list for the Hardee County Housing Rehabilitation Programs. Per your request, attached is our Application.

Along with your application, please submit a copy of the following:

- Business License
- Picture ID of license holder(s)
- Company Flyer/Brochure (if available)
- Liability and Worker's Compensation Insurance Certificate
- W-9 Form (Request for Taxpayer Identification Number and Certificate)
- Three (3) reference letters from local suppliers (dated within the past 12 months)
- Three (3) reference letters from individuals/agencies that you have performed work for (dated within the past 12 months)

Please return your completed application and required copies to the above address. We will notify you if additional information is necessary and/or upon our decision.

Once again, thank you for your interest in Hardee County.

Sincerely,

Janet Gilliard, Director  
Community Development & General Services

/jg

Attachments

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**CONTRACTOR APPLICATION**  
**HARDEE COUNTY HOUSING REHABILITATION PROGRAMS**

Date \_\_\_\_\_

1. BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

2. TAXPAYER IDENTIFICATION NUMBER \_\_\_\_\_ (ATTACH W-9 FORM)

3. TYPE OF ORGANIZATION: (Check one)

Individual ( ) Partnership ( ) Joint Venture ( ) Non-Profit Organization ( )  
Small Business Concern ( ) Corporation ( )

4. TYPE OF SERVICES PROVIDED: \_\_\_\_\_

5. NAMES OF OFFICERS, OWNERS, OR PARTNERS (must be completed as recorded with Department of State):

\_\_\_\_\_  
President Vice President

\_\_\_\_\_  
Secretary Treasurer

\_\_\_\_\_  
Owners /partners Owners /partners

6. How long in present business? \_\_\_\_\_

7. Firm is independently owned and operated? \_\_\_\_\_ An affiliate, subsidiary, or division of \_\_\_\_\_

8. Persons authorized to sign quotations, bids, contracts, and checks: \_\_\_\_\_

9. Minority business enterprise? \_\_\_\_\_ If so, check appropriate boxes and complete attached form:

Black  Hispanic  Asian-American  Am. Indian/Alaskan Native  Female  Other \_\_\_\_\_

I certify that the information supplied herein is correct and that neither the applicant nor any person having any connection with the applicant as a principal or officer is now debarred or otherwise declared ineligible by the State of Florida from bidding for furnished materials, supplies, or services to HARDEE COUNTY.

\_\_\_\_\_  
(Name and title of person signing)

\_\_\_\_\_  
(Name and title - Typed or printed)

NOTE: A submitted bid or "No Bid" will indicate your desire to remain on our list of active vendors and thus assures you of being placed on our mailing lists for the next bidding cycle. As part of our policy to reduce operating costs, please be advised that any vendor who does not respond to three (3) consecutive invitations to bid will be placed in our inactive files.

**AFFIDAVIT OF MINORITY BUSINESS ENTERPRISE**

I HEREBY DECLARE AND AFFIRM that I am the \_\_\_\_\_  
(Title)  
and duly authorized representative of \_\_\_\_\_  
(Name of firm)  
whose address is \_\_\_\_\_.

I HEREBY DECLARE AND AFFIRM that I am a minority business enterprise (MBE) as defined by the State of Florida, and that I will provide information requested by HARDEE COUNTY to document this fact.  
I DO SOLEMNLY DECLARE AND AFFIRM under the penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized on behalf of the above firm, to make this affidavit.

\_\_\_\_\_  
(Affiant)  
**Date:** \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned, personally appeared \_\_\_\_\_, known to me to be the person described in the foregoing affidavit and acknowledged that he/she executed the same in the capacity therein stated and for the purposes therein contained.

In witness thereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
(Notary Public)  
**My commission expires:** \_\_\_\_\_