

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY

If the respondent is submitting as a joint venture, please be advised that this form **MUST** be completed and the **REQUESTED** written joint-venture agreement **MUST** be attached and submitted with this form.

1. Name of joint venture: _____
2. Address of joint venture: _____
3. Phone number of joint venture: _____
4. Identify the firms which comprise the joint venture:

5. Describe the role of the MWBE / Labor Surplus Area(LSA) Firm (if applicable) in the joint venture:

6. Provide a copy of the joint venture's written contractual agreement.
7. What is the claimed percentage of ownership and identify any MWBE/LSA partners (if applicable)?

8. Ownership of joint venture: (This need not be filled in if described in the joint venture agreement provided by question 6.)
 - a. Profit and loss sharing:

 - b. Capital contributions, including equipment:

 - c. Other applicable ownership interests:

9. Control of and participation in this contract. Identify by name, race, sex, and "firm" those individuals (and their titles) who are responsible for day-to-day management and policy decision making, including, but not limited to, those with prime responsibility for:
 - a. Financial decisions:

 - b. Management decisions, such as:
 - (1) Estimating:

 - (2) Marketing and sales:

 - (3) Hiring and firing of management personnel:

 - (4) Purchasing of major items or supplies:

 - (5) Supervision of field operations:

NOTE: If, after filing this form and before the completion of the joint venture's work on the subject contract, there is any significant change in the information submitted, the joint venture must inform the County in writing.

JOINT VENTURE MUST BE PROPERLY REGISTERED WITH THE FLORIDA DIVISION OF CORPORATIONS BEFORE THE CONTRACT AWARD AND THE NAME OF THE JOINT VENTURE MUST BE THE SAME NAME USED IN THE SOLICITATION RESPONSE.

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AFFIDAVIT

"The undersigned swear or affirm that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operation of our joint venture and the intended participation by each joint venturer in the undertaking. Further, the undersigned covenant and agree to provide to the County current, complete and accurate information regarding actual joint venture work and the payment therefore and any proposed changes in any of the joint venture. Also, permit authorized representatives of the County to audit and examine records of the joint venture. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal or State laws concerning false statements."

Name of Firm: _____ Name of Firm: _____

Signature: _____ Signature: _____

Name: _____ Name: _____

Title: _____ Title: _____

Date: _____ Date: _____

STATE OF _____; COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this (date) _____, by _____ (signatory above).

(NOTARY SEAL)

(Signature of Notary Public)

(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification

Type of Identification Produced _____