

## 2.2.a. CONSULTANT OR SERVICE PROVIDER INFORMATION FORM

\_\_\_\_\_ Date

Type of consulting or service (check one or more):

General Planning Services

Facilitation

Graphic Design

Computer Technical Support

Management Training

Public Engagement

Other (specify) \_\_\_\_\_

Firm Name: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Number of years the firm has been in business: < 5 Years      5-10 Years      >10 Years

Does the firm have an office in Hillsborough County?      \_\_\_ YES      \_\_\_ NO

Is the firm certified as a minority business enterprise as defined by the Florida Small and Minority Business Assistance Act?      \_\_\_ YES      \_\_\_ NO

Has this firm done business with Hillsborough County government before?      \_\_\_ YES      \_\_\_ NO

If yes, what was the completion date of most recent engagement: \_\_\_\_\_

Has this firm done business with the Planning Commission before?      \_\_\_ YES      \_\_\_ NO

If yes, what was the completion date of most recent engagement: \_\_\_\_\_

Name/title of each member of the firm that will be engaged in contract work:

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

What is the hourly rate for the firm's services or if the services will be billed by the individuals that will be conducting the services what is the hourly rate for the members of the firm that will be engaged in the contract work? \_\_\_\_\_.

When can work begin once a contract is approved? \_\_\_\_\_.

## 2.2.a. CONSULTANT OR SERVICE PROVIDER INFORMATION FORM

Public Entity Crime Statement: As outlined in section 287.133, Florida Statutes, has the firm been barred or suspended from doing business with any governmental agencies as a result of a conviction for public entity crime? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Qualifications:

Is the firm authorized to perform its services in the state of Florida and Hillsborough County, Florida? \_\_\_\_\_  
\_\_\_\_\_.

What professional licenses are held by the firm and the individuals that will be performing the services? (Copies of the professional licenses must be provided) \_\_\_\_\_  
\_\_\_\_\_.

List the firm's experience and qualifications for the services to be performed. (Firms should provide resumes of key personnel, experience of the firm in completing similar projects, ability of the firm to complete the project on budget, ability of the firm to complete new projects based on current work load, and the location of personnel assigned to the project.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Does the firm have workers' compensation insurance (as required by law), general liability insurance, errors and omissions insurance, automobile insurance, or any other insurance policies insuring the firm? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

What are the policy limits of the firm's insurance coverage? (Copies of insurance certificates must be provided) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

May the Planning Commission be listed as an additional insured on the firm's insurance policies? \_\_\_\_\_  
\_\_\_\_\_.

Three (3) client references:

(1) Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2.2.a. CONSULTANT OR SERVICE PROVIDER INFORMATION FORM**

(2) Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(3) Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Printed Name and Title of Principal

**Copy of firm's completed W-9 Form must be attached.**

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*(To be completed by the Planning Commission.)*

I verified that the consultant or service provider is not barred or suspended from doing business with Hillsborough County government and is not listed on the State of Florida convicted or suspended vendor per the Florida Department of Management Services website convicted/suspended vendor list.

\_\_\_\_\_  
Contract Administrator Signature

\_\_\_\_\_  
Date