**PY’14-15**

**CHECKLIST FOR SUBMITTING OPERATIONAL DOCUMENTS**

**Agency Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete this checklist** and **submit** with the operational documents required by South Florida Workforce Investment Board (SFWIB).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **DOCUMENT** | | **SUBMITTED**  **(Yes/No)** | **COMMENTS** |
| **\*1.** | **Current Year State of Florida Corporate Registration Certificate**  **or**  **Current Year Permit/License Issued by Division of Licensing, Department of State, State of Florida** | |  | |  | |
| **2.** | **Names and Positions of Members of the Board of Directors** | |  | |  | |
| **3.** | **Organizational Responsibilities of Designated Staff, with Signatures** | |  | |  | |
| **4.** | **Corporate/Board Resolution or LLC Affidavit** | |  | |  | |
| **\*5.** | **Certification of Sound Fiscal Management. (Not applicable**, if the Contractor is required to have a fiscal audit.**)** | |  | |  | |
| **6.** | **W-9** **--** Request for Taxpayer Identification Number and Certification | |  | |  | |
| **7.** | **Personnel Policies and Procedures.** | |  | |  | |
| **8.** | **Proof of Required Insurances:** Commercial General Liability, Professional Liability, Automobile Liability, Worker’s Compensation Insurance; and Fidelity Bond Insurance. | |  | |  | |
| **\*\*Worker’s Unemployment Insurance (copy of two most recent RT-6 (formerlly UCT-6) reports** with proof of payments.**)** **\*\*To be submitted only if a contract is awarded.** | |  | |  | |
| **9.** | **Code of Business Ethics Affidavit** | |  | |  | |
| **10.** | **Assurances and Certifications**:  Certification Regarding Debarment, Suspension, and Other Matters  Certification Regarding Lobbying  Certification Regarding Drug-Free Workplace Requirements  Non-Discrimination and Equal Opportunity Assurances  Certification Regarding Public Entity Crimes  Sarbanes-Oxley Act of 2002  Association of Community Organization for Reform Now (ACORN) Funding Restrictions Assurance  Scrutinized Companies Lists Certification  Discriminatory Vendors Lists | |  | |  | |
| 11. | **Florida Clean Indoor Air Act** | |  | |  | |
| 12. | **Contractor Disclosure and Certification** | |  | |  | |
| **\*** | NOT APPLICABLE TO GOVERNMENTAL JURISDICTIONS **DO NOT WRITE BELOW THIS LINE** | | | | |
| I HAVE REVIEWED ALL REQUIRED OPERATIONAL DOCUMENTS AND FIND THEM TO BE ACCEPTABLE | | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SFWIB Contracts Compliance Supervisor, OCI  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SFWIB Assistant Director, Administration  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  SFWIB Contracts Administrator | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | |
| **FORM F-1** -- CHECK LIST FOR SUBMITTING OPERATIONAL DOCUMENTS | | | | | |