**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 MattersCertification Regarding LobbyingCertification Regarding Drug-Free Workplace RequirementsNon-Discrimination and Equal Opportunity AssurancesCertification Regarding Public Entity CrimesSarbanes-Oxley Act of 2002Association 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 |