

DISCLOSURE FORM

Answer the following questions by checking the "YES" or "NO" box.

Has your agency, any officer or employee, or anyone involved in the operation, management, direction or decision making of your agency, received a reprimand or a sanction or warning of any nature, or been suspended by the Florida Department of Professional and Business Regulation or any other Florida agency, the U.S. Government, or any professional association within the last five (5) years?

YES NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, been declared in default, terminated, or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, had filed against it, him, or her, or filed any requests for equitable adjustment, contract claims or litigation in the past five (5) years that is related to the service ur firm provides in the regular course ofbusiness?

YES NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, had filed against it, him, or her any liens (property liens, tax liens, mechanic's liens) for non-payment in the past five (5) years?

YES NO

I hereby certify that all statements made are true and accurate. I understand that any misstatement, misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this application. Should my agency receive funding and it is determined at a later date that this statement was misstated, misrepresented or contains falsification of facts, my agency understands and agrees that our Agreement with Seminole County is to be declared null, void, and terminated immediately, and that any and all funds spent shall be returned to the County.

FIRM

DATE

AUTHORIZED SIGNATURE

OFFICER TITLE

PRINTED OR TYPED NAME