

STATE OF FLORIDA, UNIVERSITY OF CENTRAL FLORIDA

GC FORM

Project Name: _____

Firm Name: _____

Firm Address: _____

Telephone Number: () _____ Email Address: _____

FED I.D. NO.: _____

FLA. Corporate Charter No.: _____

How many years has your firm been providing Roofing services? _____

FDPR License No: _____

Do you make the following acknowledgments/certifications? If so, sign on the line provided below and have your signature notarized.

- a. Regarding information furnished by the applicant herewith, and as may be provided subsequently (including information presented at interview, if a finalist):
 - i) All information of a factual nature is certified to be true and accurate.
 - ii) All statements of intent or proposed future action (including the assignment of personnel and the provision of services) are commitments that will be honored by the applicant if awarded the contract.

- b. It is acknowledged that:
 - i) If any information provided by the applicant is found to be, in the opinion of the Selection Committee or the University, substantially unreliable, this application may be rejected.
 - ii) The Selection Committee may reject all applicants and may stop the selection process at any time.
 - iii) The selection of finalists for interview will be made on the basis of information provided herein. The interviewed firms will be ranked based on their presentation, responses to the interview questions and the results of the reference checks.

iv) It is understood that this submittal must be uploaded to Bonfire no later than 500pm on _____. Submittals' received after 5:00pm local time will not be accepted. Facsimile (FAX), email, or late submittals are not acceptable and will not be considered.

c. The undersigned certifies that he/she is a principal or officer of the firm applying for consideration and is authorized to make the above acknowledgments and certifications for and on behalf of the applicant.

d. Failure to sign this form will result in loss of points (5 pts).

e. Is the applicant a joint venture? _____ Yes _____ No

If so, describe the division of responsibilities between the participating firms, the offices (location) that will be the primary participants, and the percent interest of each firm. Also, duplicate the signature block and have a principal or officer sign on behalf of each party to the joint venture. Attach a copy of your joint venture agreement to each copy of the submittal.

Sworn to and subscribed to me,

a Notary Public, this _____ day

of _____, _____.

_____(seal)

For and on behalf of the Applicant:

By: _____

(type name & title)