



Florida Department of Children and Families

Employment Screening Affidavit

CONTRACT NO.: LHZ91 DATED 6/29/2020

THE UNDERSIGNED VENDOR HEREBY ATTESTS IT IS IN COMPLIANCE WITH THE EMPLOYMENT SCREENING CLAUSE CONTAINED IN THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES STANDARD INTEGRATED CONTRACT. ALL REQUIRED STAFF HAVE BEEN SCREENED OR THE VENDOR IS AWAITING THE RESULTS OF SCREENING.

VENDOR NAME: Pinellas Board of County Commissioners
(Print Name)

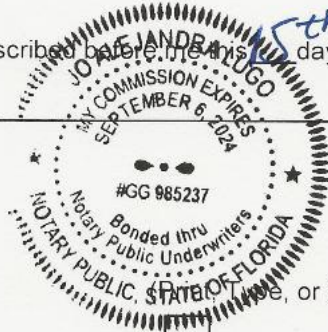
BY: Barry Burton DATE: September 15, 2021
SIGNATURE OF AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME/TITLE: Barry Burton, County Administrator
(Print Name/Title)

STATE OF Florida
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed to before me on 15th day Sept. of 2021, by

Barry Burton



Jose Alexandra Ruiz
Signature of Notary

[Check One] Personally Known OR Produced the following I.D. _____
(Print Name, or Stamp Commissioned Name of Notary Public)

VENDOR NAME _____ FEIN# _____
VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

CORPORATE SEAL (IF APPLICABLE)