




Florida Department of Children and Families

Employment Screening Affidavit

CONTRACT NO.: LHZ52 DATED _____

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 County
(Print Name)

BY:  DATE: April 22, 2020
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 before me this ___ day ___ of _____, by

Signature of Notary

(Print, Type, or Stamp Commissioned Name of Notary Public)

[Check One] Personally Known OR Produced the following I.D. _____

VENDOR NAME	<u>Pinellas County</u>	FEIN#	<u>596000800</u>
VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE			
<u>Barry Burton, County Administrator</u>			
ADDRESS: <u>c/o OMB, 14 S. Fort Harrison Ave.</u>			
CITY, STATE, ZIP: <u>Clearwater, FL 33756</u>			
PHONE NUMBER: <u>727-453-3457</u>			
EMAIL ADDRESS: <u>GrantsCOE@pinellascounty.org</u>			

CORPORATE SEAL (IF APPLICABLE)