



Florida Department of Children and Families

Employment Screening Affidavit

CONTRACT NO.: LHZ52 DATED March 27, 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.

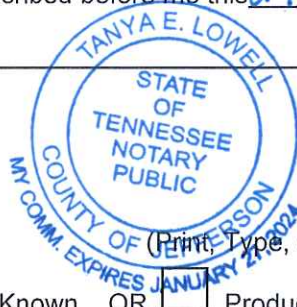
VENDOR NAME: WestCare Gulf Coast - Florida, Inc. a FL 501c3 not-for-profit corporation
(Print Name)

BY: [Signature] DATE: 27 Mar 2020
SIGNATURE OF AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME/TITLE: Craig Knierim, Deputy COO, Pursuant to WCGC 2020-01
(Print Name/Title)

STATE OF Tennessee
COUNTY OF Jefferson

Sworn to (or affirmed) and subscribed before me this 27 day March of 2020, by



[Signature]
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>WestCare Gulf Coast - Florida, Inc.</u>	FEIN#	<u>59-3714627</u>
VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE			
<u>Craig Knierim, Deputy COO</u>			
ADDRESS: <u>8800 49th Street North, Suite 402</u>			
CITY, STATE, ZIP: <u>Pinellas Park, FL 33782</u>			
PHONE NUMBER: <u>727-490-6768</u>			
EMAIL ADDRESS: <u>craig.knierim@westcare.com</u>			

CORPORATE SEAL (IF APPLICABLE)