



**Florida Department of Children and Families**

**Employment Screening Affidavit**

CONTRACT NO.: LH834; LHZ91 DATED 03/10/22; 06/29/20

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 Board of County Commissioners  
(Print Name)

BY: Joe Lauro DATE: 7/27/2023  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME/TITLE: Joe Lauro, Director of Administrative Services  
(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 Board of County Commissioners</u>	FEIN#	<u>59-6000800</u>
VENDOR'S AUTHORIZED REPRESENTATIVE NAME AND TITLE			
<u>Joe Lauro, Director of Adminstrative Services</u>			
ADDRESS: <u>c/o Office of Management and Budget 400 S. Ft. Harrison Ave - 3rd FL</u>			
CITY, STATE, ZIP: <u>Clearwater, FL 33756</u>			
PHONE NUMBER: <u>727-464-3901</u>			
EMAIL ADDRESS: <u>grants@pinellas.gov</u>			

CORPORATE SEAL (IF APPLICABLE)