



Florida Department of Children and Families

Employment Screening Affidavit

CONTRACT NO.: LHZA52 DATED 1/30/17

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: Mark S. Woodard DATE: 4/3/18

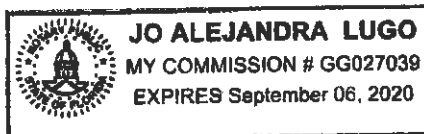
SIGNATURE OF AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME/TITLE: Mark S. Woodard, County Administrator
(Print Name/Title)

STATE OF Florida
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me this 3rd day April of 2018, by

Mark S. Woodard



Jo Alejandra Lugo
Signature of Notary

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

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

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

CORPORATE SEAL (IF APPLICABLE)

[Signature]