ATTACHMENT A Local Preference Criteria for Vendors Policy DJGB

To support the Board's commitment to engage local businesses for procurement of construction and related professional services within the OCPS district. This policy provides a local preference to certain Vendors with established offices located in the SMSA for a minimum of five (5) years when evaluating the most qualified Vendor for the acquisition of construction and related professional services consistent with the CCNA.

The Board desires that funds generated in the community be placed back into the local economy as is practicable. Therefore, the Board has determined it is in its best interest to give a preference to Vendors with a local presence located in the SMSA relative to procurement of construction and related professional services within the OCPS district.

WRITTEN STATEMENT REQUESTING LOCAL BUSINESS STATUS

year	policy provides a local preference to certain Vendors when evaluating the most qualified Vendor for the the CCNA.			
Pref this	, am an authorisehalf of the business request that it be deemed to be before policy. Answering yes to questions 1, 2, and request I certify the following information as being tr	d 3 listed below wil		
Firn	n Name(s):			
1.	Does your firm have an established office in one of the following Florida counties: Orange, Seminole, Lake, or Osceola?	□YES □NO	Address:	
2.	Does your firm have an established office in one of the following Florida counties: Orange, Seminole, Lake, or Osceola and has been in operation for more than five (5) years prior to RFQ submittal date?	□YES □NO	Number of years office has been established in SMSA:	
3.	Does your firm have an established office in one of the following Florida counties: Orange, Seminole, Lake, and Osceola which is capable of providing all required services for this project?	□YES □NO	List the number employees assigned to this office. Please state their titles and status (full time or part time)* No.:1	_
*no	te: If needed please use a separate sheet.			_
proc	derstand that misrepresentation of any facts in connecess and subject for suspension or debarment. I also a sing should it cease to qualify as a local vendor.			
Signature: Title:			Date:	
Address:City/State:		Zip:		
Phone: Email:		County:		
Sub	scribed and sworn to thisday of	, 20bef	ore the undersigned Notary Public	

NOTARY PUBLIC, STATE OF FLORIDA