INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY

If the proposer is submitting as a joint venture, please be advised that this form MUST be completed and the **REQUESTED** written joint-venture agreement **MUST** be attached and submitted with this form.

HOWEVER, IF THE PROPOSER IS NOT A JOINT VENTURE, CHECK THE FOLLOWING BLOCK: () NOT APPLICABLE

1.	Name of joint venture:
2.	Address of joint venture:
3.	Phone number of joint venture:
4.	Identify the firms which comprise the joint venture:
5.	5. Provide a copy of the formal written and executed Joint Venture agreement.
	What is the claimed percentage of ownership and identify any LSA partners (if cable)?

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY – PAGE 2

7.		rship of joint venture: (This need not be filled in if described in the joint venture ment provided by question 6.)				
	(a)	Profit and loss sharing:				
	(b)	Capital contributions, including equipment:				
	(c)	Other applicable ownership interests:				
8.	Control of and participation in this contract. Identify by name, and "firm" those individuals (and their titles) who are responsible for day-to-day management and podecision making, including, but not limited to, those with prime responsibility for:					
	(a)	Financial decisions:				
	(b)	Management decisions, such as:				
		(1) Estimating:				
		(2) Marketing and sales:				
		(3) Hiring and firing of management personnel:				

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY – PAGE 3

		(4) Purchasing of major items or supplies:	
	(c)	Supervision of field operations:	
NOTE:	subject c	filing this form and before the completion of the joint venture's work on the contract, there is any significant change in the information submitted, the joint ust inform the County in writing.	
b	oint ventur efore the c	re must be properly registered with the Florida Division of Corporation ontract award and the name of the Joint Venture must be the same in the Bid Response.	18
		<u>AFFIDAVIT</u>	
informati intended and agree joint vent Also, per venture.	on necessal participation to provide to provide ture work armit author. Any mater	wear or affirm that the foregoing statements are correct and include all mater ry to identify and explain the terms and operation of our joint venture and to by each joint venturer in the undertaking. Further, the undersigned coverage to the County current, complete and accurate information regarding actual the payment therefore and any proposed changes in any of the joint venturized representatives of the County to audit and examine records of the joint in misrepresentation will be grounds for terminating any contract which minitiating action under Federal or State laws concerning false statements."	the ant ant al re. int
Name of	Firm:	Name of Firm:	
Signature): 	Signature:	
Name: _		Name:	
Title:		Title:	
Datas		Data	

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY – PAGE 4

Date State of County of
On this day of, 20, before me appeared (name of the control of the
the foregoing affidavit, and did state that he or she was properly authorized by (name of firm to execute the affidavit and did so as h
or her free act and deed.
Notary Public
Commission Expires
(Seal)
Date
State of
County of
On this day of, 20, before me appeared (name), to me personally known, who being duly sworn, did execute the foregoing affidavit, as
did state that he or she was properly authorized by (name of first to execute the affidavit and did so as h
or her free act and deed.
Notary Public
Commission Expires
(Seal)