Attachment B

Affidavit of Service Provider Standards

Agency Name	Phone
Address	
City, State, Zip Code	
Name of authorized Agent/Affiant for this form	Title of Agent/Affiant

As an authorized agent and affiant for the agency listed above, I do hereby swear that the following five statements about the agency listed above are factual and true:

The agency listed above…	
☐ is	☐ is not
A Florida based Business;	
☐ is	☐ is not
barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity within the last 5 years;	
☐ is	☐ is not
under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on their ability to provide services to vulnerable populations, including, but not limited to, abused or neglected children, or which adversely reflects their ability to properly handle public funds;	
☐is	☐is not
currently involved, or has been involved within the last 5 years, with any litigation, regardless of whether as a plaintiff or defendant, which might pose a conflict of interest to the department, the state or its subdivisions, or a federal entity providing funds to the department;	
☐has	☐has not
had a contract terminated by the department for a failure to satisfactorily perform or for cause; or	
☐has	☐has not
failed to implement a corrective action plan approved by the department or any other governmental entity, after having received due notice.	

_____ _____

Affiant's Signature Title

State of Florida, County of _____.

Personally appeared before me, the undersigned authority, _____, who is personally known to me or who has produced _____ identification, and who, after first being sworn by me, affixed his/her signature in the space provided above on this ____ day of _____, 20____.

_____ _____ _____ _____

Signature of Notary Public Name of Notary Public Title or Rank Serial Number (if any)

My Commission Expires: ___/___/_____ Seal: