

Instructions: “Vendor(s)”, defined as person or entity seeking to engage in business with the Tohopekaliga Water Authority (“Toho”), must use this form to certify that they will take the requisite “affirmative steps” as discussed below. The terms “Contract” and “Agreement” may be interchangeably used.

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| Vendor Name (as on Sunbiz.org): | |
| Solicitation/Contract Number: | |

Drug-Free Workplace Compliance Form

Contractor shall comply with all provisions of the Drug-Free Work Place Act of 1988, 41 U.S.C. §8101 et seq., as amended. The Contractor shall commit to comply with this requirement by completing this form and submitting it with its Bid. In order to have a drug-free workplace program, Contractor certifies that it will:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business’s policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than 5 days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee’s community by, any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of the Project.

Vendor’s Initials: _____

EXECUTION OF ABOVE CERTIFICATION

The undersigned hereby represents that they: make the above certification based upon personal knowledge; are over the age of 18 years and otherwise competent to make the above certification; and are authorized to legally bind and make the above certification on behalf of the Vendor.

Under penalties of perjury, the undersigned declares that they have read and understand the contents of the foregoing form. Pursuant to the authority granted to the undersigned by Vendor, the undersigned hereby acknowledges, affirms, and makes the certification provided above on behalf of Vendor.

By: _____
Authorized Representative on behalf of Vendor
Printed Name: _____
Official Title: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____, as _____ of _____, a _____ authorized to do business in the State of Florida on behalf of the company/corporation. They are personally known to me or have produced _____ as identification.

(Seal)

Signature of Notary Public

Name of Notary Typed, Printed or Stamped