

APPRENTICESHIP OR EXTERNSHIP AFFIDAVIT

RESPONDENT: _____

SOLICITATION NUMBER: _____ **DATE:** _____

PROJECT TITLE: _____

Respondent is seeking award under the solicitation identified above. Respondent avers that the following statement is true (check one):

- Respondent or its subcontractors or subconsultants participate or will participate in an apprenticeship program that is registered with the Florida Department of Education or the United States Department of Labor; or
- Respondent or its subcontractors or subconsultants participate or will participate in an externship program offered by an educational institution or workforce development intermediary; or
- Respondent avers that at the time the Respondent executes a construction contract, Respondent or its subcontractors or subconsultants will be participating in an apprenticeship program that is approved by the Florida Department of Education or the United States Department of Labor.

PROGRAM: _____

SPONSORING AGENCY, EDUCATIONAL INSTITUTION, OR WORKFORCE DEVELOPMENT INTERMEDIARY: _____

Respondent is responsible for attaching to this Affidavit evidence of relationship or correspondence with the program identified above.

Respondent avers that it will not require a subcontractor or subconsultant that is an MBE or WBE firm to participate in the program identified above if the compensation Respondent is contractually obligated to pay the firm for labor costs is under \$1,000,000.

Respondent further avers that, if awarded, Respondent will prepare and submit, on a quarterly basis for the duration of the contract, accurate and timely records identifying the name, address, trade classification, whether the worker is an apprentice or extern, the labor hours of all workers used by the prime and each subcontractor or subconsultant on the construction project, and the cumulative number of hours worked on the project to date by apprentices.

Respondent further affirms that, if the apprentice or extern is participating in an apprenticeship or externship program offered by a qualified workforce development intermediary or educational institution, quarterly documentation must include documentation required by the workforce development intermediary or educational institution. If subcontractors or subconsultants are participating, Respondent will require that each of its subcontractors or subconsultants prepare and maintain, for submittal by Respondent to the MWSBE Division, accurate and timely records identifying the name, address, trade classification, and labor hours for apprentices and externs used by the subcontractors or subconsultants on the project.

If Respondent's subcontractors or subconsultants will participate in the program identified above, please list the subcontractor or subconsultant firm and agent responsible for providing Respondent with supporting documentation. If additional space is needed, additional sheets may be attached.

FIRM	AGENT	TITLE	CONTACT INFORMATION

Respondent understands that failure to comply with the requirements of the MWSBE Policy may subject the Respondent to all remedies available to the City, County, or Blueprint at law, including but not limited to debarment or suspension of Respondent from consideration for the award of future contracts.

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK
SIGNATURE PAGE FOLLOWS**

The undersigned affirms that the foregoing statements are correct. Further, the undersigned covenant and agree to provide to the MWSBE Division with current, complete, and accurate information regarding participation in the Apprenticeship or Externship program identified herein as required throughout the project.

Respondent

Subcontractor or Subconsultant

Signature of Affiant

Signature of Affiant

Name and Title of Affiant

Name and Title of Affiant

Date

Date

Subcontractor or Subconsultant

Signature of Affiant

Name and Title of Affiant

Date

STATE OF FLORIDA
COUNTY OF

THE FOREGOING affidavit was acknowledged before me by means of physical presence or online notarization this _____ day of _____, by _____ and _____ who are known to me to be the persons described in the foregoing Affidavit or who have produced _____ as identification.

Affix Seal

(Type/print or stamp name under signature)
Title or rank (Serial No., if any)