

BACK UP

Purchase Order

Dispatch via Print

City of Tallahassee
300 S. Adams Street
Tallahassee FL 32301
United States

Vendor: 0001020795
Big Production, The
502 N. Adams St
Tallahassee FL 32301

Purchase Order COTLH-0001041033	Date 03/22/2012	Revision	Page 1
Payment Terms Net 30	Freight Terms FOB Destination	Ship Via Best Avail	
Buyer Addison, Vida	Phone	Currency USD	

Ship To: 300 South Adams Street
Tallahassee FL 32301
United States

Bill To: Accounts Payable
300 S. Adams Street, 3rd Floor
Tallahassee FL 32301
United States

Tax Exempt? Y Tax Exempt ID: 858012621695C Replenishment Option: Standard

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
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1- 1	TAPP public service announcements.		27,000.00	EA	1.0000	27,000.00	09/28/2012
Schedule Total						<u>27,000.00</u>	
Item Total						<u>27,000.00</u>	
Total PO Amount						<u>27,000.00</u>	

MAILED
3/28/12

Authorized Signature

Cathy L. Davis



Coding is

506-100782-

520101-

521180

1/25/2012

PROCUREMENT SERVICES/DMA
THIRD (3RD) FLOOR, CITY HALL
300 SOUTH ADAMS STREET (MAIL BOX A-28)
TALLAHASSEE, FLORIDA 32301-1731

Thank you for the opportunity for Big Production to participate in the TAPP selection process. We believe our extensive experience and unique knowledge of The TAPP Campaign make Big Production a worthy consideration.

We have provided a DVD with four public service announcements. These represent the last four we have produced, but only a small sample of our work with TAPP. We have produced eight other award winning TV PSA's which have proven to be the foundation of the successful TAPP Campaign over the last 10 years. Even more important has been our close work with city staff to help achieve the city's stated goals and objectives regarding TAPP.

The awards garnered for the four TV PSA's we have provided include 2 EMMY Awards, 2009 and 2011, which represents the highest award given for a TV PSA. In total all our TAPP PSA's have won 10 ADDY Awards recognizing the best public service announcements in our region.

Even more significant was winning in 2011 The Florida Public Relations Association state wide Golden Image Award, given to the campaign judged to be the best in Florida not only by design, but by results. While it is nice to be recognized for creativity, it is even more significant to be recognized because your campaign actually made a difference. Our city surveys showed the campaign resulted in a 27% change in behavior. To the best of our knowledge that may represent the highest percentage number ever achieved by a public service campaign in the State of Florida.

Our Price for producing and distributing a new: 30 TV PSA is; \$27,000.00
Our In-Kind contribution to the campaign which includes consulting with the TAPP management team at the city to help message and design the production is; \$90,000.00

www.thebigproduction.com

Post Office Box 10768 • Tallahassee, Florida 32302

850-222-1692 • Fax: 850-222-1249





Our three References are:

Commissioner Nancy Miller
City Hall
300 South Adams Street
Tallahassee, FL 32301
850-891-0000
Nancy.Miller@talgov.com

Kris Knab
Legal Services of North Florida
2119 Delta Blvd.
Tallahassee, FL 32303
850-385-9007 ext. 1007
kris@lsnf.org

Ken Armstrong
United Way of the Big Bend
300 East 7th Avenue
Tallahassee, FL 32303
850-414-0853
ken@uwbb.org

Again, thank you for the opportunity to submit for this important campaign.

Gary Yordon

A handwritten signature in black ink, appearing to read 'G. Yordon', written over a white background.

The Big Production

www.thebigproduction.com

Post Office Box 10768 • Tallahassee, Florida 32302

850-222-1692 • Fax: 850-222-1249



NOTICES/INSTRUCTIONS TO OFFERORS

(Fill in required information and submit this page with price sheets)

Bidder Name: THE BIG PRODUCTION, INC.

1. **PRICES MUST BE ENTERED ON FORMS PROVIDED**

2. **REQUIRED FORMS (TYPED OR PRINTED LEGIBLY) MAY BE SUBMITTED VIA EMAIL, FAX, MAIL, OR HANDCARRIED. HOWEVER –**

- EMAIL TRANSMITTALS: All sheets submitted in response to this IFQ MUST be submitted in Adobe (PDF) format. Do NOT submit Microsoft Word documents.
- DISCLAIMER: the City of Tallahassee will not be responsible for any failure attributable to the transmission or receipt of the emailed or faxed document at the City office specified on this form.

3. **WRITTEN QUOTES MUST BE RECEIVED NOT LATER THAN (CLOSING DATE) THE FOLLOWING DATE/TIME TO THE ADDRESS SPECIFIED ON COVER PAGE. LATE QUOTES WILL NOT BE CONSIDERED FOR AWARD.**

January 26, 2012, 5:00 PM (TALLAHASSEE TIME)

4. **UNLESS SPECIFIED ELSEWHERE, ALL PRICES SHALL BE:**

- A. FIRM-FIXED PRICE (NOT SUBJECT TO ANY ESCALATIONS)
- B. FOB DESTINATION, FREIGHT PREPAID TO:

City of Tallahassee
TALLAHASSEE, FL
(DELIVERY HOURS: 7:00 AM TO 5:00 PM)

(Seller pays and bears freight charges; seller owns goods in transit; seller files claims)

- C. FIRM FOR A MINIMUM OF NINETY (90) CALENDAR DAYS AFTER CLOSING DATE, UNLESS OFFEROR ALLOWS A LONGER PERIOD. **OFFEROR'S LONGER PERIOD: _____ DAYS.**

5. **OFFEROR IS CERTIFIED MINORITY BUSINESS ENTERPRISE (MBE) WITH THE CITY OF TALLAHASSEE, FL OR LEON COUNTY, FL: NO ___ YES (ATTACH RECERTIFICATION CERTIFICATE/ LETTER FROM THE APPROPRAITE MBE OFFICE). HAS BEEN SUBMITTED**

6. **CHARITABLE CONTRIBUTION PREFERENCE (SEE ATTACHMENT B AND C).**

7. **TAXPAYER IDENTIFICATION: OFFEROR MUST COMPLETE AN INTERNAL REVENUE SERVICE FORM W-9 AND SUBMIT IT WITH THE QUOTES. THE FORM MAY BE DOWNLOADED FROM THE IRS WEB SITE AT WWW.IRS.GOV.**

8. **PURCHASE ORDER TERMS AND CONDITIONS (SEE ATTACHMENT D)**

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <i>The Big Production, INC</i>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <i>PO Box 10768</i>		Requester's name and address (optional)
City, state, and ZIP code <i>Tallahassee, FL 32302</i>		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> </tr> </table>												
Employer identification number												
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6	5	-	1	2	5	0	2	9	4			

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶ <i>1/26/12</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



THE BIG PRODUCTION
PAIGE CARTER-SMITH
PO BOX 10768
TALLAHASSEE FL 323020768

Account Number: 64877

The Business Tax Certificate for tax year 2012 is attached below.

This certificate expires September 30th, 2012.

Please detach and display in a prominent place at the business location.

To cancel a business account with the City of Tallahassee, please return this certificate with a letter identifying the final day of business.

To transfer ownership or location, please follow the instructions on the reverse side of the tax certificate.

Each April the "Declaration of Information Form" is mailed to all non-professional, commercial locations. This Declaration must be completed and returned prior to June 15th. Failure to accurately complete the Declaration of Information can result in a 25% tax increase.

For information concerning the Business Tax, please visit Talgov.com or call the Revenue Division at (850) 891-6488.

Thank you for your Payment

2011-12

CITY OF TALLAHASSEE BUSINESS TAX CERTIFICATE
LOCAL BUSINESS TAX RECEIPT

2011-12

TAX CERTIFICATE EXPIRES SEPTEMBER 30, 2012

DBA: THE BIG PRODUCTION

Account Number: 64877

Location: 502 N ADAMS ST

Address: TALLAHASSEE FL 32301

Type Code	Sub Code	Type Description:
850	h	Service - Miscellaneous

THE BIG PRODUCTION
PAIGE CARTER-SMITH

The firm, corporation, organization, business or individual whose name appears herein has paid a business tax for the business activities indicated above, subject to city, state and federal laws. This certificate must be conspicuously displayed at the location of the business activity. A change of location from the stated business location on this certificate as well as a change in ownership requires a transfer. (See reverse side.)



ATTACHMENT A Local Business Certification Application

COMPANY INFORMATION

Company Name: THE BIG PRODUCTION, INC
 Primary Place of Business: PO BOX 10768
 City/State: Tallahassee, FL
 Number of Full Time employees: 0
 Owner/Contact Name/Phone: Paige Carter-Smith
 Email: christy@govinc.net
 Web Address: N/A

Product/ Service: EVENT + VIDEO PRODUCTION
 ZIP: 32302
 Number of Part Time employees: 0
 FEID #: 65-1250294

(*If a Sole Proprietorship, use Social Security number of owner)

BUSINESS TYPE (CIRCLE ONE)

S - Sole Proprietorship C - Corporation/LLC/Partnership J - Joint Venture*

*A certified Joint Venture Agreement, signed by all parties must be submitted with the appropriate Procurement documents along with this application at the time of bidding.

LBE/ELBE REQUIREMENTS

THE BUSINESS MUST MEET THE FOLLOWING:

A person, firm, corporation, or other business entity which duly licensed and authorized to engage in the particular business at issue, and which has maintained a permanent place of business with full-time employees within Leon, Wakulla, Gadsden, or Jefferson County, Florida for a minimum of six (6) months prior to the date the local business application is submitted.

Has a fixed office, distribution point or warehouse (stocked with inventory or equipment) with a street address with Leon, Gadsden, Jefferson or Wakulla County, at which location the business conducts, on a regular basis, all of the services and activities performed in carrying out the functions and operation of the certified business.

Note: Certification does not guarantee award of preference points or an award of a contract.

AFFIDAVIT

The undersigned owner/principal identified in this document declares and swears under penalty of law that the statements made in the application are true, correct and complete. The undersigned also acknowledges that falsifying or misrepresenting any information or document furnished to the City of Tallahassee may result in the revocation or denial of Local Business Certification status, it may also result in the barring the business from performing any contracting or Procurement business with the City of Tallahassee. By submitting this application the above named firm hereby agrees to furnish all documents and other information that at any time may be requested by the City of Tallahassee in order to review, investigate or confirm the local business status of the firm.

Signature of Authorized Representative/ Owner: _____

Print Name: Paige Carter-Smith

Date: 1/26/12

PLEASE SUBMIT APPLICATION WITH ALL SUPPORTING DOCUMENTS TO:

City of Tallahassee Procurement Services / Vendor Certification Program
300 S. Adams Street
Tallahassee, FL 32301-1731
or by facsimile to (850)891-8796

For more information call (850) 891-8280

(Revised December 6, 2011)

MEMORY TRANSMISSION REPORT

TIME : 01-26-12 16:32
FAX NO.1 :
NAME :

FILE NO. : 246
DATE : 01.26 16:32
TO : 8918796
DOCUMENT PAGES : 1
START TIME : 01.26 16:32
END TIME : 01.26 16:32
PAGES SENT : 1
STATUS : OK

*** SUCCESSFUL TX NOTICE ***



ATTACHMENT A
Local Business Certification Application

COMPANY INFORMATION

Company Name: THE BIG PRODUCTION, INC
Primary Place of Business: PO BOX 10768
City/State: Tallahassee, FL
Number of Full Time employees: 0
Owner/Contact Name/Phone: Paige Carter-Smith
Email: christy@govinc.net
Web Address: N/A
Product/Service: EVENT + VIDEO PRODUCTION
ZIP: 32302
Number of Part Time employees: 0
FEID #: 65-1250294

BUSINESS TYPE (CIRCLE ONE)

- Sole Proprietorship - Corporation/LLC/Partnership - Joint Venture*

*A certified Joint Venture Agreement, signed by all parties must be submitted with the appropriate Procurement documents along with this application at the time of bidding.

ELDE/ELBE REQUIREMENTS
THE BUSINESS MUST MEET THE FOLLOWING:

A person, firm, corporation, or other business entity which duly licensed and authorized to engage in the particular business at issue, and which has maintained a permanent place of business with full-time employees within Leon, Wakulla, Gadsden, or Jefferson County, Florida for a minimum of six (6) months prior to the date the local business application is submitted.

Has a fixed office, distribution point or warehouse (stocked with inventory or equipment) with a street address with Leon, Gadsden, Jefferson or Wakulla County, at which location the business conducts, on a regular basis, all of the services and activities performed in carrying out the functions and operation of the certified business.

Note: Certification does not guarantee award of preference points or an award of a contract.

AFFIDAVIT

The undersigned owner/principal identified in this document declares and swears under penalty of law that the statements made in the application are true, correct and complete. The undersigned also acknowledges that falsifying or misrepresenting any information or document furnished to the City of Tallahassee may result in the revocation or denial of Local Business Certification status, it may also result in the barring the business from performing any contracting or Procurement business with the City of Tallahassee. By submitting this application the above named firm hereby agrees to furnish all documents and other information that at any time may be requested by the City of Tallahassee in order to review, investigate or confirm the local business status of the firm.

Signature of Authorized Representative/ Owner:
Print Name: Paige Carter-Smith Date: 1/26/12

PLEASE SUBMIT APPLICATION WITH ALL SUPPORTING DOCUMENTS TO:
City of Tallahassee Procurement Services / Vendor Certification Program
300 S. Adams Street
Tallahassee, FL 32301-1731
or by facsimile to (850)891-8796

For more information call (850) 891-8280

(Revised December 6, 2011)

Addison, Vida

From: Becknell, Joanne
Sent: Monday, March 19, 2012 3:19 PM
To: Addison, Vida
Subject: FW: PO request
Attachments: Yorden Proposal.pdf

From: Rubin, Karen
Sent: Monday, March 19, 2012 11:48 AM
To: Morgan, Dana
Cc: Becknell, Joanne
Subject: PO request

This vendor has been approved by the City Manager and Joanne asked that I make a PO request to you.

Attached are the relevant documents – hopefully all there & in order.

Karen Rubin

Karen A. Rubin, PhD
City of Tallahassee
Environmental Policy and Energy Resources
TAPP Program Coordinator
(850) 891.8754
Karen.Rubin@talgov.com
www.TAPPWater.org

Think About Personal Pollution . . .



Mike Vasilinda Productions, Inc.

310 N. Monroe St.
Tallahassee, FL 32302

January 25, 2012

To Whom It May Concern:

Mike Vasilinda Productions is excited at the opportunity to bid on this project. MVP has been an integral part of producing TAPP spots in years past and believes strongly in this campaign.

MVP has worked on a number of environmental commercials and videos. A few that we are most proud of are:

Loxahatchee Reservoir Video - <http://www.mvptv.tv/videos.html>

and

Commuter Services of North Florida spots - <http://www.mvptv.tv/videos.html>

We have been the recipient of dozens of state regional and local Addy awards, many Communicator award and the Walter Cronkite award.

Here are a few of our clients as references:

Mary Dekle – Legal Services of North Florida

Mary@lsnf.org

Mary Krier – Flowers Foods

mkrier@flowersfoods.com

Sandy Calhoun – Learn Something

scalhoun@learnsomething.com

If selected to produce this TAPP spot, MVP would provide \$6,000 worth of in-kind services. This would be provided by airing the produced TAPP spot on Facing Florida with Mike Vasilinda 12 times during the TAPP TV campaign. Facing Florida airs in seven markets across the state of Florida.

Thank you!

**INVITATION FOR QUOTES****NUMBER: 0045-12-VA-QC**
IFQ DATE: January 19, 2012**SUBMIT/DELIVER QUOTES TO:****ATTENTION TO:****PROCUREMENT SERVICES/DMA**
THIRD (3RD) FLOOR, CITY HALL
300 SOUTH ADAMS STREET (MAIL BOX A-28)
TALLAHASSEE, FLORIDA 32301-1731**NAME: Vida Addison**
PHONE: 850-891- 8289 (OR TDD 771)
FAX: 850-891- 0967
EMAIL: vida.addison@talgov.com**NOTICE/INSTRUCTION TO OFFERER****READ AND ENTER REQUIRED INFORMATION ON ATTACHED SHEETS/
FORMS AND SUBMIT WITH QUOTES.****QUOTES**

City Stock Number	Quantity	UOM	Item Description	Mfg. And Catalog No.	Unit Price	Delivery Days After Receipt of Order
	1	JB	TAPP Program monitoring of the success of the program. See attached specifications.		\$6,000	30

NOTE: THE CITY OF TALLAHASSEE (CITY) RESERVES THE RIGHT TO MAKE AWARDS TO ONE OR MORE BIDDERS (OFFERORS) FOR THE ITEMS OR COMBINATIONS OF ITEMS BASED ON ADVANTAGES AND DISADVANTAGES TO THE CITY THAT MIGHT RESULT FROM MAKING MORE THAN ONE AWARD (SPLIT AWARDS).**OFFEROR'S INFORMATION (Please Print Legibly)**Company Name: Mike Vasilinda Productions
Mailing Address: P.O. Box 10004
City, St, Zip: Tallahassee, FL 32303
Tax ID Number (See next page "Notices, Note 7")Contact Name: Rachel Nicholson
Phone:(850) 224-5420
Fax: (850) 224-8378
Email: Rnicholson@mvptv.tv
Website URL: www.mvptv.tv

NOTICES/INSTRUCTIONS TO OFFERORS

(Fill in required information and submit this page with price sheets)

Bidder Name: Mike Vasilinda Productions

1. **PRICES MUST BE ENTERED ON FORMS PROVIDED**
2. **REQUIRED FORMS (TYPED OR PRINTED LEGIBLY) MAY BE SUBMITTED VIA EMAIL, FAX, MAIL, OR HANDCARRIED. HOWEVER –**
 - **EMAIL TRANSMITTALS:** All sheets submitted in response to this IFQ **MUST** be submitted in Adobe (PDF) format. Do NOT submit Microsoft Word documents.
 - **DISCLAIMER:** the City of Tallahassee will not be responsible for any failure attributable to the transmission or receipt of the emailed or faxed document at the City office specified on this form.
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January 26, 2012 ~~5:00 PM~~ (TALLAHASSEE TIME)
4. **UNLESS SPECIFIED ELSEWHERE, ALL PRICES SHALL BE:**
 - A. **FIRM-FIXED PRICE (NOT SUBJECT TO ANY ESCALATIONS)**
 - B. **FOB DESTINATION, FREIGHT PREPAID TO:**

City of Tallahassee
TALLAHASSEE, FL
(DELIVERY HOURS: 7:00 AM TO 5:00 PM)

(Seller pays and bears freight charges; seller owns goods in transit; seller files claims)
 - C. **FIRM FOR A MINIMUM OF NINETY (90) CALENDAR DAYS AFTER CLOSING DATE, UNLESS OFFEROR ALLOWS A LONGER PERIOD. OFFEROR'S LONGER PERIOD: _____ DAYS.**
5. **OFFEROR IS CERTIFIED MINORITY BUSINESS ENTERPRISE (MBE) WITH THE CITY OF TALLAHASSEE, FL OR LEON COUNTY, FL: NO X YES ____ (ATTACH CERTIFICATE/ LETTER FROM THE APPROPRAITE MBE OFFICE).**
6. **CHARITABLE CONTRIBUTION PREFERENCE (SEE ATTACHMENT B AND C).**
7. **TAXPAYER IDENTIFICATION: OFFEROR MUST COMPLETE AN INTERNAL REVENUE SERVICE FORM W-9 AND SUBMIT IT WITH THE QUOTES. THE FORM MAY BE DOWNLOADED FROM THE IRS WEB SITE AT WWW.IRS.GOV.**
8. **PURCHASE ORDER TERMS AND CONDITIONS (SEE ATTACHMENT D)**

9. DIRECT ALL INQUIRIES TO THE PERSON SPECIFIED IN THE "ATTENTION TO" BLOCK ABOVE.

10. LOCAL BUSINESS INCENTIVE PROGRAM

The City has established a Local Business Incentive Program. To qualify, your firm must have maintained a permanent place of business with one or more full-time employees within Leon, Wakulla, Gadsden, or Jefferson County, Florida for a minimum of six (6) months prior to the date responses are received for this solicitation. To be eligible your firm must complete, sign, and submit attached Local Business Certification Application (Attachment A). If already certified as a Local Business, submit copy of your certification with your response.

Qualifications	Preference
Certified Firms located within Leon County	20 %
Certified Firms located in Gadsden, Wakulla or Jefferson Counties and are utility customers of the City	20 %
Certified Firms located in Gadsden, Wakulla or Jefferson Counties and are not utility customers of the City	10 %
Firms located outside of the above referenced Counties	0

Bidders that have already been certified by the City as a local business should so indicate (X) below:

- Certified Firm located within Leon County: x
- Certified Firms located in Gadsden, Wakulla or Jefferson Counties and are utility customers of the City Certified Firm located in Gadsden, Wakulla or Jefferson Counties:
- Certified Firms located in Gadsden, Wakulla or Jefferson Counties and are not utility customers of the City:

NOTE: Local Business Incentive shall not apply for purchases or contracts which are funded, in whole or in part, by a Federal governmental entity and the laws, regulations, or policies governing such funding prohibiting application of this preference.



ATTACHMENT A Local Business Certification Application

COMPANY INFORMATION

Company Name: **Mike Vasilinda Productions, Inc.**

Primary Place of Business: **310 N. Monroe St**

City/State: **Tallahassee, FL**

Number of Full Time employees: **6**

Owner/Contact Name/Phone: **Mike Vasilinda 850-224-5420**

Email: **mike@mvptv.tv**

Web Address: **www.mvptv.tv**

Product/Service: **TV Production**

ZIP: **32302**

Number of Part Time employees: **36**

FEID *#: **59-2777728**

(*If a Sole Proprietorship, use Social Security number of owner)

BUSINESS TYPE (CIRCLE ONE)

5 - Sole Proprietorship C - Corporation/LLC/Partnership 1 - Joint Venture*

*A certified Joint Venture Agreement, signed by all parties must be submitted with the appropriate Procurement documents along with this application at the time of bidding.

LBE/ELBE REQUIREMENTS

THE BUSINESS MUST MEET THE FOLLOWING:

A person, firm, corporation, or other business entity which duly licensed and authorized to engage in the particular business at issue, and which has maintained a permanent place of business with full-time employees within Leon, Wakulla, Gadsden, or Jefferson County, Florida for a minimum of six (6) months prior to the date the local business application is submitted.

Has a fixed office, distribution point or warehouse (stocked with inventory or equipment) with a street address with Leon, Gadsden, Jefferson or Wakulla County, at which location the business conducts, on a regular basis, all of the services and activities performed in carrying out the functions and operation of the certified business.

Note: Certification does not guarantee award of preference points or an award of a contract.

AFFIDAVIT

The undersigned owner/principal identified in this document declares and swears under penalty of law that the statements made in the application are true, correct and complete. The undersigned also acknowledges that falsifying or misrepresenting any information or document furnished to the City of Tallahassee may result in the revocation or denial of Local Business Certification status, it may also result in the barring the business from performing any contracting or Procurement business with the City of Tallahassee. By submitting this application the above named firm hereby agrees to furnish all documents and other information that at any time may be requested by the City of Tallahassee in order to review, investigate or confirm the local business status of the firm.

Signature of Authorized Representative/ Owner: _____

Print Name: _____

Michael Vasilinda

Date: _____

1-25-2012

PLEASE SUBMIT APPLICATION WITH ALL SUPPORTING DOCUMENTS TO:

City of Tallahassee Procurement Services / Vendor Certification Program
300 S. Adams Street
Tallahassee, FL 32301-1731
or by facsimile to (850)891-8796

For more information call (850) 891-8280

(Revised December 6, 2011)

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Mike Vasilinda Productions, Inc.	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.) P.O. Box 10004 City, state, and ZIP code Tallahassee, FL 32302	
Requester's name and address (optional)		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
+
or
Employer identification number
5 9 2 7 7 7 7 2 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,