

TRAILER ESTATES PARK & RECREATION DISTRICT**BOARD OF TRUSTEES
REGULAR BOARD MEETING****November 16, 2020****9:30 A.M.*****SMALL HALL*****1903 69TH AVENUE WEST
BRADENTON, FLORIDA 34207*****REGULAR MEETING***

Call to order

Roll Call

Public Comments

Approval of minutes

Report of Treasurer

Approval of bills

Staff or Attorney Comments

Informational reports from Trustees

Report(s) from standing committees

Old business

New business

Approve PP40B E-Verify Affidavit (Chandler)

Reports of Clubs & Organizations

Adjournment

Pursuant to Section 286.0105, Florida Statutes, should any person wish to appeal a decision of the board with respect to any matter considered at this meeting, he or she will need to ensure that a verbatim record of the proceedings is made, including the testimony and evidence upon which the appeal is to be based.

Pursuant to Section 286.26, Florida Statutes, and the Americans With Disabilities Act, any handicapped person desiring to attend this meeting should contact TJ Miller at 941-756-7177, at least 48 hours in advance of the meeting, to ensure that adequate accommodations are provided for access to the meeting.

TRAILER ESTATES BOARD OF TRUSTEES
MOTION FOR ACTION OR RULES CHANGE

Type of Motion

Action X
Rules

Rule to be changed:

Page: Section: Paragraph:

Presented by: Mary Chandler Date: November 16, 2020

Seconded by: _____ Date: _____

Passed: _____ Date: _____

Denied: _____ Date: _____

Tabled: _____ Date: _____

Other: _____ Date: _____

A MOTION AS FOLLOWS: Approve PP40B an Contractor/Vender E-Verify Affidavit required by Section 448.095 of Florida Statutes to validate authorization to work in the United States.

Costs/Estimated Costs:

Attachments: PP40B Attached

Trustees FOR

Trustees AGAINST

**TRAILER ESTATES PARK AND RECREATION DISTRICT
CONTRACTOR/VENDOR E-VERIFY AFFIDAVIT PP 40B**

**Trailer Estates Park and Recreation District (the "District")
Contractor/Vendor E-Verify Affidavit**

STATE OF FLORIDA
COUNTY OF MANATEE

BEFORE ME, the undersigned authority, appeared _____,
who first being duly sworn hereby swears or affirms as follows:

1. I make this affidavit on personal knowledge.
2. I am over the age of 18 years and otherwise confident to make this Affidavit.
3. I am the _____ of _____ (the "Contractor/Vendor").
4. I am authorized by _____ to make this Affidavit on behalf of Contractor/Vendor.
5. Contractor/Vendor acknowledges Section 448.09, Florida Statutes, makes it unlawful for any person to knowingly employ, hire, recruit, or refer, for private or public employment, an alien who is not duly authorized to work in the United States.
6. Contractor/Vendor acknowledges that Section 448.095, Florida Statutes, prohibits public employees, contractors, and subcontractors from entering into a contract unless each party to the contract registers and uses E-Verify.
7. Contractor/Vendor is in compliance with the requirements of Section 448.09 and 448.095, Florida Statutes.
8. Contractor/Vendor understands it shall remain in compliance with the requirements of Section 448.09 and 448.095, Florida Statutes, during the term of any contract with the District.
9. Contractor/Vendor's subcontractors are in compliance with the requirements of Section 448.09 and 448.095, Florida Statutes.

**TRAILER ESTATES PARK AND RECREATION DISTRICT
CONTRACTOR/VENDOR E-VERIFY AFFIDAVIT PP 40B**

- 10. Contractor/Vendor shall ensure compliance with the requirements of Section 448-09 and 448.095, Florida Statutes, by any and all subcontractors.
- 11. Neither the Contractor/Vendor, nor any subcontractors of Contractor/Vendor had a contract terminated by public employer for violating Section 448.095, Florida Statutes, within the year preceding the date of this Affidavit.
- 12. If the Contractor/Vendor, or any subcontractor of Contractor/Vendor, has a contract terminated by a public employer for any such violation during the term on any contract with the District, it shall provide immediate notice to the District.

Signature of Affiant on behalf of Contractor/Vendor

By: _____

As its: _____

Dated: _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20 __, personally known to me or who has produced _____ as identification.

Print Name: _____

Notary Public of the State of Florida

My Commission Expires: