



PROJECT ACCEPTANCE & VALIDATION GUIDANCE

1. All recipients of project funding must be a coalition member in good standing and have an executed MOA on file with the coalition and meet **ALL*** participation requirements.
*Participation requirements were redefined by the BOD on 12/8/23.
2. All Projects are to be submitted in **both** MS Word and PDF format (Scanned & Signed copies in PDF Format).
3. **All** required fields must be completed on the submission form **before** submission.
4. Project submissions must be prioritized by each standing committee before submission
5. Current **vendor/provider** quote(s) are to be attached at time of submission (including shipping costs). We do not accept Amazon / eBay or Online Shopping Cart Reprints as quotes. Need vendor name, quote number and phone contact information
6. **W-9 From vendor and recipient** is required by IRS.
7. Sales Tax **cannot** be included on quote. (WCF Disaster will provide tax exempt certificate when requested.
8. Quote should contain **Bill to:** West Central Florida Disaster Services and exact **Ship to** information (see below). Quotes from similar past projects are not acceptable as new quotes.
9. It is recommended that a **quote number** be provided with a **contact name** and **contact information** of the individual providing the quote.
10. Projects will be pre-vetted by the Planning Advisory Group, the Board of Directors, and will receive final approval by FDOH BPR.
11. Project cost, once approved, may not exceed the amount approved by the board.
12. New quote(s) may be needed at time of funding to validate total project cost.

Quote #: 123456-XX
Date: XX/XX/XXXX

Quote by: John Doe
Phone: (XXX) XXX-XXXX

Bill to:

West Central Florida Disaster Services, Inc.
dba Tampa Bay Health & Medical
Preparedness Coalition
7300 Bryan Dairy Rd., Suite 450
Largo, FL. 33777
(727) 685-5808

Ship to:

XYZ Medical Center
123 Easy Street
St. Petersburg, FL. 33710
(XXX) XXX-XXXX
Attn.: John Jones