Florida State College at Jacksonville

College Procedures as to Requests to Authorize Vendors to Market, Buy or Sell Products or Services

1. Supplier is to contact a College Director of Campus Operations (DCO)*, (*see table below) to explore pre-approval and request scheduling a mutually agreed to time to allow the supplier to market, buy or sell products or services or come on campus.

2. The DCO makes the requesting vendor aware of APM # 05-0701 and this procedure and obtain in writing from the vendor a completed request form that includes but is not limited to the following:
    A. Supplier name
    B. Supplier address
    C. Supplier contact person's name/phone number/email address
    D. What specifically the supplier wants to market or sell our students and staff or to solicit buying from College employees
    E. What specifically the supplier wants to hand out on campus (i.e. flyers)
    F. The mutually agreed to dates
    G. Agreement by the supplier that they will be required to:
        i.   Affix a label or statement to any flyer handed out that "<u>The College has not evaluated nor endorsed the product or service. All questions about the product or service are to be directed to the supplier and not the College</u>".
        ii.   Agreement to not speak to students or staff about credit cards or student loans.
        iii. Agreement to indemnify and hold the College harmless as well as provide, upon request, a copy of their general liability insurance policy that lists the College as additionally insured.

3. The designated DCO emails to purchasing@fscj.edu the vendor's "<u>completed</u>" request (as noted above) for review and approval. The Executive Director of Purchasing will respond back to the DCO the approval, approval with restrictions, or denial, if deemed in conflict with any existing College exclusive contract in place.

4. Listed below is the contact information for each campus/center DCO that would correspond with the requesting vendor.

Campus/Center:	Name:	Title	Phone Number:	Email Address:
Downtown Campus	Ray McEwen	Director of Campus Operations	904-633-8171	Ray.Mcewen@fscj.edu
Kent Campus/ Cecil Center	Morris Bellick	Director of Campus Operations	904-381-3612	Morris.A.Bellick@fscj.edu
North Campus/ Nassau Center	Danielle Ray	Director of Campus Operations	904-766-6756	Danielle.ray@fscj.edu
South Campus	Cathy Horn	Director of Campus Operations	904-646-2308	Catherine.Horn@fscj.edu
Deerwood Center	Cameron Fansher	Director of Campus Operations	904-997-2630	cfansher@fscj.edu

Request to Authorize Vendors to Market, Buy or Sell Products or Services

1. Vendor making the request: Company Name: _____
   Address: _____
   Contact Name: _____ Title: _____
   Telephone No. _____ E-mail address _____

2. Request is for the Vendor to call on, solicit/market/ sell /exhibit on which campus or center? _____

3. Request is to call on, solicit/market/ sell and/ or come on campus for which date(s)? _____

4. Benefit to the College? _____
   _____

5. Specifically, what does the vendor propose to market (buy/sell/service) on campus to students, faculty and staff (Please be very specific and attach additional information, if needed)? _____
   _____

6. Describe proposed booth or exhibit: (i.e., Booth uses electricity or needs an internet connection, etc.?)
   _____

7. Vendor agreed to add a "Label" to their flyers or handouts that says "Florida State College at Jacksonville has not evaluated nor endorsed their product or services" as well as "all questions are to be directed to the vendor"? Yes ☐ No ☒
   Describe proposed handouts/flyers. _____

8. Will the vendor agree to hold the College harmless and provide, upon request, a certificate of general liability insurance listing the College as additionally insured? Yes ☒ No ☐

   Vendor Company Name _____

   _____   _____
   Vendor Signature   Vendor Printed Name &Title

Approvals: Printed Name   Signature

Campus DCO or:_____   _____   Date:_____
Appropriate VP:_____   _____   Date: _____

Executive Director of Purchasing (or designee):
A. ☒ Request Approved: Randi Brokvist   _____   Date:_____
B. ☒ Request Denied: _____   _____   Date: _____
   ☐
C. Δ Request Approved with defined limits (See Attached)   Date: _____

Executive Director of Risk Management (if insurance is required):
A. ☐ Request Approved: Debbie E. Monnseratt   _____   Date:_____
B. ☒ Request Denied: _____   _____   Date: _____
   ☐
C. Δ Request Approved with defined limits (See Attached)   Date: _____