

DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

New Contract **OTR** **Sole Source** **Bid Waiver** **Emergency** Previous Contract/Project No.:
IB8867-4/13-4

Re-Bid **Other** LIVING WAGE APPLIES: NO

Requisition No./Project No.: **RQID1400001** Term of Contract: **Five (5) Year(s) with 0 Year(s) OTR**

Requisition /Project Title: **Automotive and Truck Warranty Claim Filing Service**

Description: **This contract is used by Internal Services Department (ISD) Fleet Management Division to file automotive and truck warranty claims. The successful bidder will generate and file warranty claims on County-owned and operated vehicles which are reimbursed to ISD/Fleet Management Division.**

Issuing Department: **ISD/Fleet Management Division** Contact Person: **Lourdes Farley** Phone: **(305) 375-3045**

Estimate Cost: **\$475,000.00 (\$95,000.00 per year for 5 years)**

Funding Source: **Internal Service Funds**

ANALYSIS

<u>Commodity Codes:</u> 961-02, 961-37			
Contract/Project History of previous purchases three (3) years Check here <input type="checkbox"/> if this is a new contract/purchase with no previous history.			
	<u>EXISTING</u>	<u>2ND YEAR</u>	<u>3RD YEAR</u>
<u>Contractor:</u>	Cascor Inc.	Cascor, Inc.	Cascor, Inc.
<u>Small Business Enterprise:</u>			
<u>Contract Value:</u>	\$95,000.00	\$95,000.00	\$95,000.00
<u>Comments:</u>			
Continued on another page (s): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<u>RECOMMENDATIONS</u>			
	<u>Set-aside</u>	<u>Sub-contractor goal</u>	<u>Bid preference</u>
<u>SBE</u>			
<u>Basis of recommendation:</u>			
<u>Signed:</u>		<u>Date sent to SBD:</u>	
		<u>Date returned to ISD/PM:</u>	

RECEIVED
 DEPT. BUSINESS DEV.
 2013 OCT -2 PM 3:21



BID NO.: 8867-0/18

DRAFT

**OPENING: 2:00 P.M.
WEDNESDAY
, 2013**

MIAMI-DADE COUNTY, FLORIDA

**I N V I T A T I O N
T O B I D**

**TITLE:
AUTOMOTIVE AND TRUCK WARRANTY CLAIM FILING
SERVICE**

**FOR INFORMATION CONTACT:
Lourdes Farley, 305-375-3045, farley@miamidade.gov**

IMPORTANT NOTICE TO BIDDERS:

- **READ THIS ENTIRE DOCUMENT, THE GENERAL TERMS AND CONDITIONS, AND HANDLE ALL QUESTIONS IN ACCORDANCE WITH THE TERMS OUTLINED IN PARAGRAPH 1.2(D) OF THE GENERAL TERMS AND CONDITIONS.**
- **FAILURE TO SIGN BID SUBMITTAL FORM IN SECTION 4 WILL RENDER YOUR BID NON-RESPONSIVE**

**MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
PROCUREMENT MANAGEMENT DIVISION**



MIAMI-DADE COUNTY, FLORIDA

DRAFT

INVITATION TO BID

Bid Number: 8867-0/18

Bid Title: Automotive and Truck Warranty Claim Filing Service

Procurement Contracting Associate: Lourdes Farley

Bids will be accepted until 2:00 p.m. on Wednesday , 2013

Bids will be publicly opened. The County provides equal access and does not discriminate on the basis of disability in its programs or services. It is our policy to make all communication available to the public, including those who may be visually or hearing impaired. If you require information in a non-traditional format please call 305-375-5278.

Instructions: The Clerk of the Board business hours are 8:00am to 4:30pm, Monday through Friday. Additionally, the Clerk of the Board is closed on holidays observed by the County. Each Bid submitted to the Clerk of the Board shall have the following information clearly marked on the face of the envelope: the Bidders name, return address, Bid number, opening date of the Bid and the title of the Bid. Included in the envelope shall be an original and two copies of the Bid Submittal, plus attachments if applicable.

All Bids received time and date stamped by the Clerk of the Board prior to the bid submittal deadline shall be accepted as timely submitted. The circumstances surrounding all bids received and time stamped by the Clerk of the Board after the bid submittal deadline will be evaluated by the procuring department, in consultation with the County Attorney's Office, to determine whether the bid will be accepted as timely.

NOTICE TO ALL BIDDERS:

- **FAILURE TO SIGN THE BID SUBMITTAL FORM WILL RENDER YOUR BID NON-RESPONSIVE.**
- **THE BID SUBMITTAL FORM CONTAINS IMPORTANT CERTIFICATIONS THAT REQUIRE REVIEW AND COMPLETION BY ANY BIDDER RESPONDING TO THIS SOLICITATION.**

**MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
PROCUREMENT MANAGEMENT DIVISION**

SECTION 1
GENERAL TERMS AND CONDITIONS

AUTOMOTIVE AND TRUCK WARRANTY CLAIM FILING SERVICE

All general terms and conditions of Miami-Dade County Procurement Contracts for Invitations to Bid are posted online. Persons and Companies that receive an award from Miami-Dade County through Miami-Dade County's competitive procurement process must anticipate the inclusion of these requirements in the resultant Contract. These standard general terms and conditions are considered non-negotiable subject to the County's final approval.

All applicable terms and conditions pertaining to this solicitation and resultant contract may be viewed online at the Miami-Dade County Procurement Management website by clicking on the below link:

<http://www.miamidade.gov/procurement/library/boilerplate/general-terms-and-conditions-r13-7.pdf>

SECTION 2
SPECIAL CONDITIONS

AUTOMOTIVE AND TRUCK WARRANTY CLAIM FILING SERVICE

- 2.1 PURPOSE: TO ESTABLISH A CONTRACT FOR THE COUNTY**
The purpose of this solicitation is to establish a contract for the purchase of Automotive and Truck Warranty Claim Filing Service for Miami-Dade County Internal Services Department/Fleet Management Division (ISD/FMD).
- 2.2 SMALL BUSINESS CONTRACT MEASURES FOR SOLICITATIONS (Bid Preference)**
Small Business Enterprise (SBE) Measures is specified in Section 1, General Terms and Conditions, Paragraph 1.43.
- 2.3 TERM OF CONTRACT: FIVE (5) YEARS**
This contract shall commence on the first calendar day of the month succeeding approval of the contract by the Board of County Commissioners, or designee, unless otherwise stipulated in the Notice of Award Letter which is distributed by the County's Internal Services Procurement Management Division, and contingent upon the completion and submittal of all required bid documents. The contract shall expire on the last day of the twelve month period.
- 2.4 METHOD OF AWARD**
The method of award will be the lowest responsive responsible bidder offering the lowest percentage charged for the collected monies.
- 2.5 PERCENTAGE SHALL BE FIXED AND FIRM FOR TERM OF CONTRACT**
If the bidder is awarded a contract under this solicitation, the percentages proposed by the bidder shall remain fixed and firm during the term of contract.
- 2.6 METHOD OF PAYMENT: PERIODIC PAYMENTS FOR SERVICE RENDERED**
Method of Payment is specified in Section 1, General Terms and Conditions, Paragraph 1.34.
- 2.7 CONTACT PERSON**
For any additional information regarding the terms and conditions of this solicitation and resultant contract, Contact: Lourdes Farley, at (305) 375-3045 email – farley@miamidade.gov
- 2.8 COUNTY USER ACCESS PROGRAM (UAP)**
County User Access Program (UAP) is specified in Section 1, General Terms and Conditions, Paragraph 1.35.

SECTION 3
TECHNICAL SPECIFICATIONS

AUTOMOTIVE AND TRUCK WARRANTY CLAIM FILING SERVICE

3.1 SCOPE OF WORK

These are the minimum requirements for an Automotive and Truck Warranty Claim Filing Service that will work with Miami-Dade County's (MDC) Internal Services Department, Fleet Management Division (ISD/FMD), to generate and file warranty claims which will be reimbursable to MDC's ISD/FMD, for MDC owned and operated vehicles. The successful bidder will be required to interface with the County's computer systems to review and monitor every Repair Order written by the Fleet Management Division for warranty reimbursable claims, and file those claims in the manner prescribed by the applicable equipment's manufacturer. After claim filing the successful bidder will be required to follow-up on claims payments, pursue unpaid items and negotiate whenever possible, goodwill payments, policy adjustments and all other industry standard methods for collecting the maximum amount of warranty reimbursements possible under varying manufacturer's policies and best commercial practices. The County presently has several "in-house" warranty certifications covering several manufacturers of both light and heavy equipment and it is expected that the successful bidder's service will negotiate additional agreements for the County as needed with mutual consent and warranty rate revisions, policy adjustments, goodwill payments and all other aspects of warranty collections services for both light and heavy equipment as expected of a full service warranty claim service and administration organization to maximize the benefits obtained under this contract to the County.

3.2 SIZE AND VOLUME

The Internal Services Department Fleet Management Division is the primary but not exclusive maintenance organization for mobile equipment within Miami-Dade County. Other small pools of vehicles are operated and maintained by the Water and Sewer Department, Parks Recreation and Open Spaces Department, Miami-Dade Fire Rescue Department, Miami-Dade Aviation Department. Vehicle fleets are not mixed and a vehicle is rarely transferred from one fleet maintenance organization to another. Any agency or organization other than the ISD/FMD, whether or not named herein, may use any or all services obtained through this solicitation only under the terms and conditions listed in paragraph 3.5. The ISD/FMD presently maintains 8000 light automotive vehicles and 1800 heavy vehicles in addition to approximately 200 construction type vehicles on behalf of several user departments within the County. The fleet varies from police patrol vehicles, varied manufacturer's sedans to include hybrid sedans, SUV's, pickup trucks, vans, box body trucks, aerial devices, trash collection trucks, dump trucks, refuse collection trucks, transfer trailers on to landfill and construction equipment. The ISD/FMD opens approximately 800 heavy equipment repair orders and 1100 light equipment repair orders a week. Repair orders generally average 2.5 line items each. At the present time, new vehicle orders are minimal but the purchase of vehicles is expected to increase in future years.

SECTION 3
TECHNICAL SPECIFICATIONS

AUTOMOTIVE AND TRUCK WARRANTY CLAIM FILING SERVICE

3.3 REPAIR ORDER ACCESS

The ISD/FMD presently uses an electronic repair order system called EMS which resides within the County's mainframe. EMS can be accessed via the internet with appropriate passwords and clearances. In the future the repair order system will be changed or migrating to Asset Works M5 Fleet Focus which can also be accessed via the internet with appropriate passwords and clearances.

3.4 EQUIPMENT BRANDS

Warranty Claim Service providers must have a minimum of one year experience in all of the light equipment brands named and four of the heavy equipment brands named, to be eligible for award. Providers must have the ability to become certified in two of the remaining heavy brands within 90 days and at least one of the remaining heavy brands within 180 days from notice of contract award.

3.4.1 Light Brands: Ford, Chevrolet, GMC, Chrysler, Dodge, Jeep, Honda, Nissan and Toyota.

3.4.2 Heavy Brands: Peterbilt, Sterling, Freightliner, International, Altec, Caterpillar, Labrie, Leach, Heil, Autocar, Warren Trailer, Steco, Allison.

3.5 PARTS

The successful bidder will work with the individual Light Equipment and Heavy Equipment Service Managers and Facility Supervisors to effect the returns of failed parts when needed as efficiently and practically as possible.

3.6 CHARGEBACK

When charge backs to payments are made by a manufacturer as a result of audits or of any other reason there will be a corresponding percentage chargeback to the awarded bidder for the failed claims regardless of the reason they failed for.

MIAMI-DADE COUNTY

BID NO.: 8867-0/18

**SECTION 4
BID SUBMITTAL FORM**

Submit Bid To:
CLERK OF THE BOARD
Stephen P. Clark Center
111 NW 1st Street
17th Floor, Suite 202
Miami, Florida 33128-1983

OPENING: 2:00 P.M.
WEDNESDAY
, 2013

DRAFT



**PLEASE QUOTE PRICES F.O.B. DESTINATION, FREIGHT ALLOWED, LESS TAXES,
DELIVERED IN MIAMI-DADE COUNTY, FLORIDA.**

NOTE: Miami-Dade County is exempt from all taxes (Federal, State, Local). Bid price should be less all taxes. Tax Exemption Certificate furnished upon request.

Issued by: L.F. ISD/PM Date Issued: This Bid Submittal Consists of
Pages 4 through 8 and Affidavits

Sealed bids subject to the Terms and Conditions of this Invitation to Bid and the accompanying Bid Submittal. Such other contract provisions, specifications, drawings or other data as are attached or incorporated by reference in the Bid Submittal, will be received at the office of the Clerk of the Board at the address shown above until the above stated time and date, and at that time, publicly opened for furnishing the supplies or services described in the accompanying Bid Submittal Requirement.

AUTOMOTIVE AND TRUCK WARRANTY CLAIM FILING SERVICE

A Bid Deposit in the amount of *N/A* the total amount of the bid shall accompany all bids.

A Performance Bond in the amount of *N/A* the total amount of the bid will be required upon execution of the contract by the successful bidder and Miami-Dade County.

DO NOT WRITE IN THIS SPACE	
ACCEPTED _____	HIGHER THAN LOW _____
NON-RESPONSIVE _____	NON-RESPONSIBLE _____
DATE B.C.C. _____	NO BID _____
ITEM NOS. ACCEPTED _____	
COMMODITY CODE: 961-02, 961-37	
Procurement Contracting Associate: Lourdes Farley	

FIRM NAME _____

RETURN ONE ORIGINAL AND TWO COPIES OF BID SUBMITTAL PAGES AND AFFIDAVITS.

FAILURE TO SIGN THE BID SUBMITTAL FORM IN SECTION 4 WILL RENDER YOUR BID NON-RESPONSIVE.

SECTION 4
BID SUBMITTAL FOR:

AUTOMOTIVE AND TRUCK WARRANTY CLAIM FILING SERVICE

FIRM NAME: _____

Successful Bidder is to provide all services stated in this solicitation and resultant contract in full accordance with all terms and conditions set forth with the bid document. In return, the successful bidder is authorized to bill the County on a monthly basis. The monthly billing amount will be based on the total dollar value of reimbursement claims actually received by the County during the billing period. The successful bidder is to prepare its monthly bill by multiplying the total monthly claim dollar value (as define above) by the percentage rate listed below. The successful bidder agrees that the resulting billing amount reflects the full consideration owed to the bidder for provision of the required services.

1. Bidder's percentage rate _____% to the applied to the dollar value of reimbursement claim monies actually received by the County.

SECTION 4
BID SUBMITTAL FOR:

AUTOMOTIVE AND TRUCK WARRANTY CLAIM FILING SERVICE

ACKNOWLEDGEMENT OF ADDENDA

INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

PART I:

LIST BELOW THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS BID

Addendum #1, Dated _____

Addendum #2, Dated _____

Addendum #3, Dated _____

Addendum #4, Dated _____

Addendum #5, Dated _____

Addendum #6, Dated _____

Addendum #7, Dated _____

Addendum #8, Dated _____

PART II:

NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS BID

FIRM NAME: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

TITLE OF OFFICER: _____



AUTOMOTIVE AND TRUCK WARRANTY CLAIM FILING SERVICE

Bid Title: Automotive and Truck Warranty Claim Filing Service

By signing this Bid Submittal Form the Bidder certifies that it satisfies all legal requirements (as an entity) to do business with the County, including all Conflict of Interest and Code of Ethics provisions in Section 2-11 of the Miami-Dade County Code. Any County employee or member of his or her immediate family seeking to contract with the County shall seek a conflict of interest opinion from the Miami-Dade County Ethics Commission prior to submittal of a Bid response or application of any type to contract with the County by the employee or his or her immediate family and file a copy of that request for opinion and any opinion or waiver from the Board of County Commissioners with the Clerk of the Board. The affected employee shall file with the Clerk of the Board a statement in a form satisfactory to the Clerk disclosing the employee's interest or the interest of his or her immediate family in the proposed contract and the nature of the intended contract at the same time as or before submitting a Bid, response, or application of any type to contract with the County. Also a copy of the request for a conflict of interest opinion from the Ethics Commission and any corresponding opinion, or any waiver issued by the Board of County Commissioners, must be submitted with the response to the solicitation.

In accordance with Sec. 2-11.1(s) of the County Code as amended, prior to conducting any lobbying regarding this solicitation, the Bidder must file the appropriate form with the Clerk of the Board stating that a particular lobbyist is authorized to represent the Bidder. Failure to file the appropriate form in relation to each solicitation may be considered as evidence that the Bidder is not a responsible contractor.

The Bidder confirms that this Bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid for the same goods and/or services and in all respects is without collusion, and that the Bidder will accept any resultant award. Further, the undersigned acknowledges that award of a contract is contingent upon vendor registration. Failure to register as a vendor within the specified time may result in your firm not being considered for award.

Pursuant to Miami-Dade County Ordinance 94-34, any individual, corporation, partnership, joint venture or other legal entity having an officer, director, or executive who has been convicted of a felony during the past ten (10) years shall disclose this information at the time of bid or proposal submission.

Place a check mark here only if bidder has such conviction to disclose.

By executing this proposal through a duly authorized representative, the proposer certifies that the proposer is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, as those terms are used and defined in sections 287.135 and 215.473 of the Florida Statutes. In the event that the proposer is unable to provide such certification but still seeks to be considered for award of this solicitation, the proposer shall execute the proposal through a duly authorized representative and shall also initial this space: _____. In such event, the proposer shall furnish together with its proposal a duly executed written explanation of the facts supporting any exception to the requirement for certification that it claims under Section 287.135 of the Florida Statutes. The proposer agrees to cooperate fully with the County in any investigation undertaken by the County to determine whether the claimed exception would be applicable. The County shall have the right to terminate any contract resulting from this solicitation for default if the proposer is found to have submitted a false certification or to have been placed on the Scrutinized Companies for Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

LOCAL PREFERENCE CERTIFICATION: For the purpose of this certification, a "local business" is a business located within the limits of Miami-Dade County (or Broward County in accordance with the Interlocal Agreement between the two counties) that conforms with the provisions of Section 1.10 of the General Terms and Conditions of this solicitation and contributes to the economic development of the community in a verifiable and measurable way. This may include, but not be limited to, the retention and expansion of employment opportunities and the support and increase to the County's tax base.

Place a check mark here only if affirming bidder meets requirements for Local Preference. Failure to complete this certification at this time (by checking the box above) may render the vendor ineligible for Local Preference.

LOCALLY-HEADQUARTERED BUSINESS CERTIFICATION: For the purpose of this certification, a "locally-headquartered business" is a Local Business whose "principal place of business" is in Miami-Dade County, as defined in Section 1.10 of the General Terms and Conditions of this solicitation.



AUTOMOTIVE AND TRUCK WARRANTY CLAIM FILING SERVICE

Place a check mark here only if affirming bidder meets requirements for the Locally-Headquartered Preference (LHP). Failure to complete this certification at this time (by checking the box above) may render the vendor ineligible for the LHP. The address of the locally-headquartered office is _____

LOCAL CERTIFIED SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE CERTIFICATION: A Local Certified Service-Disabled Veteran Business Enterprise is a firm that is (a) a local business pursuant to Section 2-8.5 of the Code of Miami-Dade County and (b) prior to bid submission is certified by the State of Florida Department of Management Services as a service-disabled veteran business enterprise pursuant to Section 295.187 of the Florida Statutes.

Place a check mark here only if affirming bidder is a Local Certified Service-Disabled Veteran Business Enterprise. A copy of the certification must be submitted with this proposal.

COUNTY USER ACCESS PROGRAM (UAP): Joint purchase and entity revenue sharing program

For the County's information, the bidder is requested to indicate, at 'A' and 'B' below, its general interest in participating in the Joint Purchase Program of the County User Access Program (UAP) described in Section 1.35 of this contract solicitation, if that section is present in this solicitation document. Bidder participation in the Joint Purchase portion of the UAP is voluntary, and the bidder's expression of general interest at 'A' and 'B' below is for the County's information only and shall not be binding on the bidder.

A. If awarded this County contract, would you be interest in participating in the Joint Purchase portion of the UAP with respect to other governmental, quasi-governmental or not-for-profit entities located within the geographical boundaries of Miami-Dade County?

Yes _____ No _____

B. If awarded this County contract, would you be interested in participating in the Joint Purchase portion of the UAP with respect to other governmental, quasi-governmental or not-for-profit entities located outside the geographical boundaries of Miami-Dade County?

Yes _____ No _____

Firm Name: _____

Street Address: _____

Mailing Address (if different): _____

Telephone No.: _____ Fax No.: _____

Email Address: _____ FEIN No. / - / / / / / /

Prompt Payment Terms: ____% ____ days net ____ days (Please see paragraph 1.2 H of General Terms and Conditions)

Signature: _____ (Signature of authorized agent)

By signing this document the bidder agrees to all Terms and Conditions of this Solicitation and the resulting Contract.

Print Name: _____ Title: _____

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE COUNTY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF ITS OFFER.



APPENDIX

AFFIDAVITS FORMAL BIDS



Miami-Dade County
Internal Services Department
Procurement Management Division
Affirmation of Vendor Affidavits

In accordance with Ordinance 07-143 amending Section 2-8.1 of the Code of Miami-Dade County, effective June 1, 2008, vendors are required to complete a new Vendor Registration Package, including a Uniform Affidavit Packet (Vendor Affidavits Form), before being awarded a new contract. The undersigned affirms that the Vendor Affidavits Form submitted with the Vendor Registration Package is current, complete and accurate for each affidavit listed below.

Contract No. : _____ Federal Employer Identification Number (FEIN): _____

Contract Title: _____

Affidavits and Legislation/ Governing Body

Table with 2 columns and 10 rows listing various Miami-Dade County ordinances and sections, such as 'Miami-Dade County Ownership Disclosure', 'Miami-Dade County Vendor Obligation to County', etc.

Printed Name of Affiant, Printed Title of Affiant, Signature of Affiant, Name of Firm, Date, Address of Firm, State, Zip Code

Notary Public Information

Notary Public - State of _____ County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of, _____ 20 _____

by _____ He or she is personally known to me [] or has produced identification []

Type of identification produced _____

Signature of Notary Public, Serial Number

Print or Stamp of Notary Public, Expiration Date, Notary Public Seal

SUBCONTRACTOR/SUPPLIER LISTING
(Miami-Dade County Code Sections 2-8.1, 2-8.8 and 10-34)

Name of Proposer: _____ FEIN No. _____

In accordance with Sections 2-8.1, 2-8.8 and 10.34 of the Miami-Dade County Code, this form must be submitted as a condition of award by all Proposers on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all Proposers on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. The Proposers who is awarded this contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. The Proposers should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract and sign the form below.

In accordance with Ordinance No. 11-90, an entity contracting with the County shall report the race, gender and ethnic origin of the owners and employees of all first tier subcontractors/suppliers. In the event that the recommended Proposer demonstrates to the County prior to award that the race, gender, and ethnic information is not reasonably available at that time, the Proposer shall be obligated to exercise diligent efforts to obtain that information and provide the same to the County not later than ten (10) days after it becomes available and, in any event, prior to final payment under the contract.

(Please duplicate this form if additional space is needed.)

Business Name and Address of First Tier Subcontractor/ Subconsultant	Principal Owner	Scope of Work to be Performed by Subcontractor/ Subconsultant	Principal Owner (Enter the number of male and female owners by race/ethnicity)								Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
			Gender		Race/Ethnicity						Gender		Race/Ethnicity					
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other
Business Name and Address of First Tier Direct Supplier	Principal Owner	Supplies/Material s/Services to be Provided by Supplier	Principal Owner (Enter the number of male and female owners by race/ethnicity)								Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
			Gender		Race/Ethnicity						Gender		Race/Ethnicity					
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/ Native Alaskan	Other

Mark here if race, gender and ethnicity information is not available and will be provided at a later date. This data may be submitted to contracting department or on-line to the Small Business Development of the Department of Regulatory and Economic Resources at <http://www.miamidade.gov/business/business-development-contracts.asp>. As a condition of final payment, Proposer shall provide subcontractor information on the Subcontractor Payment Report Sub 200 form which can be found at <http://www.miamidade.gov/business/library/forms/subcontractors-payment.pdf>.

I certify that the representations contained in this Subcontractor/Supplier listing are to the best of my knowledge true and accurate.

Signature of Proposer _____

Print Name _____

Print Title _____

Date _____

Walters, Vivian (RER)

From: Farley, Lourdes (ISD)
Sent: Wednesday, October 02, 2013 2:54 PM
To: Walters, Vivian (RER)
Subject: RQID1400001, Automotive and Truck Warranty Claim Filing Service

Hello Vivian,

Attached is SBD's input document and ITB's "Draft" for referenced requisition.



DBD DEPARTMENT
INPUT.doc



Final Draft.pdf

Thank you,

Lourdes Farley
Miami-Dade County
Internal Services Department- Procurement Management
Ph: (305) 375-3045 - Fax: (305) 372-6128
e-mail: farley@miamidade.gov
Visit our website at: www.miamidade.gov/dpm



"Delivering Excellence Every Day"