



**INTERNAL SERVICES DEPARTMENT**  
Equitable Distribution Program

**E D P**

**Equitable Distribution Program**

# **PACKAGE 1**

## **Applicant Instructions and Required Application Forms**

- New Member Application and Instructions
- Declaration of Compliance and Understanding of Responsibilities Form
- Work History Disclosure Forms and Instructions



**ARCHITECTURAL and ENGINEERING PROFESSIONALS**

**E D P**

Equitable Distribution Program

**New Member Application**

***CURRENT EDP PROGRAM PARTICIPANTS NEED NOT RE-APPLY***

Pursuant to Administrative Order (A.O.) 3-39, the Internal Services Department (ISD) – Equitable Distribution Program (EDP) announces the perpetual opening of the EDP for new applicants. The EDP establishes and maintains a pool of architectural & engineering (A/E) professionals, for each Miami-Dade County (MDC) A/E technical certification category, in order to equitably distribute the County's small capital improvement projects. Pursuant to Florida Statutes, Section 287.055, the EDP is only applicable to projects with an estimated construction cost up to \$2 million, and for study activities with service fees up to \$200,000.

A/E firms that meet the EDP eligibility requirements listed below can apply to participate in the program.

- A. Hold an active Pre-Qualification Certification (PQC) with Miami-Dade County.\*
- B. Be in business a minimum of one year.
- C. Have a place of business in MDC evidenced by a MDC Tax Receipt.
- D. Qualify only one firm in respective A/E governing board.
- E. A business owner, alone or as a member of a group shall own or control only one (1) firm including affiliates in the EDP.
- F. Have current and accurate award and payment records for the past three years for all County contracts.

(\*) If your firm does not have an active Miami Dade County PQC, please go to the ISD Procurement Architectural and Engineering Services website at <http://www.miamidade.gov/procurement/pre-qualification-certification.asp> for instructions. Please contact Nubia Jarquin, PQC Coordinator at 305-375-5637 or email [Jarquin@miamidade.gov](mailto:Jarquin@miamidade.gov) for further assistance.

## THE EQUITABLE DISTRIBUTION PROGRAM (EDP) NEW APPLICANTS WELCOME!

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Firms interested in being considered for acceptance in the EDP Program must complete and submit the application forms that are found in the link below. Applicants should thoroughly read and review these EDP reference documents prior to completing and submitting the application documents. The application documents are contained in the following Packages and can be downloaded from the ISD Procurement Management Architectural and Engineering EDP Website at <http://www.miamidade.gov/procurement/equitable-distribution.asp>

### PACKAGE 1

#### New Member Applicant Instructions and Required Application Forms

- Application Instructions
- Declaration of Compliance and Understanding of Responsibilities Affidavit
- Work History Disclosure Forms and Instructions

### PACKAGE 2

#### EDP Reference Documents

- General Program Information
- Assignment Policies and Procedures
- EDP Professional Services Agreement (PSA) 2017 R & Affidavits
- Administrative Order (AO) 3-39
- Sustainability Building Program Notice and Implementing Order (IO) 8-8
- Ordinance No. 11-90 amending Sections 2-8.1, 2-8.8 and 10-34 of the Code
- Subcontractor/Supplier Listing Form
- Subcontractors Payment Report
- Utilization Form

#### **Consideration and acceptance into the EDP requires execution of the following:**

- A. EDP Declaration of Compliance and Understanding of Responsibilities Affidavit
- B. Work History Disclosure Forms (WHD)
- C. WHD Supplement Form

The WHD forms should include **ALL** your awards and payments from **ALL** your Miami Dade County services for three years from your application submittal. Henceforth, EDP participants must report and maintain accurate work history records (**awards and payments**), or risk being inactivated from the EDP program and/or other sanctions.

## **THE EQUITABLE DISTRIBUTION PROGRAM (EDP) NEW APPLICANTS WELCOME!**

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Submit your completed application to:

Elizabeth “Biba” Zabowski  
Capital Improvements Analyst  
EDP Program Coordinator  
Internal Services Department  
111 NW First Street -Suite 1300  
Miami, Florida 33128

Firms will become active EDP members provided that they satisfy the program requirements. The applications will be reviewed in the order of receipt. The EDP Unit staff will notify each firm upon approval. If there are any issues with the firm’s submittal, the EDP Unit will contact the firm. EDP Workshops will be held on Thursday, April 23, 2015 from 2-4 PM and Thursday June 25, 2015 from 2-4 PM at the Stephen P. Clark Center, 111 NW 1<sup>st</sup> Street, 18<sup>th</sup> Floor, Conference Room 18-3. Also, there are A & E Quarterly Workshops that includes information on the EDP. The next A & E Workshop is scheduled for May 26, 2015 from 10-12 Noon. Firms are required to RSVP with the EDP Unit. After June 25, 2015, the EDP Workshops will be quarterly with the A & E Workshops.

The dates for the workshops are posted on the Procurement Vendor Workshop Calendar at <http://www.miamidade.gov/procurement/library/2015-vendor-workshop-schedule.pdf>.

We strongly recommend that your firm’s EDP program representative attends one of the workshops.

For questions, please contact Elizabeth “Biba” Zabowski, Internal Services Department, at (305) 375-2824 / [BIBA@miamidade.gov](mailto:BIBA@miamidade.gov)

Thank you for your interest in doing business with Miami Dade County!

**DECLARATION OF COMPLIANCE AND  
UNDERSTANDING OF RESPONSIBILITIES FORM**

# E D P

## Equitable Distribution Program

### **DECLARATION OF PROGRAM COMPLIANCE AND UNDERSTANDING OF RESPONSIBILITIES**

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Date: \_\_\_\_\_

**I, hereby certify that the following statements are true and correct.**

**Signature** of Authorized Firm Representative: \_\_\_\_\_

Authorized Firm Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Firm Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Corporation or Parent Company Name, if different: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Designated EDP Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Designated EDP Contact Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Is your firm an affiliate of any other firm/s:**      Yes      No      (indicate one)

If yes, list the name and FEIN number of the firm/s below:

Name of Firm: \_\_\_\_\_ FEIN: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ FEIN: \_\_\_\_\_

**Does your firm have any affiliates:**      Yes      No      (indicate one)

If yes, list the name and FEIN number of the firm/s below:\*

Name of Firm: \_\_\_\_\_ FEIN: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ FEIN: \_\_\_\_\_

\*Attach additional pages if necessary

MO/YR firm started business: \_\_\_\_\_ MO/YR firm started a continuous place of business in MDC \_\_\_\_\_

### **FURTHERMORE:**

**1.** I hereby declare that my firm is interested in participating in the MDC EDP program as a:

prime only              sub only              prime and sub      (INDICATE ONE)

# **E D P**

## **Equitable Distribution Program**

### **DECLARATION OF PROGRAM COMPLIANCE AND UNDERSTANDING OF RESPONSIBILITIES**

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2. I certify that I understand and meet all of the eligibility requirements of the EDP program and understand that failing to maintain the eligibility requirements could result in my firm's removal from the EDP program. I further understand that the eligibility requirements of the EDP program can be revised and failure to meet the newly established requirements may render my firm ineligible to continue to participate in the program.

3. I certify that I have read, fully understand and will fully comply with all the terms, conditions and responsibilities outlined in this Declaration, Administrative Order 3-39, Professional Services Agreement (PSA), EDP General Program Information, Assignment Policies and Procedures and the Sustainability Building Program Notice and Implementing Order as directed by the User agency.

4. I understand that my firm must maintain a bona fide place of business in Miami Dade County (MDC).

5. I understand that as a condition of EDP program membership, my firm is agreeing to perform professional services pursuant to the terms and conditions of the EDP Professional Services Agreement (PSA) and that when my firm is selected for an EDP project, we must execute the most current EDP PSA and submit the required PSA package and certificates of insurance to ISD within 10 days from notice. I furthermore understand if I do not submit timely, I could forfeit the assignment.

6. I understand that all project sub consultants are required to be selected through the EDP procedures and furthermore pursuant to the EDP PSA, there should be an appropriate sub-consulting agreement.

7. I understand that EDP members are required to submit and maintain utilization reports documenting correct award and payment records on all County contracts. I understand that I should review and update as necessary my work history records (**AWARDS and PAYMENTS**) maintained at the ISD Small Business Development Division to ensure that the data is accurate and current. I further understand that the County will audit these records and if it is determined that my firm has not maintained correct records, my firm could be inactivated in the rotation until the records are corrected as well as potentially removed from the program..

8. I understand that my firm is required to comply with Ordinance No. 11-90 amended Sections 2-8.1, 2-8.8 and 10.34 of the Miami-Dade County Code to require County Contractors/Consultants awarded contracts valued at \$100,000 and higher to report (1) race, gender, and ethnicity of the owners and employees of first tier sub consultants and (2) payments made to all first tier subcontractors/subconsultants under the contract.

Initial: \_\_\_\_\_

# **E D P**

## **Equitable Distribution Program**

### **DECLARATION OF PROGRAM COMPLIANCE AND UNDERSTANDING OF RESPONSIBILITIES**

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**9.** I understand that all County EDP communications will only be directed to my firm's EDP designated contact noted above and that the contact will act as the firm's sole responsible representative unless notified, in writing, by an authorized firm representative.

**10.** I understand that there is no guarantee that my firm will receive any work opportunities through the EDP program.

**11.** I certify that all the required Miami Dade County Vendor and PQC information is correct and will be maintained with the Internal Services Department (ISD).

**12.** I affirm that I am an authorized representative of this firm, and the statements made in this declaration are true and correct.

State of Florida      County of Miami-Dade

SUBSCRIBED AND SWORN TO (or affirmed) before me on \_\_\_\_\_  
(Date)

by \_\_\_\_\_. He/She is personally known \_\_\_\_\_ or  
(Affiant)

produced as identification \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Serial Number)

\_\_\_\_\_  
(Print Name of Notary)

\_\_\_\_\_  
(Expiration Date)

Notary Seal



# **E D P**

## **Equitable Distribution Program**

### Architectural and Engineering Professionals (A&E)

#### **WORK HISTORY DISCLOSURE REQUIREMENTS and PROCEDURES**

Pursuant to Administrative Order 3-39, all Architectural and Engineering (A&E) firms providing services for Miami Dade County (MDC) are required to report past and future payment records to the Project Manager that is responsible for the oversight of their engagement for each county project. This includes but not limited to A & E Professional Services Agreements, procurement contracts and payments received within the past three years on active and expired contracts must be reported. Also, all payments received during the periods requested should be included without regard to when the contract was awarded.

The work history information is incorporated into the Internal Services Departments, Small Business Development A & E firm and project database. The information is utilized as an A & E selection criteria as well as a factor that determines the rotational position of a firm participating in the County's Equitable Distribution Program (EDP).

Applicants must complete the attached Work History Disclosures for the past three years with their application submittal package

#### STEP 1

COMPLETE the A & E Work History Disclosure Form for the past three years from submittal. Utilize the official County project/contract number and name. For each year, indicate any award your firm has received during the above referenced years. Additionally, indicate all monies received for any MDC work as a prime or sub, even if the award date was prior to the requested period of time. The intent is for the County to record all monies, received by each firm, for County work over the requested timeframe, regardless of award date. If no work has been awarded or paid indicate so by writing "None" in the appropriate areas. The dollar value paid by MDC to the firm for professional services performed should be reported as gross dollars paid. All dollars paid by a prime to sub-consultants shall be reported on the supplemental form for each of the respective contracts. All Change Orders monies to contracts must also be included as an award amount under the year that the change order was granted.

#### STEP 2

ENTER all the gross paid project amounts reported for ALL projects is the total gross amount received for the project WITHOUT any sub-consultant deductions. For every project that your firm expended consultant the fees must be indicated on the attached Supplement Form. If your firm did not incur any sub-consultant expenditures, indicate "None" in the appropriate area. As the Supplement Form indicates, list the project information and list all the County contract sub consultants and indicate the monies paid to each. Then total the sub consultant dollars and calculate adjusted firm paid monies. The total paid monies excluding the sub-consultant payments will be utilized to calculate your firm's net payments.

**Architectural and Engineering Professionals (A&E)**

**WORK HISTORY DISCLOSURE REQUIREMENTS and PROCEDURES**

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**STEP 3**

Once you have completed and verified the previous steps, please sign and notarize the forms and include in your EDP submittal package.

Firms must subsequently maintain current records to avoid any potential sanctions.

If you have any questions, please contact Elizabeth “Biba” Zabowski at 305-375-2824 / [biba@miamidade.gov](mailto:biba@miamidade.gov)

# **E D P**

## **Equitable Distribution Program**

### Architectural and Engineering Professionals (A&E)

#### **WORK HISTORY DISCLOSURE REQUIREMENTS and PROCEDURES**

Pursuant to Administrative Order 3-39, all Architectural and Engineering (A&E) firms providing services for Miami Dade County (MDC) are required to report past and future payment records to the Project Manager that is responsible for the oversight of their engagement for each county project. This includes but not limited to A & E Professional Services Agreements, procurement contracts and payments received within the past three years on active and expired contracts must be reported. Also, all payments received during the periods requested should be included without regard to when the contract was awarded.

The work history information is incorporated into the Internal Services Departments, Small Business Development A & E firm and project database. The information is utilized as an A & E selection criteria as well as a factor that determines the rotational position of a firm participating in the County's Equitable Distribution Program (EDP).

Applicants must complete the attached Work History Disclosures for the past three years with their application submittal package

#### STEP 1

COMPLETE the A & E Work History Disclosure Form for the past three years from submittal. Utilize the official County project/contract number and name. For each year, indicate any award your firm has received during the above referenced years. Additionally, indicate all monies received for any MDC work as a prime or sub, even if the award date was prior to the requested period of time. The intent is for the County to record all monies, received by each firm, for County work over the requested timeframe, regardless of award date. If no work has been awarded or paid indicate so by writing "None" in the appropriate areas. The dollar value paid by MDC to the firm for professional services performed should be reported as gross dollars paid. All dollars paid by a prime to sub-consultants shall be reported on the supplemental form for each of the respective contracts. All Change Orders monies to contracts must also be included as an award amount under the year that the change order was granted.

#### STEP 2

ENTER all the gross paid project amounts reported for ALL projects is the total gross amount received for the project WITHOUT any sub-consultant deductions. For every project that your firm expended consultant the fees must be indicated on the attached Supplement Form. If your firm did not incur any sub-consultant expenditures, indicate "None" in the appropriate area. As the Supplement Form indicates, list the project information and list all the County contract sub consultants and indicate the monies paid to each. Then total the sub consultant dollars and calculate adjusted firm paid monies. The total paid monies excluding the sub-consultant payments will be utilized to calculate your firm's net payments.

**Architectural and Engineering Professionals (A&E)**

**WORK HISTORY DISCLOSURE REQUIREMENTS and PROCEDURES**

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**STEP 3**

Once you have completed and verified the previous steps, please sign and notarize the forms and include in your EDP submittal package.

Firms must subsequently maintain current records to avoid any potential sanctions.

If you have any questions, please contact Elizabeth “Biba” Zabowski at 305-375-2824 / [biba@miamidade.gov](mailto:biba@miamidade.gov)



**Miami-Dade County – Internal Services Department**  
**WORK HISTORY DISCLOSURE (WHD)FORM**  
 (AWARDS AND DOLLARS RECEIVED ON MIAMI-DADE COUNTY PROJECTS AS PRIME AND SUB)

In order for the County to verify your firm’s past work history data, firms need to submit completed WHD forms if they acted as a prime or sub on a County project in the past three years. This includes any work performed on county contracts or change orders for design, as well as for the procurement of professional services through the standard open market competitive processes. Please note, all payments received during the periods requested should be included without regard to when the contract was awarded.

**PLEASE TYPE OR PRINT CLEARLY**

**NAME OF FIRM:** \_\_\_\_\_

**FEDERAL EMPLOYER ID. NO.:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Years	Date of Contract	Acting As			Project Number	Title of Project	Award Amount	Paid Amount
2 0 1 2		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
						SUB-TOTAL		

## WORK HISTORY DISCLOSURE FORM

NAME OF FIRM:

FEDERAL EMPLOYER ID. NO.:

DATE:

Years	Date of Contract	Acting As				Project Number	Title of Project	Award Amount	Paid Amount
2013		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
							SUB-TOTAL		
2014		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
		Prime		Sub					
							SUB-TOTAL		

## **WORK HISTORY DISCLOSURE FORM**

**NAME OF FIRM:** \_\_\_\_\_

**FEDERAL EMPLOYER ID. NO.:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Years	Date of Contract	Acting As			Project Number	Title of Project	Award Amount	Paid Amount
2 0 1 5		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
		Prime		Sub				
						SUB-TOTAL		

The undersigned swears that the foregoing information is true, correct and complete. Any material misrepresentation will be grounds to initiate action under the provisions of the Miami-Dade County Code.

**Signature of**

**Affiant:** \_\_\_\_\_

Sworn to subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_

**Printed Name of**

**Affiant:** \_\_\_\_\_

**Notary Public:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**My Commission expires**  
**on:** \_\_\_\_\_

**Notary Seal:** \_\_\_\_\_



# Miami-Dade County **WORK HISTORY DISCLOSURE SUPPLEMENT FORM**

(Dollars Paid to Sub-consultants by Prime Consultant on Miami-Dade County Projects)

In order for the County to complete your firm's past work history data, firms need to complete this form if they acted as a prime on a County project in the past three years. For each project that your firm was the prime consultant, complete all of the requested information for each sub-consultant working under each respective project. If your firm did not incur any sub-consultant expenditures, indicate "none" in the appropriate areas. Attach additional sheets if necessary.

Name of Firm: \_\_\_\_\_ Federal Employer ID. Number: \_\_\_\_\_ Date: \_\_\_\_\_

Year	Award/Solicitation Project Number	Title of Project	Names of Sub-consultants	Amount Paid to Sub-consultant
2 0 1 2				
			<b>Total Amount Paid to Sub-consultants</b>	
			<b>Net Amount Paid to Prime Consultant</b>	

Year	Award/Solicitation Project Number	Title of Project	Names of Sub-consultants	Amount Paid to Sub-consultant
2 0 1 3				
			<b>Total Amount Paid to Sub-consultants</b>	
			<b>Net Amount Paid to Prime Consultant</b>	



# Work History Disclosure Supplement Form

Name of Firm: \_\_\_\_\_ Federal Employer ID. Number: \_\_\_\_\_ Date: \_\_\_\_\_

			Total Amount Paid to Prime Consultant	
Year	Award/Solicitation Project Number	Title of Project	Names of Sub-consultants	Amount Paid to Sub-consultant
2014				
			Total Amount Paid to Sub-consultants	
			Net Amount Paid to Prime Consultant	

			Total Amount Paid to Prime Consultant	
Year	Award/Solicitation Project Number	Title of Project	Names of Sub-consultants	Amount Paid to Sub-consultant
2015				
			Total Amount Paid to Sub-consultants	
			Net Amount Paid to Prime Consultant	

The undersigned swears that the foregoing information is true, correct and complete. Any material misrepresentation will be grounds to initiate action under the provisions of the Miami-Dade County Code.

Signature of Affiant: \_\_\_\_\_

Sworn to subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_

Printed Name of Affiant: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Title: President

My Commission expires on: \_\_\_\_\_ Notary Seal: