DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

Rev 1

X New contract □ OTR □ CO □ SS □ BW □ Emergency

□ Re-Bid □ Other

LIVING WAGE APPLIES: ___YES ___NO
TERM OF CONTRACT: 10 years with ___ options-to-renew

Requisition/Project No: ROID1300065

Requisition/Project Title: Work Gloves

Description: Pre-qualification of vendors for the purchase of work gloves.

User Department(s): Fire Rescue, Police, Public Works and Waste Management, Aviation, Corrections, Parks Recreation and Open Spaces, Transit, Water and Sewer, Public Housing, Internal Services and Regulatory & Economic Resources.

Issuing Department: ISD
Contact Person: A. Rodriguez Phone: 365-375-4744
Estimated Cost: $2,700,000.00.00
Funding Source: General, Internal Service, Proprietary and Federal Funds

ANALYSIS

Commodity/Service No: 200-27

Trade/Commodity/Service Opportunities

Contract/Project History of Previous Purchases For Previous Three (3) Years
Check Here ______ if this is a New Contract/Purchase with no Previous History

EXISTING 2ND YEAR 3RD YEAR


Small Business Enterprise: No
Contract Value: $268,000.00 $268,000.00 $310,000.00
Comments: Continued on another page(s): ___Yes ___No

RECOMMENDATIONS

<table>
<thead>
<tr>
<th>SBE</th>
<th>Set-Aside</th>
<th>Sub-Contractor Goal</th>
<th>Bid Preference</th>
<th>Selection Factor</th>
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Basis of Recommendation:

Establishing a pool of vendors capable of providing the County with all its work glove needs said pool will provide spot market pricing competition at which time the preference will be applied.

Signed: A. Rodriguez
Date to SBD: 2/12/13
Date Returned to DPM: ____________

Page 1 of 1 2/12/2013
MIA M I-D A D E C O U N T Y , F L O R I D A
R E Q U E S T T O Q U A L I F Y

T I T L E :
WORK GLOVES, REQUEST TO QUALIFY (RTQ)

F O R I N F O R M A T I O N C O N T A C T :
Abelin Rodriguez, 305-375-4744, abelin@miamidade.gov

I M P O R T A N T N O T I C E T O S U B M I T T E R S :

- READ THIS ENTIRE DOCUMENT AND HANDLE ALL QUESTIONS IN ACCORDANCE WITH SECTION 1, PARAGRAPH 1.2(D).
REQUEST TO QUALIFY

RTQ Number:

Title: WORK GLOVES, RTQ

Procurement Officer: Abelin Rodriguez

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

Submittals 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 envelope 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, RTQ number, opening date of the RTQ and the title. Included in the envelope shall be an original and two copies of the Submittals, plus attachments if applicable.

All submittals received time and date stamped by the Clerk of the Board prior to the submittal deadline shall be accepted as timely. The circumstances surrounding all envelopes received and time stamped by the Clerk of the Board after the initial submittal deadline will be evaluated by the procuring department, to determine when the submittal will be processed.

NOTICE TO ALL SUBMITTERS:

- THE BID SUBMITTAL FORM CONTAINS IMPORTANT CERTIFICATIONS THAT REQUIRE REVIEW AND COMPLETION BY ANY SUBMITTER RESPONDING TO THIS SOLICITATION.
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:

2.1 PURPOSE

This Request to Qualify (RTQ) will establish a pool of Vendors capable of providing the County with various types of work gloves. Entry into the Pre-Qualification Pool is not a contract between Miami-Dade County and any Vendor, but an acknowledgement that included Vendors meet the qualifications as outlined throughout this RTQ. Pre-qualified Vendors will be invited to participate in future competitions. The pool shall be open for Submitters to qualify at any time after the initial RTQ opening date.

2.2 TERM OF CONTRACT

The pre-qualification pool will begin on the first calendar day of the month succeeding approval 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 Department, Procurement Management Division, and contingent upon the completion and submittal of all required bid documents. The Pre-Qualification Pool shall expire on the last day of the last month of the 10 year period.

2.3 QUALIFICATION CRITERIA

Submitters who meet the following minimum qualifications will be placed on a list for participation in future competitions.

If a work glove manufacturer it shall provide a letter on company letterhead providing the brand names or styles it manufacturers. If submitter is other than the glove manufacturer, provide letter(s) from the manufacturer authorizing the submitter to act as a distributor or reseller of their gloves.

Submitters shall provide a list of no less than three client references who can confirm that the Submitter has successfully sold work gloves. The following information shall be provided: name, telephone number and/or e-mail address, dates of service and location serviced.

Submitters shall submit the specified documents listed above with their submittal form as proof of compliance to the requirement of this RTQ. However, the County may, at its sole discretion and in its best interest, allow Submitters to complete, supplement or supply the required documents.

It shall be the sole prerogative of the County as to the number of Submitters who will be included under this RTQ. During the term of this RTQ, the County reserves the right to add or delete Submitters as it deems necessary and in its best interests.

After the initial opening of the RTQ, required documentation and forms must be submitted in a sealed envelope to: Internal Services Department, Procurement Management Section, 111 NW 1 ST., Suite 1300, Miami, Fl. 33128-1974. The outside of the envelope must show the RTQ number and name of the Contracting Officer managing the contract.
2.4 CONTACT PERSON:

For any additional information regarding the terms and conditions of this solicitation and resultant contract, Contact: Abelin Rodriguez, at (305) 375-4744 email - abelin@miamidade.gov.

2.5 SUBSTITUTION OF ITEMS DURING TERM OF CONTRACT

Substitute brands or models may be considered during the contract period for discontinued models. The bidder shall not deliver any substitute item as a replacement to an awarded brand or model without express written consent of Internal Services Department, Procurement Management Section Division prior to such delivery. Substitute items must be of equal or better quality than the awarded item. Substitutes shall be considered only in emergency situations and excessive substitution requests may be cause to cancel the contract.

2.6 EXEMPTION TO CERTAIN CLAUSES

Paragraph 1.21 does not apply to this solicitation.

The contract to be awarded under this solicitation may be accessed by the Miami-Dade Public Housing and Community Development (PHCD). As a Federally-funded agency, certain clauses within this solicitation do not apply to that Department's allocation:

Section 1 Paragraph 1.10 (Local Preferences), Section 1 Paragraph 1.27 (Office of the Inspector General), Section 1 Paragraph 1.35 (County User Access Program - UAP), Section 1 Paragraph 1.43 (Small Business Contract Measures) and Section 1 Paragraph 1.44 (Local Certified Service-Disabled Veteran's Business Enterprise Preference).

For this reason the request for quotation will reflect a separate section for the pricing of gloves used by PHCD.
3.1 REQUIREMENTS

The County's Request for Quotation will require pre-qualified companies to providing various types and sizes of work gloves, and their prices. The County retains the right to add types and manufacturers of gloves as needed.
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., 2013

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: ar
ISD/PM
Date Issued:
This Bid Submittal Consists of
Pages 4 through 8

Sealed Submittals subject to the Terms and Conditions of this Request to Qualify and the accompanying Submittal. Such other contract provisions, specifications, drawings or other data as are attached or incorporated by reference in the 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 RTQ Submittal Requirement.

Title:
Work Gloves, RTQ

DO NOT WRITE IN THIS SPACE

FIRM NAME ____________________________

ITEM NOS. ACCEPTED _______________________

COMMODITY CODE: 200-27

Procurement Contracting Officer: A. Rodriguez

RETURN ONE ORIGINAL AND TWO COPIES OF SUBMITTAL PAGES AND AFFIDAVITS.
Submittals necessary to be qualified for award of this contract.

If the bidder is a work glove manufacturer it shall provide a letter on company letterhead providing the brand names or styles it manufacturers. If bidder is other than the glove manufacturer, provide a letter(s) from the manufacturer authorizing the bidder to act as a distributor or reseller of their gloves.

<table>
<thead>
<tr>
<th>Qualification Criteria</th>
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<tbody>
<tr>
<td>Client Reference No. 1</td>
</tr>
<tr>
<td>Name: _________________ Telephone No.: __________________</td>
</tr>
<tr>
<td>Email Address: __________________</td>
</tr>
<tr>
<td>Client Reference No. 2</td>
</tr>
<tr>
<td>Name: _________________ Telephone No.: __________________</td>
</tr>
<tr>
<td>Email Address: __________________</td>
</tr>
<tr>
<td>Client Reference No. 3</td>
</tr>
<tr>
<td>Name: _________________ Telephone No.: __________________</td>
</tr>
<tr>
<td>Email Address: __________________</td>
</tr>
</tbody>
</table>

Submitters shall provide the following for informational purpose:

<table>
<thead>
<tr>
<th>Company name</th>
<th>Contact person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office location</td>
<td>Office #</td>
</tr>
<tr>
<td>e-mail address</td>
<td>Fax #</td>
</tr>
<tr>
<td>Supervisor Name</td>
<td>Emergency contact #</td>
</tr>
</tbody>
</table>
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.

FIRM NAME: ______________________________________

AUTHORIZED SIGNATURE: _________________________ DATE: __________

TITLE OF OFFICER: ________________________________
Title: Work Gloves, RTQ

By signing this Submittal Form the Submitter 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 Submitter must file the appropriate form with the Clerk of the Board stating that a particular lobbyist is authorized to represent the Submitter. Failure to file the appropriate form in relation to each solicitation may be considered as evidence that the Submitter is not a responsible contractor.

The Submitter 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 Submitter 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.

☐ 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 2.21 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 interested 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.
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.

Federal Employer
Contract No.: ___________________________ Identification Number (FEIN): ___________________________
Contract Title: __________________________________________

<table>
<thead>
<tr>
<th>No.</th>
<th>Miami-Dade County Ownership Disclosure</th>
<th>Miami-Dade County Vendor Obligation to County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sec. 2-8.1 of the County Code</td>
<td>Section 2-8.1 of the County Code</td>
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<td>2.</td>
<td>Miami-Dade County Employment Disclosure</td>
<td>Miami-Dade County Code of Business Ethics</td>
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<td>County Ordinance No. 99-133, amending</td>
<td>Article 1, Section 2-8.1(f) and 2-11(b)(1)</td>
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<td>Section 2-8.1(d)(2) of the County Code</td>
<td>of the County Code through (a) and (b) of</td>
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<td>the County Code and County Ordinance No. 99-1</td>
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<td>amending Section 2-11.1(c) of the County Code</td>
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<tr>
<td>3.</td>
<td>Miami-Dade County Employment Drug-free</td>
<td>Miami-Dade County Family Leave</td>
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<td>Workplace Certification</td>
<td>Article V of Chapter 11 of the County Code</td>
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<td>Section 2-8.1.2(b) of the County Code</td>
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<td>4.</td>
<td>Miami-Dade County Disability Non-</td>
<td>Miami-Dade County Living Wage</td>
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<td>Discrimination</td>
<td>Section 2-8.9 of the County Code</td>
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<td>Article 1, Section 2-8.1.5 Resolution</td>
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<td>R192-00 amending R-385-95</td>
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<tr>
<td>5.</td>
<td>Miami-Dade County Debarment Disclosure</td>
<td>Miami-Dade County Domestic Leave and Reporting</td>
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<td></td>
<td>Section 10.38 of the County Code</td>
<td>Article 8, Section 11A-60 11A-67 of the</td>
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<td></td>
<td></td>
<td>County Code</td>
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</tbody>
</table>

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 ___________________________

Revised 1/12/12
FAIR SUBCONTRACTING PRACTICES
(Ordinance 97-35)

In compliance with Miami-Dade County Ordinance 97-35, the Bidder shall submit with the bid proposal a detailed statement of its policies and procedures (use separate sheet if necessary) for awarding subcontractors in accordance with Section 1, Paragraph 1.15

☐ NO SUBCONTRACTORS WILL BE UTILIZED FOR THIS CONTRACT

______________________________
Signature

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

Firm Name of Prime Contractor/Respondent
Project/Contract Number

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 bidders/respondents on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of $100,000 or more, and all bidders/respondents on County or Public Health Trust construction contracts which involve expenditures of $100,000 or more. The bidder/respondent who is awarded this bid/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 bidder/respondent should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract.

In accordance with Ordinance No. 11-98, 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 successful bidder demonstrates to the County prior to award that the race, gender, and ethnic information is not reasonably available at that time, the successful bidder 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)

<table>
<thead>
<tr>
<th>Business Name and Address of First Tier Subcontractor/ Subconsultant</th>
<th>Principal Owner</th>
<th>Scope of Work to be Performed by Subcontractor/ Subconsultant</th>
<th>Principal Owner (Enter the number of male and female owners by race/ethnicity)</th>
<th>Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)</th>
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<table>
<thead>
<tr>
<th>Business Name and Address of First Tier Direct Supplier</th>
<th>Principal Owner</th>
<th>Supplies/Materials/ Services to be Provided by Supplier</th>
<th>Principal Owner (Enter the number of male and female owners by race/ethnicity)</th>
<th>Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)</th>
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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/User department or online to the Small Business Development Division of the Regulatory and Economic Resources Department at http://new.miamidade.gov/business/business-development.asp.

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

Signature of Bidder/Respondent
Print Name
Print Title
Date

SUB 100 Rev. 6/12
Mr. Walters;

The original draft of this proposed contract was submitted and reviewed by your office, it recommended a SBE preference where possible and no measure for Federal funds.

Prior to advertisement the whole of the Invitation for Bid changed with changes to the special conditions and to the technical specifications. Attached find the revised requirements for your evaluation. Requisition RQID1300023 has been cancelled and replaced with RQID1300065.

A. Rodriguez, Procurement Contracting Officer  
Miami-Dade County Internal Services Department  
111 NW 1 St. Ste 1300  
Miami, FL. 33128-1974  
Ph. (305) 375-4744  Fax. (305) 372-6128

Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure.