



BID NO.: 8727-1/24

**OPENING: 2:00 P.M.
WEDNESDAY
DECEMBER 4, 2013**

MIAMI-DADE COUNTY, FLORIDA

**R E Q U E S T
T O Q U A L I F Y**

TITLE:

**WIRELESS PROGRAMMABLE TIME SWITCHES FOR THE
ADVANCED TRAFFIC MANAGEMENT SYSTEM**

FOR INFORMATION CONTACT:

Lluis Gorgoy, 305-375-1075, gorgoyl@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

REQUEST TO QUALIFY

Bid Number: 8727-1/24

WIRELESS PROGRAMMABLE TIME SWITCHES FOR THE
ADVANCED TRAFFIC MANAGEMENT SYSTEM – REQUEST TO QUALIFY

Procurement Officer: Lluís Gorgoy

Bids will be accepted until 2:00 p.m. on Wednesday, December 4, 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

**WIRELESS PROGRAMMABLE TIME SWITCHES FOR THE
ADVANCED TRAFFIC MANAGEMENT SYSTEM – REQUEST TO QUALIFY**

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-r13-8.pdf>

SECTION 2
SPECIAL CONDITIONS

**WIRELESS PROGRAMMABLE TIME SWITCHES FOR THE
ADVANCED TRAFFIC MANAGEMENT SYSTEM – REQUEST TO QUALIFY**

2.1 PURPOSE

This Request to Qualify (RTQ) will establish a pool of pre-qualified vendors capable of delivering/providing price quotations for the purchase and repair of solid state School Zone Flasher Control time switches and accessories for the Miami-Dade Public Works and Waste Management Department (PWWM), Traffic Signals and Signs Division. Entry into the pre-qualification pool is not a contract between MDC and any member of the pool, but rather is an acknowledgement that the pool member satisfies the pre-qualification criteria set forth below for membership in the pool. Pre-qualified vendors will be invited to participate in future spot market competitions. The pool shall remain open for the term of the RTQ, enabling vendors to qualify at any time after the initial RTQ opening date.

2.2 TERM OF CONTRACT: FIVE (5) YEARS

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 Services Division, and contingent upon the completion and submittal of all required RFQ documents. The pre-qualification pool shall expire on the last day of the sixty (60) month period.

2.3 OPTION TO RENEW

Miami-Dade County shall have the option to renew this contract for one additional five (5) year term. Continuation of the contract beyond the initial period is a County prerogative, and not a right of the vendor(s). This prerogative may be exercised only when such continuation is clearly in the best interest of the County. Should the vendor(s) decline the County's right to exercise the option period, the County will consider the vendor in default which shall affect that vendor's eligibility for future contracts.

2.4 QUALIFICATION CRITERIA

Vendors shall submit all of the qualifying documents with their submittal form. However, the County may, at its sole discretion and in its best interests, allow vendors to supplement submitted documents in order to satisfy the prequalification criteria. It shall be the sole prerogative of the County to determine the number of vendors who will be included under the pre-qualification pool. During the term of the RTQ, the County reserves the right to add and/or delete pre-qualified vendors.

2.4.1 MINIMUM QUALIFICATION REQUIREMENTS

Pre-qualification under this solicitation will be made to all responsive, responsible vendors who meet the following minimum qualifications:

1. Vendors shall provide contact information to include: Name of contact, email address, website information, phone number, and fax number for Primary (Required) and Secondary (Optional) staff within their company who will be responsible for providing a response to spot market quotes issued by the County.

SECTION 2
SPECIAL CONDITIONS

**WIRELESS PROGRAMMABLE TIME SWITCHES FOR THE
ADVANCED TRAFFIC MANAGEMENT SYSTEM – REQUEST TO QUALIFY**

These services shall typically be required Monday through Friday within the business hours of 8:00 a.m. and 5:00 p.m. (Eastern Standard Time).

2. Bidders are to provide three references for which similar work has been conducted to confirm that the firm has successfully provided traffic poles and mast arms for other entities. The following information shall be provided: Reference Name, Telephone number, e-mail address, and work performed.
3. Bidders must appear on or must be an Authorized Dealer for a manufacturer appearing on the Florida Department of Transportation (FDOT) Approved Product List- Time Switches and the Miami Dade County Traffic Signal and Signs Qualified Product List. The County will only accept products that have been approved by the FDOT and Miami-Dade County.
 - The FDOT APL is available at on the FDOT website:
<http://www3.dot.state.fl.us/trafficcontrolproducts/>
 - The Miami Dade County Traffic Signal and Signs Qualified Product List is available on the MiamiDade.gov website: <http://www.miamidade.gov/gpl/>

Bidders capable of meeting the above qualification requirements shall then be deemed to be pre-qualified to participate in subsequent spot market purchases as required by the County on either an as-needed or on a periodic basis.

During the term of this contract, the County reserves the right to add or delete vendors as it deems necessary in its best interests. If the County elects to add vendors, they must meet the same minimum qualifications established for the original competition.

2.5 INDEMNIFICATION AND INSURANCE

Additional or revised insurance requirements may be necessary when performing work in certain County facilities that limit or restrict access. Any change or addition in insurance requirements will be detailed in the RFQ.

2.6 CONTACT PERSON

For any additional information or questions regarding the terms and conditions of this solicitation and resultant contract, please contact: Lluís Gorgoy, Procurement Contracting Agent via email at gorgoyl@miamidade.gov with a copy to the Clerk of the Board at clerkBCC@miamidade.gov. Administrative Order 3-27, Cone of Silence, prohibits oral communication regarding a bid during the period the Cone is in effect.

SECTION 3
TECHNICAL SPECIFICATIONS

**WIRELESS PROGRAMMABLE TIME SWITCHES FOR THE
ADVANCED TRAFFIC MANAGEMENT SYSTEM – REQUEST TO QUALIFY**

3.1 SCOPE OF SERVICE

This Request To Qualify (RTQ) is intended to establish a pool of Prequalified Vendors. Vendors prequalified through this pool shall:

- A. Comply with the Miami-Dade County Pollution Control Ordinance as stated in Chapter 24 of the Miami-Dade Code. This ordinance is made a part of this solicitation by reference and may be obtained, through the Permitting, Environment and Regulatory Affairs, 33 SW 2nd Avenue, Miami, Florida 33130, Telephone (305) 372-6789.
- B. Furnish all labor, material and equipment necessary for satisfactory contract performance. When not specifically identified in the technical specifications of the RFQ, such materials and equipment shall be of a suitable type and grade for the purpose. All material, workmanship, and equipment shall be subject to the inspection and approval by the County. Barricades shall be provided by the Vendor when work is performed in areas traversed by persons, or when deemed necessary by the County.
- C. Conform to all relevant OSHA, State and County regulations during the course of such effort. Any fines levied by the above mentioned authorities for failure to comply with these requirements shall be borne solely by the responsible Vendor. At the time of Spot Market Quote the prequalified bidders must appear on or must be an Authorized Dealer for a manufacturer appearing on the Florida Department of Transportation (FDOT) Approved Product List- Time Switches and the Miami Dade County Traffic Signal and Signs Qualified Product List.

3.2 Specifications: Wireless Programmable Time Switch and Accessories

The following is a list of items that the County anticipates purchasing via this solicitation. This list is not inclusive and part numbers or model numbers may vary from those listed below:

- RTC CPR2102R Pager Programmable Time Switch, 900MHz Alpha POCSAG and FLEX, including Harness and Antenna – Part #503602
- Mounting Brackets for RTC CPR2102R Antenna – Part #500335 with Pole Bracket (this item shall support attachment to the Miami-Dade County traffic signal steel mast arm and concrete strain poles).
- RTC CPR Palm Kit Programmer (Model E2 Palm Pilot with cables, adaptor and software – Part #501662
- RTC DA2100 CPR Page Confirmation Device (Audible/Visual Alarms) – Part #503626
- RTC CPR2102-V, Verify Unit with Harness and Antenna, 900 MHz Alpha POCSAG – Part #503600

SECTION 3
TECHNICAL SPECIFICATIONS

**WIRELESS PROGRAMMABLE TIME SWITCHES FOR THE
ADVANCED TRAFFIC MANAGEMENT SYSTEM – REQUEST TO QUALIFY**

- RTC CPR-USB Software Key – Part #501467U

Detailed specifications of items to be purchased shall be provided to the vendor by the County when a Request for Quote (RFQ) is issued.

3.3 Acceptance Criteria

The County will consider the time switches and accessories acceptable for use by the Traffic Signals & Signs Division (TSS) after performing the following test:

- The time switch will be powered up, connected to the antenna at the traffic Control Center, and configured to operate with the existing RTC CPR system in use by the County.
- The time switch will also be tested for compatibility with County approved and accepted cellular modem(s).
- Two messages will be transmitted to the time clock (time update and plan set).
- A failure to receive and process these message will constitute a failed unit.
- The vendor shall replace the failed unit with no additional charge to the County.

SECTION 4
BID SUBMITTAL FOR:
Wireless Programmable Time Switches for the
Advanced Traffic Management System – Request to Qualify

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
DECEMBER 4, 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: ISD/PM Date Issued: This Bid Submittal Consists of
Lluis Gorgoy **November 20, 2013** Pages 6 through 12 and
Appendix Pages 1 through 3.

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.

Title:
**Wireless Programmable Time Switches for the
Advanced Traffic Management System – Request to Qualify**

| | |
|-----------------------------------|---|
| 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: | 550-80, 550-89, 968-83, 936-86 |
| Procurement Contracting Officer: | Lluis Gorgoy |

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: Wireless Programmable Time Switches for the
Advanced Traffic Management System – Request to Qualify

FIRM NAME: _____

Instructions to Bidders: Please use the tables provided below to enter the required information.

4.1 CONTACT INFORMATION - *As per the Section 2, Paragraph 2.4.1 (1) Bidders are to provide the following information to be pre-qualified under this contract.*

| | |
|--|--|
| Provide contact information for Primary (Required) and Secondary (Optional) staff within your Company who will be responsible for providing a response to Requests for Quotations (RFQ) issued by Miami-Dade County. These services shall typically be required Monday through Friday within the business hours of 8:00 AM and 5 PM. | |
| PRIMARY CONTACT (REQUIRED) | |
| Name: | |
| Title and/or Job Function: | |
| Business Address: | |
| Local or Toll Free Telephone Number: | |
| Local or Toll Free Fax Number: | |
| Mobile Telephone Number: | |
| E-mail Address: | |
| SECONDARY CONTACT (OPTIONAL) | |
| Name: | |
| Title and/or Job Function: | |
| Business Address: | |
| Local or Toll Free Telephone Number: | |
| Local or Toll Free Fax Number: | |
| Mobile Telephone Number: | |
| E-mail Address: | |

4.2 REFERENCES

SECTION 4
**BID SUBMITTAL FOR: Wireless Programmable Time Switches for the
 Advanced Traffic Management System – Request to Qualify**

FIRM NAME: _____

INSTRUCTIONS: Bidders are to provide three references for which similar work has been conducted to confirm that the firm has successfully provided traffic poles and mast arms for other entities.

| | |
|--|-----------------------------------|
| Reference Section | |
| Section 2, Paragraph 2.4.1(2) | Client Reference Letter #1 |
| Company Name: | |
| Contact Name: | |
| Contact Title: | |
| Contact Address: | |
| Contact Telephone Number: | |
| Contact E-mail Address: | |
| Work Performed: | |
| Section 2, Paragraph 2.4.1(2) | Client Reference Letter #2 |
| Company Name: | |
| Contact Name: | |
| Contact Title: | |
| Contact Address: | |
| Contact Telephone Number: | |
| Contact E-mail Address: | |
| Work Performed: | |

SECTION 4
BID SUBMITTAL FOR: Wireless Programmable Time Switches for the
Advanced Traffic Management System – Request to Qualify

FIRM NAME: _____

| Section 2, Paragraph 2.4.1(2) | Client Reference Letter #3 |
|-------------------------------|----------------------------|
| Company Name: | |
| Contact Name: | |
| Contact Title: | |
| Contact Address: | |
| Contact Telephone Number: | |
| Contact E-mail Address: | |
| Work Performed: | |

4.3 VENDOR AUTHORIZATION

As per the Section 2, Paragraph 2.4.1 (3), Bidders must appear on or must be an Authorized Dealer for a manufacturer appearing on the Florida Department of Transportation (FDOT) Approved Product List- Time Switches and the Miami Dade County Traffic Signal and Signs Qualified Product List. Please provide documentation to illustrate how your firm meets this requirement with your bid submittal.

SECTION 4
BID SUBMITTAL FOR:
WIRELESS PROGRAMMABLE TIME SWITCHES FOR THE
ADVANCED TRAFFIC MANAGEMENT SYSTEM – REQUEST TO QUALIFY

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: _____



Bid Title: Wireless Programmable Time Switches for the Advanced Traffic Management System – Request To Qualify

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.

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

| | |
|---|--|
| <p>1. Miami-Dade County Ownership Disclosure Sec. 2-8.1 of the County Code</p> | <p>6. Miami-Dade County Vendor Obligation to County Section 2-8.1 of the County Code</p> |
| <p>2. Miami-Dade County Employment Disclosure County Ordinance No. 90-133, amending Section 2-8-1(d)(2) of the County Code</p> | <p>7. Miami-Dade County Code of Business Ethics Article 1, Section 2-8.1(i) and 2-11(b)(1) of the County Code through (6) and (9) of the County Code and County Ordinance No 00-1 amending Section 2-11.1(c) of the County Code</p> |
| <p>3. Miami-Dade County Employment Drug-free Workplace Certification Section 2-8.1.2(b) f the County Code</p> | <p>8. Miami-Dade County Family Leave Article V of Chapter 11 of the County Code</p> |
| <p>4. Miami-Dade County Disability Non-Discrimination Article 1, Section 2-8.1.5 Resolution R182-00 amending R-385-95</p> | <p>9. Miami-Dade County Living Wage Section 2-8.9 of the County Code</p> |
| <p>5. Miami-Dade County Debarment Disclosure Section 10.38 of the County Code</p> | <p>10. Miami-Dade County Domestic Leave and Reporting Article 8, Section 11A-60 11A-67 of the County Code</p> |

| | | |
|-------------------------|--------------------------|----------------------|
| Printed Name of Affiant | Printed Title of Affiant | Signature of Affiant |
| Name of Firm | State | Date |
| Address of Firm | 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 | Notary Public Seal |

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 _____ FEIN # _____
 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. 11-90, 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 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.)

| 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 |
| | | | | | | | | | | | | | | | | | | |
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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 on-line 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 _____