REQUEST FOR PROPOSALS (No. CL0910)
2009 – 2010 CHOOSE LIFE LICENSE PLATE INITIATIVE FOR MIAMI-DADE COUNTY

ATTENDANCE AT THE PRE-PROPOSAL CONFERENCE IS MANDATORY

ISSUING DEPARTMENT:
Miami-Dade County, Office of Grants Coordination
Stephen P. Clark Center
111 NW 1st Street, 19th Floor
Miami, Florida 33128

RFP Contracting Officer: Theresa Fiano, Assistant Director
Telephone: (305) 375-4742 & Fax: (305) 375-4049
FianoT@miamidade.gov

PROPOSALS ARE DUE AT THE ADDRESS SHOWN BELOW NO LATER THAN Monday, June 20, 2011, at 4:00 pm
AT THE
CLERK OF THE BOARD OF COUNTY COMMISSIONERS
STEPHEN P. CLARK CENTER
111 NW 1st STREET, SUITE 17-202
MIAMI, FLORIDA 33128-1983

THE CLERK OF THE BOARD'S BUSINESS HOURS ARE 8:00 A.M. TO 4:30 P.M., MONDAY THROUGH FRIDAY. THE CLERK OF THE BOARD IS CLOSED ON HOLIDAYS OBSERVED BY THE COUNTY. ALL PROPOSALS RECEIVED AND TIME-STAMPED BY THE CLERK OF THE BOARD PRIOR TO PROPOSAL SUBMITTAL DEADLINE SHALL BE ACCEPTED AS TIMELY SUBMISSIONS. THE CIRCUMSTANCES SURROUNDING ALL PROPOSALS RECEIVED AND TIME-STAMPED AFTER THE PROPOSAL SUBMITTAL DEADLINE WILL BE EVALUATED BY THE ISSUING DEPARTMENT, IN CONSULTATION WITH THE COUNTY ATTORNEY'S OFFICE, TO DETERMINE WHETHER THE PROPOSAL WILL BE ACCEPTED AS TIMELY. PROPOSALS WILL BE OPENED AT THE TIME AND PLACE SPECIFIED. THE RESPONSIBILITY FOR SUBMITTING A RESPONSE TO THIS SOLICITATION AT THE OFFICE OF THE CLERK OF THE BOARD OF COUNTY COMMISSIONERS, ON OR BEFORE THE STATED TIME AND DATE, WILL BE SOLELY AND STRICTLY THE RESPONSIBILITY OF THE PROPOSER. MIAMI-DADE COUNTY IS NOT RESPONSIBLE FOR DELAYS CAUSED BY ANY MAIL, PACKAGE, OR COURIER SERVICE, INCLUDING THE U.S. MAIL, OR CAUSED BY ANY OTHER OCCURENCE. ALL EXPENSES INVOLVED IN THE PREPARATION AND SUBMISSION OF PROPOSALS TO THE COUNTY, OR ANY WORK PERFORMED IN CONNECTION THEREWITH, SHALL BE BORNE BY THE PROPOSER(S). REQUESTS FOR ADDITIONAL INFORMATION OR INQUIRIES MUST BE MADE IN WRITING AND RECEIVED BY THE COUNTY'S CONTACT PERSON LISTED ABOVE. THE COUNTY WILL ISSUE RESPONSES TO INQUIRIES, AND ANY CHANGES TO THIS SOLICIATION IT DEEMS NECESSARY, IN WRITTEN ADDENDA ISSUED PRIOR TO THE PROPOSAL DUE DATE. PROPOSERS WHO OBTAIN COPIES OF THIS SOLICITATION FROM SOURCES OTHER THAN THE COUNTY'S OFFICE OF GRANTS COORDINATION, OR ITS WEBSITE AT WWW.MIAMIDADE.GOV/GRANTS, RISK THE POSSIBILITY OF NOT RECEIVING ADDENDA AND ARE SOLELY RESPONSIBLE FOR THOSE RISKS.

MIAMI-DADE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BASED ON AGE, GENDER, RACE, OR DISABILITY. *To request materials in accessible format, sign language interpreters, and/or any accommodation to participate in any County-sponsored program or meeting, related to the 2009-2010 Choose Life License Plate Initiative please contact Alphermelia Martin at 305-375-4503, five days in advance, to initiate your request. TTY users may also call 711 (Florida Relay Service).*

2009-2010 CHOOSE LIFE LICENSE PLATE INITIATIVE
REQUEST FOR PROPOSALS

Table of Contents

Section **Page**

1.0 Overview 3

2.0 Eligible Organizations 3

3.0 Allowable Services 3

4.0 Audit and Attestation Requirements 3

5.0 Application Procedures and Timetable 5

6.0 Evaluation and Selection Process of Applications 12

7.0 Miami-Dade County Conditions of Contract Award 13

8.0 Application Checklist for Fully Completed Application and Prescribed Order 19

Appendices

A. Application Checklist for Fully Completed Application and Prescribed Order

B. Proposal Narrative

C. Goals and Activities and Outputs and Data Worksheets

D. Budget Forms and Budget Instructions

E. Label

F. Reviewer Rating Form

G. Miami-Dade County Affidavits and Requirements

H. Miami-Dade County Vendor Registration Package

Miami-Dade County
2009-2010 Choose Life License Plate Initiative

1.0 Overview

Miami-Dade County, hereinafter referred to as the County, as represented by the Miami-Dade Office of Grants Coordination (OGC) is soliciting proposals from organizations that are qualified to administer funds generated within Miami-Dade County by the "Choose Life" License Plate, issued by the State of Florida, in accordance with Florida Statute subsections 320.08056, 320.08058(29) and 320.08062. The County anticipates awarding an annual contract, not to exceed 12 months. Approximately $39,951 is available to support one or more applications funded via this RFP. Applicants must demonstrate that they meet the eligibility requirements and will comply with allowable use of funds requirements, described below, which are established statutorily and under applicable laws and regulations.

2.0 Eligible Organizations

Pursuant to Florida State Statutes, and as part of their application, each organization seeking these funds must certify that it meets the statutory eligibility requirements to carry out the activities under this grant. As defined in Florida Statute subsection 320.08058(29)(b), organizations eligible to receive these funds are non-governmental, not-for-profit agencies within the county, whose agencies' services are limited to counseling and meeting the physical needs of pregnant women who are committed to placing their children for adoption. The law further states that Choose Life License Plate funds may not be distributed to any agency that is involved or associated with abortion activities, including counseling for, or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising. In addition, the law states funds may not be distributed to any agency that charges women for services rendered. Miami-Dade County will not review applications for Choose Life License Plate funds that do not comply with the State's statutory requirements for eligible organizations.

3.0 Allowable Services

As specified in Florida Statute subsections 320.08058(29)(b), applicants for Choose Life License Plate funds must use at least seventy (70) percent of the funds to provide for the material needs of pregnant women who are committed to placing their children for adoption, including clothing, housing, medical care, food, utilities, and transportation and that such funds may also be expended on infants awaiting placement with adoptive parents. Any remaining funds may be used for adoption, counseling, training, or advertising. Choose Life License Plate funds may not be used for administrative expenses, legal expenses, or capital expenditures.

4.0 Audit and Attestation Requirements

As specified in Florida Statue subsection 320.08062, all organizations that receive annual use fee proceeds from the Department of Motor Vehicles are responsible for ensuring that proceeds are used in accordance with Florida Statue subsection 320.08056 and 320.08058. Any organization subject to audit pursuant to Florida Statue Section 215.97 shall submit an audit report for review within nine (9) months after the end of the organization's fiscal year to Miami-Dade County. Any organization not subject to audit shall annually attest, under penalties of perjury, that proceeds were used in compliance with Florida Statue subsection 320.08056 and 320.08058.

As specified in Florida Statute subsection 320.08058(29) (b), each agency that receives Choose Life funds must submit an annual attestation to Miami-Dade County. Any unused funds that exceed ten (10) percent of the funds received by the agency during its fiscal year must be returned to the County, who will then distribute them to other qualified agencies.

5.0 Application Procedures and Timetable

5.1 Choose Life License Plate Initiative RFP Timetable

Date/Time	Activity	Location
Friday May 27, 2011	Public Notice of Availability of Choose Life License Plate Initiative RFP	Miami-Dade County's Office of Grants Coordination 111 NW 1st Street, 19th Floor Miami, Florida 33128 (305) 375-4742
Monday June 6, 2011 12:00 Noon	RFP Released – Available to the Public	Miami-Dade County's Office of Grants Coordination 111 NW 1st Street, 19th Floor Miami, Florida 33128 (305) 375-4742 www.miamidade.gov/grants
Friday June 10, 2011 1:30 pm - 3:30 pm	**Mandatory Pre-Proposal Conference**	Stephen P. Clark Center 111 NW 1st Street, 19th Floor Conference Room Miami, Florida 33128 (305) 375-4742 for directions only
Tuesday June 14, 2011 Before 5:00 pm	Last day to submit written questions by US mail, fax or e-mail	Theresa Fiano, Assistant Director Office of Grants Coordination 111 NW 1st Street, 19th Floor Miami, Florida 33128 (305) 375-4742 Fax: (305) 375-4049 E-mail: FianoT@miamidade.gov
Monday June 20, 2011 Before 4:00 pm	**DEADLINE FOR SUBMISSION OF PROPOSALS FOR CHOOSE LIFE LICENSE PLATE INITIATIVE – NO LATER THAN 4:00 PM**	Miami-Dade County Clerk of the Board of County Commissioners Stephen P. Clark Center 111 NW 1st Street, Suite 17-202 Miami, Florida 33128
Thursday June 23, 2011 10:00 am – 1:00 pm	Review/Selection Committee Meeting	Office of Grants Coordination (Director's Conference Room) 111 NW 1st Street, 19th Floor Miami, Florida 33128
Monday June 27, 2011	County Manager's Recommendations/Announcement	
Wednesday June 29, 2011	Notice to Providers of 2009-2010 Choose Life License Plate Initiative Awards	

5.2 Distribution Site for Choose Life License Plate Initiative RFP

The Choose Life License Plate Initiative RFP will be available beginning at 12:00 noon, Monday, June 6, 2011, at the following locations:

Miami-Dade County's Office of Grants Coordination
111 NW 1st Street, 19th Floor, Miami, Florida 33128

www.miamidade.gov/grants

Copies of the Choose Life License Plate Initiative RFP will also be available at the Pre-Proposal Conference.

Applicants who obtain copies of this RFP must register by completing the pick-up log with their current contact information. Those who do not register by completing the pick-up log with their contact information, or who obtain copies from sources other than those listed in this section of the RFP, risk the potential of not receiving a complete document and/or any addendum/a, as their names will not be included on the list of registered agencies participating in the process for this particular RFP. Any such applicants are solely responsible for those risks.

5.3 Technical Assistance

5.3.1 Designated Contact Person

Miami-Dade County is committed to providing technical assistance to prospective applicants for this RFP. Questions must be submitted in writing, and received by US mail, fax or e-mail no later than 5:00 pm Tuesday, June 14, 2011. Applicants for these funds are encouraged to submit any written questions about the programmatic or technical aspects of the RFP in writing to the County by fax or email by this deadline.

Please address all correspondence to the Designated Contact Person for this RFP:

Theresa Fiano, Assistant Director
Office of Grants Coordination
111 NW 1st Street, 19th Floor
Miami, Florida 33128
(305) 375-4742
Fax: (305) 375-4049
E-mail: FianoT@miamidade.gov

Under the Cone of Silence provisions described in Section 5.15 of this RFP, the written submission of questions or attendance at the mandatory Pre-Proposal Conference session will be the only opportunities to ask technical questions about this RFP.

5.3.2 Pre-Proposal Conference Session

Attendance at the scheduled Pre-Proposal Conference session, to be conducted by Miami-Dade County, is mandatory. This session will provide an opportunity for applicants to ask questions about any requirements of this RFP. Applicants who do not attend this mandatory conference will not be allowed to submit an RFP for review and consideration.

Miami-Dade County will offer the following
Pre-Proposal Conference Session

Date and Time	Location
Friday **June 10, 2011** **1:30 pm - 3:30 pm**	Stephen P. Clark Center 111 NW 1st Street, 19th Floor Conference Room Miami, FL 33128 (305) 375-4742

5.4 Proposal Deadline

Applicants must submit an original plus six (6) copies of their application in a sealed envelope or container addressed to Theresa Fiano, Assistant Director, Miami-Dade County, Office of Grants Coordination (OGC) at:

Miami-Dade County Clerk of the Board
Stephen P. Clark Center
111 NW 1st Street, Suite 17-202
Miami, FL 33128

Applications are due to the Clerk's Office on or before 4:00 pm on Monday, June 20, 2011. Applications will not be accepted at the Office of Grants Coordination. Any Choose Life License Plate Initiative Application delivered to the County Clerk after the deadline listed above will be evaluated by the issuing department, in consultation with the County Attorney's Office, to determine whether the proposal will be accepted as timely.

Applications may be mailed, sent by courier, express-mailed, or hand-delivered to the Clerk's Office. Applications cannot be faxed or e-mailed. Applicants are solely responsible for completing the RFP application, completing all instructions (required forms, etc.), and submitting the materials on time, on or before the submission deadline to the Clerk's Office. The Clerk's Office is open between the hours of 8:30AM and 4:30PM, Mondays through Fridays, excluding County observed holidays.

5.5 Packaging/Labeling Choose Life License Plate Initiative Application

The Label provided in Appendix E must be affixed to the outside of the **sealed** envelope or container.

5.6 Minimum Requirements for Choose Life License Plate Initiative Applications

All applications will be screened by Miami-Dade County's Office of Grants Coordination, to ensure compliance with the following **minimum requirements** for the Choose Life License Plate Initiative:

1) Timely submission of the application package

2) Meets the eligibility requirements of the Florida Statute subsections 320.08058(29), 320.08056 and 320.08062
3) Submission of a complete application package (See Section 8.0, Application Checklist for Fully Completed Application and Prescribed Order)
4) Submission of one original plus six (6) copies of the application package

Without exception, any application that does not meet these minimum criteria will not be considered or reviewed by the Office of Grants Coordination or recommended for funding under the Choose Life License Plate Initiative program.

Miami-Dade County is not responsible for making copies, or otherwise fulfilling the application requirements, for applicants who do not submit the required documentation and number of copies. It is the applicants' responsibility to ensure that their application is submitted timely and complete, with all of the necessary components and documentation required by Miami-Dade County.

5.7 Additional Information/Addenda

Requests for additional information or clarifications must be made in writing and received, via fax or e-mail, by the Designated Contact Person for this RFP, no later than the time and date listed in Section 5.1. The request must contain the applicant's name, organization, address, phone number, fax number, and email address (if available) and a reference to this RFP's Title: 2009-2010 Choose Life License Plate Initiative.

Miami-Dade County will issue responses to inquiries, and any other corrections or amendments it deems necessary, in a written addendum or addenda issued prior to the application due date. Applicants should not rely on any representations, statements or explanations other than those made in this RFP or in any written addendum/a to this RFP. Where there appears to be conflict between the RFP and any addenda issued, the last addendum issued shall prevail. It is the applicant's responsibility to ensure receipt of all addenda. The applicant should verify with the designated contact person, prior to submitting an application, that all addenda have been received. Any and all addenda will be sent via e-mail to all registered participants in this RFP process and will be made available on the website for the Office of Grants Coordination at: http://www.miamidade.gov/grants. Applicants are required to acknowledge the number of addenda received as part of their application. (See the Acknowledgement of Receipt of Addenda Form included in Appendix A of this RFP.)

Applicants who obtain copies of this RFP, and who do not register by completing a pick-up log with their contact information, or who obtain copies from sources other than those listed in this section of the RFP, risk the potential of not receiving a complete document and/or any addendum/a, as their names will not be included on the list of registered agencies participating in the process for this particular RFP. Any such applicants are solely responsible for those risks.

5.8 Pre-Selection Site Visits

Miami-Dade County reserves the right, at its sole discretion, to conduct a pre-selection site visit to review the administrative, programmatic, and fiscal operations of any organization that is being considered for funding under this RFP.

5.9 Pre-Selection Presentations

Miami-Dade County reserves the right, at its sole discretion, to require finalists for this RFP to make a face-to-face presentation to the application review committee as the final step in the selection process.

5.10 Late Applications and Modifications

Applications submitted after the due date and time will be evaluated by the issuing department, in consultation with the County Attorney's Office, to determine whether the proposal will be accepted as timely, for funding under this RFP. Modifications and/or additions received after the application due date are also late, and will not be accepted or considered. By submitting an application under this RFP, the applicant accepts and agrees that it is within the County's sole and absolute discretion whether to accept or whether to review any individual application.

5.11 RFP Postponement or Cancellation

If for any reason, funds are no longer available to support these projects, Miami-Dade County reserves the right to postpone or cancel this RFP at any time. Miami-Dade County may, at their sole and absolute discretion, reject any and all, or parts of any and all applications; re-advertise this RFP; postpone or cancel this RFP process; or waive any irregularities in this RFP or in the applications received as a result of this RFP.

5.12 Costs Incurred by Applicants

Any and all expenses involved in the preparation and submission of applications under this RFP, or any work performed in connection with the development and submission of the application, <u>shall be borne by the applicant(s)</u>. No payment will be made for any responses received by Miami-Dade County, or for any other effort required of or made by the applicants, prior to commencement of work as defined by a contract to be entered into between Miami-Dade County and the entity approved for funding under this RFP.

5.13 Changes/Updates of Applicant's Location or Contact Information

It is the responsibility of the applicant to update its application concerning any changes in its contact information (i.e., telephone number, address).

5.14 Withdrawal of Applications

Applications shall be irrevocable until contracts are awarded unless the application is withdrawn. An application may be withdrawn, in writing only, addressed to Miami-Dade County's designated contact person for this RFP as listed in Section 5.3.1.

5.15 Ex-Parte Communication

Ex-parte communication regarding this RFP is prohibited between any Proposer and any Miami-Dade County Commission Member, or staff member, or any person serving as a reviewer during this competitive application process. Proposers directly contacting Commission members, staff, or reviewers risk elimination of their applications from consideration.

5.16 Cone of Silence

Pursuant to Section 2-11.1(t) of the Miami-Dade County Code, as amended, a "Cone of Silence" is imposed upon each RFP or RFQ after advertisement and terminates at the time a written recommendation is issued. The Cone of Silence prohibits any communication regarding RFPs or RFQs between, among others:

- potential Proposers, service providers, lobbyists or consultants **and** the County's professional staff including, but not limited to, the County Manager and the County Manager's staff, the Mayor, County Commissioners, or their respective staffs;
- the Mayor, County Commissioners or their respective staffs **and** the County's professional staff including, but not limited to, the County Manager and the County Manager's staff; or
- potential Proposers, service providers, lobbyists or consultants, any member of the County's professional staff, the Mayor, County Commissioners or their respective staffs **and** any member of the respective selection committee.

The provisions do not apply to, among other communications:

- oral communications with the staff of the Vendor Assistance Unit, the responsible Contracting Officer, provided the communication is limited strictly to matters of process or procedure already contained in the solicitation document;
- oral communications at pre-proposal conferences, oral presentations before selection committees, contract negotiations during any duly noticed public meeting, public presentations made to the Board of County Commissioners during any duly noticed public meeting; or
- communications in writing at any time with any county employees, official or member of the Board of County Commissioners unless specifically prohibited by the applicable RFP or RFQ documents.

All Proposers will be notified in writing when the County Manager or designee makes an award recommendation.

5.17 Proprietary/Confidential Information

Applicants are hereby notified that all information submitted as part of, or in support of, proposals will be available for public inspection after the opening of proposals, in compliance with Chapter 119, Florida Statutes, popularly known as "Public Records Law." Also, all meetings held in conjunction with this RFP process shall be held in compliance with Chapter 286 Florida Statutes, popularly known as the "Sunshine Law."

5.18 Miami-Dade County Affidavits and Contract Requirements

For purposes of Miami-Dade County's competitive bidding processes, completion of Miami-Dade County Affidavits are a condition of contract award. All organizations awarded funding under the 2009-2010 Choose Life License Plate Initiative will be entering into a contract with Miami-Dade County. Therefore, funded agencies will be required to complete the Department of Procurement Management's Vendor Registration Package and properly execute Miami-Dade County affidavits and required forms prior to the execution of a contract with Miami-Dade

County for Choose Life License Plate Initiative funds. Failure to register and complete the required affidavits and forms will result in the rejection of the application.

Sections 7.1.5 of this RFP contains a detailed description of the vendor registration requirements for Miami-Dade County, including a list of the required affidavits, which are included in Appendix G and H. Applicants may contact the Miami-Dade County Department of Procurement Management at (305) 375-5289 for guidance in completing the Vendor Registration Package and the Vendor Registrations Affidavit Forms. To request a copy of any ordinance, resolution and/or administrative order cited in this RFP, the applicant must contact the Clerk of the Board at (305) 375-5126.

Please note that it is not necessary to submit a Vendor's Registration package or complete the vendor affidavits prior to submitting the application for the 2009-2010 Choose Life License Plate Initiative funds.

5.19 Affirmative Action/Non-Discrimination in Employment, Promotion and Procurement Practices (Ordinance 98-30)

In accordance with County Ordinance No 98-30, entities with annual gross revenues in excess of $5,000,000.00 seeking to contract with the County shall, as a condition of receiving a County contract, have: i) a written affirmative action plan which sets forth the procedures the entity utilizes to assure that it does not discriminate in its employment and promotion practices; and, ii) a written procurement policy which sets forth the procedures the entity utilizes to assure that it does not discriminate against minority and women-owned businesses in its own procurement of goods, supplies, and services. Such affirmative action plans and procurement policies shall provide for periodic review to determine their effectiveness in assuring the entity does not discriminate in its employment, promotion and procurement practices. The foregoing notwithstanding, firms whose Boards of Directors are representative of the population make-up of the nation are exempt from this requirement and must submit, in writing, a detailed listing of their Boards of Directors, showing the race or ethnicity of each board member, to the County's Department of Business Development. Firms claiming exemption must submit, as part of their proposal/bids to be filed with the Clerk of the Board, an appropriately completed and signed Affirmative Action Plan Exemption Affidavit in accordance with Ordinance 98-30 (Appendix B). These submittals shall be subject to periodic reviews to assure that the entities do not discriminate in their employment and procurement practices against minorities and women-owned businesses. It will be the responsibility of each firm to provide verification of their gross annual revenues to determine the requirement for compliance with the Ordinance. Those firms that do not exceed $5 million annual gross revenues must clearly state so in their bid/proposal.

5.20 Rights of Protest

A. A written intent to file an informal protest shall be submitted to the Clerk of the Board and the Office of Grants Coordination within five (5) County workdays of the filing of the County Manager's recommendation. This five-day period begins on the County workday after the filing of the County Manager's recommendation. Such written intent to protest shall state the particular grounds on which it is based.

Please note: There is no fee for filing an informal protest; however, all protests are limited to evidence that the County failed to follow the process outlined in this Request for Proposal.

B. The protester shall then file all pertinent documents and supporting evidence with the Clerk of the Board and mail copies to the Office of Grants Coordination the within three (3) County workdays after the filing of a written intent to protest.

6.0 Evaluation and Selection Process

6.1 Past Performance (Ordinance 98-42)

An applicant's past performance as a prime contractor or subcontractor on previous Miami-Dade County contracts shall be taken into account in evaluating the proposals received for funding under this RFP.

6.2 Individual and Team Proposal Rating and Ranking

Reviewable proposals will be evaluated by a review team comprised of approximately five (5) appointees of Miami-Dade County. Review team members will have the appropriate professional experience and/or knowledge to evaluate proposals. The County will strive to ensure that the review team is balanced with regard to race, ethnicity, and gender, and that all reviewers be screened for any potential conflicts of interest.

Review team members will evaluate and rank proposals on the criteria listed below. The criteria are itemized with their respective weights for a maximum total of 100 points. An applicant may receive the maximum points or a portion of this score depending on the merit of its proposal, as judged by the review team in accordance with the criteria listed below.

Section	Maximum Points
1. Statement of Need	15
2. Past Performance	5
3. Organizational Capacity and Staffing Plan	20
4. Program Plan	40
5. Collaborations, Partnerships, and Coordination of Services	10
6. Budget and Budget Narrative	10
Maximum Score	**100**

6.3 Development of Team Recommendations

Individual reviewers' scores will be totaled and averaged to yield the review team's final score for each proposal. These final scores will determine the ranking and recommendation with respect to funding of each proposal.

6.4 Selection and Notification of Funded Proposals

The review team's final scores, rankings, and recommendations will be submitted to the County Manager of Miami-Dade County who will make the final funding decisions.

After funding decisions are made, all applicants will be notified of the status of their proposal. Contract negotiations with Miami-Dade County will begin on or about Wednesday, June 29, 2011.

7.0 Miami-Dade County Conditions of Contract Award

All organizations awarded funding under the 2009-2010 Choose Life License Plate Initiative will be entering into a contract with Miami-Dade County. This section of the RFP includes a detailed listing of the Vendor Registration Package requirements for Miami-Dade County, including a list of the required Vendor Affidavit Forms, which all are included in Appendices G and H.

In becoming a Registered Vendor with Miami-Dade County, the vendor confirms its knowledge of and commitment to comply with the following:

Appendix G:
1. Affidavit of Miami-Dade County Lobbyist Registration for Oral Presentation
2. Sworn Statement Pursuant to Section 287.133 (3) (a) Florida Statues, on Public Entity Crimes.
3. MDC Provider's Disclosure of Subcontractors and Suppliers – pursuant to Ordinance 97-104.
4. Fair Subcontracting Policies – pursuant to Ordinance 97-35.
5. Sample Resolution for Board of Directors Authorization to Execute Contract.
6. Collusion Affidavit

Appendix H:
Vendor Registration Package:
1. General Business Information
2. Vendor Affidavits Form (Requires Notarized Signature)
3. Vendor Commodity Codes Selection Checklist
4. Vendor Document Checklist and Additional Government Forms

Please note that <u>it is not necessary</u> to submit the Vendor Registration Package (Appendix H) and forms (Appendix G) prior to submitting the application for the Choose Life License Plate Initiative funds, <u>with the exception of the Affidavit of Miami-Dade County Lobbyist Registration for Oral Presentation form. This document must be submitted at the time of application.</u>

7.1 General Conditions

7.1.1 Contract Award(s)

The award recommendation(s), if any, shall be made to the applicant(s) whose application(s) shall be deemed to be in the best interest of Miami-Dade County, at the County's absolute sole discretion. The County's decision of whether to make the award(s) and which application is in the best interest of the County shall be final. The final dollar amount of any award made resultant to this RFP will be determined by Miami-Dade County.

7.1.2 Contract Term

The contract period for the 2009-2010 Choose Life License Plate Initiative will be for a twelve (12) month period.

7.1.3 Indemnification

The successful applicant(s) shall be required to indemnify and save the County harmless from any and all claims, liability, losses, and causes of action, which may arise out of the fulfillment of the ensuing contract. The successful applicant(s) shall pay all claims and losses of any nature whatever in connection therewith, and shall defend all suits, in the name of the County when applicable, and shall pay all costs of judgments which may issue therefrom, except for those caused by the sole negligence of County employees or officers.

7.1.4 Insurance

The successful applicant(s) shall furnish to Miami-Dade County, c/o Risk Management Division, 111 N.W. First Street, Suite 2340, Miami, Florida 33128-1989, Certificate(s) of Insurance which indicate that insurance coverage has been obtained which meets the requirements as outlined below:

- Worker's Compensation Insurance for all employees of the provider as required by Florida Statute 440.
- Public Liability Insurance on a comprehensive basis in an amount not less than $300,000 combined single limit per occurrence for bodily injury and property damage. Miami-Dade County must be shown as an additional insured with respect to this coverage.
- Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work, in an amount not less than $300,000* combined single limit per occurrence for bodily injury and property damage.
- Errors and Omissions Insurance in the name of the provider, when applicable, in the amount not less than $300,000.
- Children's accident insurance in an amount not less than $2,000 per child will be required.

* *Note*: For providers supplying vans or mini-buses with seating capacities of 15 passengers or more, the limit of liability required for Auto Liability is $500,000.

The insurance coverage required above shall include those classifications, as listed in standard liability insurance manuals, which most nearly reflect the operations of the provider. All insurance policies required shall include those classifications, as listed in standard liability insurance manuals, which most nearly reflect the operations of the provider. All insurance policies required above shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:

The company must be rated no less than "B" as to management, and no less than "Class V" as to financial strength, by the latest edition of Best's Insurance Guide, published by A.M. Best Company, Oldwick, NJ, or its equivalent subject to the approval of the County's Risk Management Division – OR – the company must hold a valid Florida Certificate of Authority as shown in the latest "List of All Insurance Companies Authorized or Approve to Do Business in Florida," issued by the State of Florida Department of Insurance and are members of the Florida Guaranty Fund.

Certificates will indicate that no modification or change in insurance shall be made without thirty (30) days written advance notice to the certificate holder.

7.1.5 Miami-Dade County Affidavits and Requirements

To be recommended for award the County requires that vendors complete a Miami-Dade County Vendor Registration Package with all required disclosure affidavits and forms, including the Collusion Affidavit.

Pursuant to sections 2-8.1.1 and 10-33.1 of the Code of Miami-Dade County applicants shall certify by completing and executing a Collusion Affidavit, attached hereto in Appendix G, that they are not related to any of the parties bidding in the competitive solicitation, and that the Applicant's proposal is genuine and not a sham or is collusive or made in the interest or on behalf of any person not named in the Collusion Affidavit. The Applicant must also certify that they have not directly or indirectly induced or solicited any other applicant to put in a sham proposal, or any other person, firm or corporation to refrain from proposing. The Applicant shall further certify that they have not in any manner sought by collusion to secure to the Applicant an advantage over any other applicant. **Failure to provide a Collusion Affidavit within five (5) business days after the recommendation to award has been filed with the Clerk of the Board shall be cause for the contractor to forfeit their bid/proposal bond.**

In addition, all other required documents must be returned to the Department of Procurement Management (DPM), Purchasing Division within Fourteen (14) days of notification of the intent to recommend for award. In the event the Miami-Dade Vendor Registration Package and forms are not properly completed and returned within the specified time, the County may award to the next ranked proposer. Copies of these forms, including the Vendor Registration Package and the Collusion Affidavit are included in Appendix G and H of this RFP.

7.1.6 Audit and Inspection of Records

The successful applicant agrees that Miami-Dade County, or its duly authorized representatives, shall, for the purposes of audit and examination, be permitted to inspect all work materials, payrolls, and other data and records with regard to this contract, and to audit the books, records and accounts with regard to this contract. Further, Contractor agrees to maintain these records for at least five (5) years after Miami-Dade County makes final payment.

7.1.7 Assignment

The successful applicant shall not enter into any subcontracts, retain consultants, or assign, transfer, convey, sublet, or otherwise dispose of the ensuing contract, or any or all of its rights, title or interest herein, or its power to execute such contract to any person, company, or corporation without the prior written consent of Miami-Dade County. Consent of Miami-Dade County does not confer upon the subcontractor any direct right of action against Miami-Dade County, or action against Miami-Dade County through the successful applicant, or involve Miami-Dade County in any expense.

7.1.8 Termination for Convenience

Miami-Dade County may at any time, at its sole discretion, without cause, terminate this contract for its convenience by written notice to the Contractor. The Contractor shall remit to the County any funds to which the Contractor is not entitled as determined by the County.

7.1.9 Termination for Cause, Debarment

The successful applicant will be in default under the contract if it commits a breach of the contract deemed material by the County. Where such a default occurs, the County may terminate the contract and suspend the successful applicants for a period of one year. Failure to meet the terms and conditions of any obligation or repayment schedule to Miami-Dade County or any of its agencies or instrumentalities shall constitute a default of the contract herein entered and may be cause for suspension, termination and/or debarment.

7.1.10 Personnel

In submitting their application, applicants are representing that the personnel in their applications shall be available to perform the services described, barring illness, accident, or other unforeseeable events of a similar nature, in which case the applicants must be able to provide a qualified replacement. Furthermore, if the successful applicant is a non-county organization, all personnel shall be considered to be, at all times, the sole employees of the applicants under its sole direction, and not employees or agents of the County.

Applicants agree to comply with all applicable laws, regulations and ordinances regarding background screening of all Applicants' personnel, agents and volunteers. Applicants agree to ensure personnel, agents and volunteers pass Level 2 screening prior to working in direct contact with vulnerable persons as determined by Florida statute.

7.1.11 Terms of Payment/Reimbursement

Miami-Dade County agrees to reimburse the Provider for services rendered under this Agreement based on a line item budget. The Provider agrees to submit payment requests to Miami-Dade County accompanied by such documentation as requested by Miami-Dade County. It is anticipated that providers will be reimbursed within a four-week period; however, it is the responsibility of the provider to maintain sufficient cash flow pending receipt of reimbursement. Any costs which are not approved by the County are the sole responsibility of Provider.

7.1.12 Contracting Process

The successful applicant will be required to submit all documents necessary for contract development (i.e., revised budget, scope of service, vendor application, affidavits, resolution from organization's Board of Directors, and Certificate of Insurance) at the time the contract is submitted for execution. If insurance is a line item in the budget, a certificate must be submitted within thirty (30) days.

7.1.13 Negotiations

Miami-Dade County may award a contract on the basis of initial applications received, without discussions. Therefore, each initial offer should contain the applicant's best terms from a monetary and technical standpoint. Miami-Dade County reserves the right to enter into contract negotiations with applicant(s). If Miami-Dade County and the selected applicant cannot negotiate a successful contract, the County may terminate said negotiations and begin negotiations with another selected applicant. This process will continue until a contract acceptable to the County has been executed or all applications are rejected. No applicant shall have any rights against the County arising from such negotiations or termination thereof.

7.1.14 Rules, Regulations and Licensing Requirements

Applicants shall comply with all laws, ordinances, and regulations applicable to this Request for Proposals and to the services contemplated herein, especially those applicable to conflict of interest and collusion. Applicants are presumed to be familiar with all federal, state and local laws, ordinances, codes, rules and regulations that may in any way affect this RFP or the goods or services offered, especially Executive Order No. 11246 entitled "Equal Opportunity" and as amended by Executive order No. 11375, as supplemented by the Department of Labor Regulations (41 CFR, Part 60), as may be amended from time to time, the Americans with Disabilities Act of 1990 and implementing regulations, as may be amended from time to time, the Rehabilitation Act of 1973, as may be amended from time to time, Chapter 553 of Florida Statues, as may be amended from time to time, and any and all other local, State and Federal directives, ordinances, rules, orders, and laws in general and also as relating to people with disabilities.

7.2 Conflict of Interest: Contracting with the County

Applicants agree to abide by the requirements of Section 2-11.1 of the Miami-Dade County Code. Pursuant to 2-11.1(c) of Miami-Dade County Code, employees, departmental personnel, advisory personnel, quasi-judicial personnel, autonomous personnel and commissioners are prohibited from entering into any contract or transacting any business with the county if that person or his or her immediate family has a financial interest, direct or indirect; or through a firm, corporation, partnership or business entity in which that person or his or her immediate family has a controlling financial interest, direct or indirect.

However, a County employee or his or her immediate family is not- prohibited from entering into any contract with the county, individually or through a firm, corporation, partnership or business entity in which the employee or his or her immediate family has a controlling financial interest as long as: 1) entering into the contract will not interfere with the full and faithful discharge by the employee of his or her duties to the county; 2) the employee has not participated in determining the contract requirements or awarding the contracts; and, 3) the employee's job responsibilities and job description do not require him or her to be involved with the contract in any way. However, an employee or his or her immediate family member cannot enter into a contract with Miami-Dade County if the contract is to be enforced, overseen or administered by the department in which the employee is employed. Any affected County employee shall seek a conflict of interest opinion from the Miami-Dade County Commission on Ethics and Public Trust prior to submittal of a bid, response or application of any type of contract with the County. The employee may seek a waiver with the Board of County Commissioners if the Miami-Dade County Commission on Ethics and the Public trust finds that a conflict exists. A copy of the request for conflict of interest opinion, and any opinion or waiver, must be submitted with the response to the solicitation to contract with the county. A copy of the request for conflict of interest opinion, and any opinion or waiver, must be submitted with the response to the solicitation to contract with the County. For additional information, please contact the Ethics Commission hot line at (786) 314-9560.

7.3 Current Obligations, Ordinance 99-162

No individual or entity who is in arrears in any payment under a contract, promissory note or other loan document with the county, or any of its agencies or instrumentalities, including the Public Health Trust, either directly or indirectly through a corporation, partnership or joint venture in which the individual has a controlling financial interest as defined in 2-11.1(b) (8) of the Miami-Dade County Code shall be allowed to receive any additional county contracts, purchase orders or extensions of county contracts until either the arrearage has been paid in full, or the County has agreed in writing to a repayment schedule.

7.4 Meeting Obligations through Fraud (Section 2-8.4.1 of County Code)

If, for any reason, the applicant should attempt to meet its obligations under the awarded agreement through fraud, misrepresentation or material misstatement, the County shall, whenever practicable, terminate the agreement by giving written notice to the provider of such termination and specifying the effective date thereof, at least five (5) days before the effective date of such termination. The County may terminate or cancel any other contracts which such individual or entity has with the County. Any individual or entity who attempts to meet its contractual obligations with the county through fraud, misrepresentation or material misstatement may be debarred from County contracting for up to five (5) years.

7.5 Inspector General Reviews

Miami-Dade County has established the Office of the Office of Inspector General which is empowered to perform random audits on all County contracts throughout the duration of each contract.

The Miami-Dade County Inspector General is authorized and empowered to review past, present and proposed County and Public Health Trust programs, contracts, transactions, accounts, records and programs. In addition, the Inspector General has the power to subpoena witnesses, administer oaths, require the production of records and monitor existing projects and programs. Monitoring of an existing project or program may include a report concerning whether the project is on time, within budget and in compliance with plans, specifications and applicable law.

The Inspector general is empowered to analyze the necessity of and reasonableness of proposed charge orders to the Contract. The Inspector General is empowered to retain the services of independent private sector inspectors general (IPSIG) to audit, investigate, monitor, oversee, inspect and review operations, activities, performance and procurement process including but not limited to project design, bid specifications, proposal submittals, activities of the Provider, its officers, agents and employees, lobbyists, County staff and elected officials to ensure compliance with contract specifications and to detect fraud and corruption.

Upon ten (10) days prior written notice to the Provider from the Inspector General or IPSIG retained by the Inspector General, the Provider shall make all requested records and documents available to the Inspector General or IPSIG for inspection and copying. The Inspector General and IPSIG shall have the right to inspect and copy all documents and records in the Provider's possession, custody or control which, in the Inspector General or IPSIG's sole judgment, pertain to performance of the contract, including, but not limited to original estimate files, worksheets, proposals and agreements from and with successful and unsuccessful subcontractors and suppliers, all project-related correspondence, memoranda, instructions, financial documents, construction documents, proposal and contract documents, back-charge documents, all documents and records which involve cash, trade or volume discounts, insurance proceeds, rebates, or dividends received, payroll and personnel records, and supporting documentation for the aforesaid documents and records.

The provisions in this section shall apply to the Provider, its officers, agents, employees, subcontractors and suppliers. The Provider shall incorporate the provisions in this section in all subcontractors and all other agreements executed by the Provider in connection with the performance of the contract.

Nothing in this contract shall impair any independent right of the County to conduct audit or investigative activities. The provisions of this section are neither intended nor shall they be construed to impose any liability on the County by the Provider or third parties.

7.6 Subcontractors

Applicants agree to abide by all laws, requirements and ordinances that may apply, including but not limited to Section 2-8.8 of the Miami-Dade County Code. If this agreement involves the expenditure of $100,000 or more by the County and the applicant intends to use subcontractors to provide the services or suppliers to supply the materials, the applicant shall provide the names of the subcontractors and suppliers as a condition of award. Applicant agrees that it will not change or substitute subcontractors or suppliers from those listed without prior written approval of the County.

7.7 Civil Rights

Applicants agree to abide by Chapter 11A of the Code of Miami-Dade County ("County Code"), as may be amended from time to time, which includes prohibitions on discrimination in employment, housing and public accommodations on the basis of race, creed, religion, color, sex, familial status, marital status, sexual orientation, pregnancy, age, ancestry, national origin or handicap; Title VII of the Civil Rights Act of 1968, as may be amended from time to time, which prohibits discrimination in employment and public accommodation; the Age Discrimination Act of 1975, 42 U.S.C. §6101, as may be amended from time to time, which prohibits discrimination in employment because of age; the Rehabilitation Act of 1973, 29 U.S.C. §794, as may be amended from time to time, which prohibits discrimination on the basis of disability; the Americans with Disabilities Act, 42 U.S.C. §12101 et seq. as may be amended from time to time, which prohibits discrimination in employment and public accommodations because of disability; the Federal Transit Act, 49 U.S.C. §1612, as may be amended from time to time; and the Fair Housing Act, 42 U.S.C. §3601 et seq. as may be amended from time to time.

8.0 Application Checklist for Fully Completed Application and Prescribed Order

- **Required Choose Life Certification and Forms (Appendix A)**
- Cover Sheet
- Choose Life License Plate Initiative Certification Form
- Acknowledgment of Addenda
- Affirmative Action Plan Exemption Affidavit (if applicable)

1) **Required Attachments**
   - Proof of not-for-profit corporate status and is in good standing (current organization's Certificate of Status from the Division of Corporations, Florida Department of State)
   - Proof of federal tax ID number
   - Current Articles of Incorporation
   - Current bylaws
   - Current fiscal year budget
   - Most recent audit/financial statement and management letter, if available
   - Current Board of Directors List (Appendix B)

2) **Proposal Narrative (Appendix B)**

3) **Goals and Activities and Outputs and Data Worksheets (Appendix C)**

4) **Budget Forms and Budget Instructions (Appendix D)**

5) **Label – (Taped on outside of application package) (Appendix E)**

6) **Proposal Reviewer Rating Form (Appendix F)**

7) **Affidavits and Requirements (Appendix G)**

8) **Vendor Registration package (Appendix H)**

Please submit an original plus six (6) copies of your completed application to the Office of the Clerk, Stephen P. Clark Center, 111 NW 1st Street, 17th Floor, Miami, FL 33128 before 4:00 pm on Monday, June 20, 2011.

MIAMI-DADE COUNTY

Appendix A

2009-2010 Choose Life
License Plate Initiative

Application Checklist for Fully Completed Application and Prescribed Order

---

COVER SHEET

Certification of eligibility to apply to Miami-Dade County, for 2009-2010 Choose Life License Plate Initiative funds, according to Florida Statute

<u>APPLICATION FOR 2009-2010 CHOOSE LIFE LICENSE PLATE INITIATIVE FUNDS</u>

Name of Agency	
Federal Tax ID Number	
Street Address (Street, City, State, Zip)	
Mailing Address (if different) (Street, City, State, Zip)	
Agency Phone	
Agency Fax	
Officer or Director Title	
Email address	
Amount Requested	$

Choose Life License Plate Initiative Certification Form

Please check **YES** or **NO** to the following questions; then complete the certification at the end.

1) Is your agency located in Miami-Dade County?

☐ YES ☐ NO

2) Does your agency comply with the requirement that recipients of financial assistance not be discriminated against for any reason, including, but not limited to race, family status, color, religion, national origin, handicap (disability) or age?

☐ YES ☐ NO

3) Do you understand that qualified agencies for Choose Life License Plate Initiative funds are defined in Florida Statute subsection 320.08058(30) as nongovernmental, not-for-profit agencies within the county, which agencies' services are limited to counseling and meeting the physical needs of pregnant women who are committed to placing their children for adoption; and that funds may not be distributed to any agency that is involved or associated with abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising, and funds may not be distributed to any agency that charges women for services received?

☐ YES ☐ NO

4) Do you understand that agencies receiving Choose Life License Plate Initiative funds must use at least 70 percent of the funds to provide for the material needs of pregnant women who are committed to placing their children for adoption, including clothing, housing, medical care, food, utilities, and transportation; such funds may also be expended on infants awaiting placement with adoptive parents; and the remaining funds may be used for adoption, counseling, training, or advertising, but may not be used for administrative expenses, legal expenses, or capital expenditures?

☐ YES ☐ NO

5) Do you understand that each agency that receives Choose Life License Plate Initiative funds must submit an annual attestation to the County and an annual audit, prepared by a certified public accountant, to the county or that the county may conduct a consolidated audit in lieu of the annual audit and that any unused funds that exceed 10 per cent of the funds received by the agency during its fiscal year must be returned to the county, which shall distribute them to other qualified agencies?

☐ YES ☐ NO

6) Does your agency provide qualified (as defined above) services within Miami-Dade County?

☐ YES ☐ NO

7) Is your agency in compliance with the prohibition against involvement or association with abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising?

☐ YES ☐ NO

8) Have you attached documentation of your agency's not-for-profit status with the State of Florida?

☐ YES ☐ NO

I agree to comply with the provision of Florida Statute subsections 320.08058(30), 320.08056 and 320.08062 and further certify that the statements above are true and correct and are the established policies of my agency, to the best of my knowledge and belief.

I also certify that all of the information contained in this application is true and accurate. I understand that material omission or false information contained in this application constitutes grounds for disqualification of the Applicant(s) and this application. I further understand that by submitting an application I, as an authorized representative of the organization, am accepting the terms and conditions as they appear in the RFP.

Signature	Title
Print Name	Date
Agency Name	

Corporate Seal
Miami-Dade County, FL

or

Notary Stamp and
Signature

2009-2010 Choose Life License Plate Initiative

ACKNOWLEDGEMENT OF ADDENDA

Instructions: Complete Part I or Part II, whichever is applicable.

PART I: Listed below are the dates of issue for each Addendum received in connection with this solicitation:

Addendum #1, Dated ______________________________________, 2011

Addendum #2, Dated ______________________________________, 2011

Addendum #3, Dated ______________________________________, 2011

Addendum #4, Dated ______________________________________, 2011

Addendum #5, Dated ______________________________________, 2011

Addendum #6, Dated ______________________________________, 2011

PART II: _____ No Addendum was received in connection with this solicitation.

Authorized Signature: ____________________________________ Date: ___________

Print Name: ____ Title: ___________

Federal Employer Identification Number: _____________________________________

Organization Name: ____

Address: ____

City/State/Zip: ____

Telephone: __________________________ Fax: ______________________________

MIAMI-DADE COUNTY

Appendix B

2009-2010 Choose Life
License Plate Initiative

Proposal Narrative

2009-2010 Choose Life License Plate Initiative - Proposal Narrative

1. Statement of Need (half page maximum) (15 points)

Briefly identify the types of material services needed by the pregnant women, or infants awaiting placement with adoptive parents, who will be served by your agency. Identify whether services will be directed to a specific neighborhood or demographic of this targeted population.

2. Past Performance (one page maximum) (5 points)

Within the past three years, please state if your agency has:

a. satisfactorily met all its outcomes and performance measures in contracts between your agency and your funders. If your agency has not met its performance measures or outcomes, identify the contract(s), the funding source(s) and the problem(s).
b. been required to submit a corrective action plan to a funder. If so, identify the contract(s) and the funding source(s). Was/were a plan(s) submitted in a timely fashion and was/were it/they approved by the funder? Was/were the corrective action plan(s) implemented successfully?
c. had a contract prematurely terminated by a funder? If so, identify the contract(s) and the funding source(s). What were the reasons for termination? What steps has your agency taken to correct any problems?

3. Organizational Capacity and Staffing Plan (one page maximum) (20 points)

Briefly describe your agency's mission, goals and past experience providing adoption and related services to the target population. Describe your agency's cultural and linguistic competency to serve this client group. Describe how your agency is organized, how supervision will be provided for this project, how the agency plans to document services provided and related outputs, and who will be responsible for completion of any program and fiscal reports required by Miami-Dade County to document the expenditure of 2009-2010 Choose Life License Plate Initiative funds. An applicant's past performance as a prime contractor or subcontractor on previous Miami-Dade County contracts shall be taken into account in evaluating your agency's organizational capacity.

Required Attachments: Proof of corporate not-for-profit status and certificate of status (organization's current Certificate of Status from the Division of Corporations, Florida Department of State); proof of federal tax ID number; current Articles of Incorporation; current bylaws; current fiscal year budget; most recent audit/financial statement and management letter, if available; and current Board of Directors list (form provided below in Appendix B).

4. Program Plan (one page maximum, excluding work sheets) (40 points)

Describe your agency's proposed program/services and its approach for providing and evaluating the permitted services and for documenting the expenditure of 2009-2010

Choose Life License Plate Initiative funds. Include an explanation of how the target population(s) will be identified and recruited for provision of services. Applicants **must** complete and submit the two (2) planning worksheets provided below in Appendix C to identify the program's expected goals and activities, outputs and data. Lastly, explain how your agency will be able to utilize all of these funds within the twelve (12) month contract period. **After Monday, June 6, 2011, the worksheet forms may be requested via email from the designated contact person for this RFP.**

5. Collaborations, Partnerships and Coordination of Services (one page maximum) (10 points)

Describe your agency's existing collaborations, partnerships, or coordination of services with other organizations within the community, if any. Specifically explain how your agency will coordinate services with other providers in the community who are also providing services to this target population.

6. Miami-Dade County Required Budget Forms and a Budget Narrative (10 points)

All applicants for Choose Life License Plate Initiative funds must complete Miami-Dade County's budget forms, and write a brief narrative in which each line item expense is explained.

The budget forms and instructions are included below in Appendix D. **After Monday, June 6, 2011, the budget forms may be requested via e-mail from the designated contact person for this RFP.**

Please note that at least 70% of the funding must be utilized to provide for the material needs of pregnant women who are committed to placing their children for adoption, including clothing, housing, medical care, food, utilities, and transportation, and that such funds may also be expended on infants awaiting placement with adoptive parents. Any remaining funds may be used for adoption, counseling, training, or advertising costs, but may not be used for administrative expenses, legal expenses, or capital expenditures.

2009-2010 CHOOSE LIFE LICENSE PLATE INITIATIVE
Request for Proposal

Board of Directors List

Name of the Agency: ____

Board Member Name and Address	Office Held (if any)	Affiliation (e.g. Clergy, Social Worker, Parent, Local Business)	Length of Service on Board	Phone Number

MIAMI-DADE
COUNTY

APPENDIX C

2009-2010 Choose Life

License Plate Initiative

2009-2010

Goals and Activities Worksheet
and
Outputs and Data Worksheet

Goals and Activities Worksheet

What are the **expected outcomes** of the program? Outcomes are realistic, measurable expected changes and benefits for the population served during or after participating in program services or activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes.	What are the **activities** to be undertaken? What will the program staff or volunteers actually do for, to, or with the participants (e.g., the specific events, services, interventions, etc., to be undertaken)?	What **inputs and resources** will be required to achieve the expected outcomes and fully accomplish each activity? Include staffing (responsible parties) and other financial organizational and community resources (e.g., training, space, equipment, etc.), as are reflected within the program budget.

Outputs and Data Worksheet

	Data Sources and Methods		
What are the **outputs?** Outputs are the direct products and evidence of service delivery and the work of the program, including the volume of work accomplished (i.e., number of individuals served; quantity of material services offered; number of classes offered, brochures distributed, etc.)	What **data sources and methods will be used** to measure outcomes and outputs (e.g., self-report surveys, sign-in sheets, observations by staff, etc.)	**When will data be collected?** (every week, at program end, etc.)	**Whose responsibility** will it be to collect and report the data? (e.g., staff position, consultant, volunteer, etc.)

MIAMI-DADE COUNTY

APPENDIX D

2009-2010 Choose Life
License Plate Initiative

2009-2010

Budget Forms
and
Budget Instructions

Miami-Dade County	Column1	Column2	Column3	Column4	Column5	Column6	Column7	Column8	Column9	Column10	Column11	Column12	Column13	Column14	Column15	Column16	Column17	Column18	Column19	Column20

2009-2010 CHOOSE LIFE LICENSE PLATE INITIATIVE

Agency and Program Budget

A) GENERAL

Organization:

Address: City, State & Zip Code:

Contact Person:

Telephone: Fax: E-Mail:

Agency fiscal year:

B) AGENCY BUDGET

Source of Funding	Funding/Grant Period	Agency Budget	Program Budget
Requested Grant Amount for this Program			
Other Miami-Dade County Grants (specify Source/Department)			
Federal Grants (Specify Source)			
State Grants (Specify Source)			
Foundations/Charitable Organizations (Specify Source)			
Fees/Other Revenue (Specify Source)			
In-Kind Contributions			
	TOTAL BUDGET	$ -	$ -

C) BUDGET SUMMARY FOR PROPOSED PROJECT/PROGRAM

CATEGORY	REQUESTED AMOUNT	DESCRIPTION
Personnel		Salaries & Fringes
Operating		All Other Costs
Capital		Property/Equipment > $750
TOTAL BUDGET	$ -	

D) BUDGETED OPERATING EXPENSES

Project Name:

Period: **/**/20** to **/**/20** months

NAME OF FUNDING SOURCE:		MDC OGC								In-Kind		TOTAL	
		%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount
Salaries:													
Position	Name / Annual Salary		-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
	TOTAL FTE/Salaries	-	-	-	-	-	-	-	-	-	-	-	-
Fringe Benefits:													
Fica/Mica	Rate: 7.65%		-		-		-		-		-	0%	-
Workman's Comp.	Rate:		-		-		-		-		-	0%	-
Unemployment	Rate:		-		-		-		-		-	0%	-
Health Ins.	Monthly Cost per staff:		-		-		-		-		-	0%	-
Life Ins.	Monthly Cost per staff:		-		-		-		-		-	0%	-
Retirement	Provide rationale & calculations												
Other	Specify & provide rationale & calculations											0%	-
												0%	-
												0%	-
	TOTAL Fringe Benefits		-		-		-		-		-		-

D) BUDGETED OPERATING EXPENSES

Project Name:

Period: */**/20** to **/**/20** | months

NAME OF FUNDING SOURCE:	Annual Cost	MDC OGC %	MDC OGC Amount	%	Amount	%	Amount	%	Amount	In-Kind %	In-Kind Amount	TOTAL %	TOTAL Amount
Operating Expenses:													
Space			-		-		-		-		-	0%	-
Lease / Rent			-		-		-		-		-	0%	-
Maintenance			-		-		-		-		-	0%	-
Electricity			-		-		-		-		-	0%	-
Telephone			-		-		-		-		-	0%	-
Water & Sewer			-		-		-		-		-	0%	-
Other:													
Supplies			-		-		-		-		-	0%	-
Office including reproduction			-		-		-		-		-	0%	-
Program Supplies			-		-		-		-		-	0%	-
Other:													
Equipment			-		-		-		-		-	0%	-
Lease / Rent			-		-		-		-		-	0%	-
Maintenance			-		-		-		-		-	0%	-
Other:													
Insurance			-		-		-		-		-	0%	-
Liability/Bond/Property			-		-		-		-		-	0%	-
Auto			-		-		-		-		-	0%	-
Other:													
Travel			-		-		-		-		-	0%	-
Local, including tolls & parking			-		-		-		-		-	0%	-
Out-of-town													
Professional Services (list each)			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
Minor Equipment (less than $750, list each)			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
Major/Capital Equipment ($750 or more, list each)			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
Other:	Specify & provide rationale & calculations		-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
			-		-		-		-		-	0%	-
TOTAL Operating Expenses			-		-		-		-		-		-
Indirect Costs	Agency Rate(1):												
	Cost for this program:		-		-		-		-		-	0%	-
TOTAL BUDGET		0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -	0.0%	$ -

(1) Agency must provide documentation of the indirect rate from either a state or federal agency, or independent auditor certifying the rate along with the Cost Allocation Plan. Funders may place restrictions such as caps on Indirect Costs.

A comprehensive narrative that includes explanation and calculation for all budgeted costs must be attached.

Agency and Program Budget Instructions

The Agency and Program Budget Form has four sections: (A) General, (B) Agency Budget, (C) Budget Summary for Proposed Project/Program, and (D) Budgeted Operating Expenses.

This document was created as an MSExcel spreadsheet to assist with the calculations and it is available by request via e-mail from the designated contact person for this RFP. Columns and rows may be added to accommodate the specific needs of any agency and program.

Shaded areas on the spreadsheets indicate fields that must be completed.

A) General

Use this section to provide general information about the agency. All fields are required. The County or its representatives may contact the Contact Person listed under this heading regarding the budget.

B) Agency Budget

This section is a summary of the entire funding for the Agency broken down by source, as well as a summary of funding sources for the particular project covered by this budget. The table in this section contains four columns as follows:

- Source of Funding: use this column to list each funding source. Be specific by listing the major entity and any department or subdivision of each funding stream.
- Funding/Grant Period: use this column to list the grant period of each grant.
- Agency Budget: use this column to list the total amount your agency receives from that funding source, including any funds that will be used for this program.
- Program Budget: use this column to list any amounts that will be used to support this program.

The Source of Funding column separates the sources of funding as follows:

- Requested Grant Amount for this Program: use this line to list the amount being requested for this program.
- Other Miami-Dade County Grants: list any grants the agency receives other than those listed directly above. Enter the entire amount under the Agency Budget column. If any part of any of these grants will be used to support this program, enter that amount under the Program Budget column.
- Federal Grants: specify department/source, grant period, and grant amount. Enter the entire amount under the Agency Budget column. If any part of any of these grants will be used to support this program, enter that amount under the Program Budget column.
- State Grants: specify department/source, grant period, and grant amount. Enter the entire amount under the Agency Budget column. If any part of any of these grants will be used to support this program, enter that amount under the Program Budget column.
- Foundations/Charitable Organizations: specify source, grant period, and grant amount. Enter the entire amount under the Agency Budget column. If any part of any of these grants will be used to support this program, enter that amount under the Program Budget column.

- Fees/Other Revenues: specify source, period (if this is a constant source, provide a period equivalent to two years), and amount. **(Do not include in-kind contributions in this section.)** Enter the entire amount under the Agency Budget column. If any part of any of these grants will be used to support this program, enter that amount under the Program Budget column.
- In-Kind Contributions: specify source, period, and amount. In-kind contributions that support this program must be clearly detailed in the budget narrative. Enter the entire amount under the Agency Budget column. If any part of any of these grants will be used to support this program, enter that amount under the Program Budget column.

C) Budget Summary for Proposed Project/Program

Complete only for the proposed project budget:

- Personnel: The subtotal of combined Salaries & Fringes.
- Operating: All operating costs in the proposed budget other than salaries, fringe benefits, and capital.
- Capital: Property and equipment valued $750 or more being purchased with funds from this request.

These numbers should reflect, in total and by category, the dollar amount of your agency's request.

D) Detailed Narrative Budget Justification

This section relates solely to the budget of the program being proposed/requested.

- Project Name: list the name of the program, not that of the agency.
- Period: list the beginning and end dates of the program, and the number of months covered by that period.

Each budget must include proposed costs that are necessary for the provision of services. Calculations must be included to demonstrate how costs were derived. In the detail and calculations, do not commingle one time cost items with recurring cost items. All items must be clearly explained and well justified. Justifications must show why proposed costs are reasonable and necessary for the operation of the activity.

If the cost of items will be shared by other funding sources, a cost allocation plan must be included. A cost allocation plan is the document identifying and justifying the procedure for accumulating and distributing allowable costs in the budget, together with the allocation methods used. There are various cost distribution methods, which can be used to determine the percentage share of costs between each funding source. The method applied should be the most rational and systematic in light of the purposes of the grant request.

Name of Funding Source:

Head each column with the name of each funding source supporting this program. The first column should be used for the costs associated with this funding request. The last column should be used for In-kind contributions supporting this program.

Salaries:

- List the position name for each staff person in this program (i.e. Case Manager, Coach, etc.)

- List the name of each staff person in the program. If the name is not available, write TBA (To Be Announced). A complete Job Description should be attached.
- List the annual salary for each staff person.
- Under each column, list the appropriate percentage of each position allocated to each funding source. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column and the totals.

Fringe Benefits:

- FICA/MICA: List the rate as set by the Internal Revenue Service. The current rate of 7.65% is provided, but you should confirm its accuracy every time this form is completed. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column.

- Workman's Comp.: list the agency's rate for Workman's Compensation Insurance. Note that the rate may vary per position and that you may need to alter the form to account for this variation. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column.

- Unemployment: list the agency's rate for Unemployment Compensation Insurance. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column.

- Health Ins.: list the monthly cost of health insurance per staff. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column using the FTE (Full-time Equivalent) and the length of the program. Note that if some staff does not have insurance coverage for any part of the program, you may need to alter the form to account for this variation.

- Life Ins.: list the monthly cost of life insurance per staff. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column using the FTE (Full-time Equivalent) and the length of the program. Note that if some staff does not have insurance coverage for any part of the program, you may need to alter the form to account for this variation.

- Retirement: list the program cost for retirement benefits. You must include the rationale and calculations of the amounts entered in the budget narrative.

- Other: use these rows to list any other fringe benefit offered by the agency for the program staff. You must include the rationale and calculations of the amounts entered in the budget narrative.

Operating Expenses:

This Section should be used to list all expenses associated with this program that are not staff salaries or fringe benefits.

Supplies:

- Office, including reproduction: list the annual cost of these supplies and the percentage allocation for each funding source. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column. The budget narrative should include a description of the supplies to be purchased with these funds and a rationale (including calculation) of how the annual amount was determined. These funds may not be used to purchase equipment.

- Program Supplies: list the annual cost of supplies that will be used by the clients/participants and the percentage allocation for each funding source. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column. The budget narrative should include a description of the supplies to be purchased with these funds and a rationale (including calculation) of how the annual amount was determined. These funds may not be used to purchase equipment.

- Other: use this row for any other supply costs related to operating the program. The budget narrative should include a detailed explanation of these costs.

Equipment:

This category should NOT be used to list the cost of purchasing any equipment. There is a special line item in this budget form for that type of expense.

- Lease/Rent: List the annual cost of leasing/renting the equipment used for activities necessary to administer the program and the percentage allocation for each funding source. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column. The budget narrative should include the following:
  1. Name of item and description of each piece of equipment for which a cost has been budgeted with an explanation of how the equipment will support the program (i.e., to make the necessary copies of the flyers)
  2. Description, including calculations of how the annual costs were determined.
  3. Any other costs included in the rental/lease agreement (i.e., maintenance)

  If the cost is allocated to more than one program, the basis and method used to distribute the cost must be reasonable and properly documented. A copy of the Lease/Rental Agreement is required at time of contract negotiation/signing.

- Maintenance: List the annual cost of maintaining the equipment used for activities necessary to administer the program and the percentage allocation for each funding source. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column. The budget narrative should include the following:
  1. Name of item and description of each piece of equipment for which a cost has been budgeted with an explanation of how the equipment will support the program (i.e., to make the necessary copies of the flyers)
  2. Description, including calculations of how the annual costs were determined.
  3. Any other costs included in the maintenance agreement (i.e., consumables such as toner for a copier)

The budget narrative should include the frequency of the activity, the cost of each occurrence, and the allocation. If the cost allocation plan is not like that of the lease/rental agreement, you should provide a detailed justification for the variance. A copy of the Lease/Rental Agreement is required at time of contract negotiation/signing.

- Other: use this row for any other costs related to equipment necessary for operating the program. The budget narrative should include a detailed explanation of these costs.

Professional Services:
This area should be used for any contracted professional services. List a general description (i.e., teacher, psychologist, etc.), the annual cost and the percentage allocation for each funding source. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column. The budget narrative should include the following:

1. Purpose of the services
2. Period of the services
3. Cost per unit of service (i.e. hour, class, session)

If the cost is allocated to more than one program, the basis and method used to distribute the cost must be reasonable and properly documented. The service contract must be submitted to the County for approval PRIOR to commencing services.

Minor Equipment:
List all equipment being purchased for this program that costs less than $750.00 per unit. Each item to be purchased must be listed with its respective cost and percentage allocation for each funding source. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column. The budget narrative should include the following:

1. Description of each item
2. Purpose of each item
3. Cost per unit

If the cost is allocated to more than one program, the basis and method used to distribute the cost must be reasonable and properly documented.

Other:
This section should be used for any other cost associated with the program that is not specifically covered in the budget form. List a general description (i.e. postage), the annual cost and the percentage allocation for each funding source. If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the amounts for each column. The budget narrative should include the following:

1. Description
2. Purpose
3. Period, cycle, unit, etc.
4. Number of units to be charged to the program
5. Cost per unit (i.e. hour, class, session)

If the cost is allocated to more than one program, the basis and method used to distribute the cost must be reasonable and properly documented. Some costs may require prior approval by Miami-Dade County.

Total Budget:

If you are using the electronic form and have not modified the un-shaded cells, MSExcel will automatically calculate the total budget amounts for each column.

- The total under the first column must match the amount of this request.
- The total under the last column (TOTAL) must match the total in Section B, Agency Budget, under the column "Program Budget."

While this form has been developed in MSExcel and the formulas have been pre-programmed, the user must independently corroborate the accuracy of all calculations. Miami-Dade County is not responsible for the accuracy of the same.

APPENDIX E

LABEL

2009-2010 Choose Life License Plate Initiative
Request for Proposals

<u>DELIVER PROPOSAL TO</u> **Theresa Fiano, Assistant Director** **MIAMI-DADE COUNTY** **Office of Grants Coordination (OGC)** **C/O CLERK OF THE BOARD** **111 NW 1st STREET, 17TH FLOOR, SUITE 17-202** **MIAMI, FLORIDA 33128**
AGENCY/ORGANIZATION NAME
AMOUNT REQUESTED

MIAMI-DADE COUNTY

APPENDIX F

2009-2010 Choose Life
License Plate Initiative

Reviewer Rating Form

Name of CBO Applicant: ______________________________

Thank you for serving as a Proposal Reviewer for Miami-Dade County's 2009-2010 Choose Life License Plate Initiative!

Please use one of these forms to rate each of the proposals you read and fill in the application ID, your team number and your name at the top of each page. **It is particularly important that you include comments indicating your reasoning for deducting points on each subsection.**

The last page is the Summary Review Sheet where you will total the points from each of the five subsections and indicate your funding recommendation.

Please bring all completed forms with you to your scheduled Review Team Meeting.

PROPOSAL REVIEWER RATING FORM

1. STATEMENT OF NEED (15 points)	Maximum Points	Proposal Score
a) Identifies the types of material services needed by the target population, i.e., pregnant women and infants awaiting placement with adoptive parents	10	
b) Identifies the specific neighborhood or demographic of this targeted population	5	
SUBTOTAL	15	

Comments/Justification for Reduced Points:

____

____

____

____

2. PERFORMANCE FOR PAST THREE YEARS (5 points)	Maximum Points	Proposal Score
a) The organization has met all its outcomes and performance measures	3	
b) The organization has not had any corrective action plans or has implemented any corrective action plan and met outcomes and performance measures	1	
c) The organization has not had a contract terminated prematurely	1	
SUBTOTAL	5	

Comments/Justification for Reduced Points:

3. ORGANIZATIONAL EXPERIENCE and CAPACITY (20 points)	Maximum Points	Proposal Score
a) The organization's mission and goals are in line with addressing the statement of need	2	
b) Identifies past experience providing the proposed services OR presents a clear plan for developing the capacity to provide the proposed services	5	
c) Demonstrates cultural and linguistic competency to serve the client group (e.g., Board, staff and volunteers reflective of population to be served)	3	
d) Provides evidence that a Board of Directors, Bylaws and organizational structure are in place to ensure programmatic and administrative oversight of organization's operations and finances (refer to attached BOD list, bylaws, etc.)	4	
e) Explains the organization's capacity to develop and/or maintain appropriate records to document the delivery of proposed services, keep track of measurable outcomes, and prepare program and fiscal reports	4	
f) Describes staff's experience, ability, and education (including any proposed consultants or subcontractors) to carry out the proposed services and activities (refer to attached resumes, if any). If the proposed service requires a license or certification, includes evidence that the organization has the necessary qualifications	2	
SUBTOTAL	20	

Comments/Justification for Reduced Points:

___

___

___

___

4. DESCRIPTION OF PROGRAM/SERVICES (40 points)	Maximum Points	Proposal Score
a) Program narrative provides an overview of the proposed program	8	
b) Program, as described, addresses the statement of need	4	
c) Describes how target population will be identified and recruited	5	
d) Explains how the agency will be able to expend all funds within the twelve (12) month contract period.	4	
Outcomes and Activities Worksheet		
e) Identifies expected outcomes consistent with specifications of initiative, i.e., addressing the material needs of pregnant women and infants, or adoption, counseling, training, and advertising	5	
f) Includes activities which are consistent with implementing the proposed program and addressing the outcomes	3	
g) Specifies inputs and resources that are reasonable and match the budget	5	
Outputs and Data Worksheet		
h) Includes outputs that are quantified and consistent with activities and expected outcomes	2	
i) Describes specific measurement tools to gather data (i.e., surveys, tests, observations, etc.)	2	
j) Identifies when and whose responsibility it is to collect and report data	2	
SUBTOTAL	40	

Comments/Justification for Reduced Points:

____

____

____

5. COLLABORATIONS, PARTNERSHIPS or COORDINATION of SERVICES (10 points)	Maximum Points	Proposal Score
a) Describes existing collaborations OR efforts to develop collaborations to coordinate provision of services to the target population with other partners in the community	6	
b) Describes how the agency will coordinate services with other entities providing services to the same target population	3	
c) Provides evidence of the support committed by the collaborating/ supporting organizations to involvement in the project (refer to attached letters of agreement, if any)	1	
SUBTOTAL	**10**	

Comments/Justification for Reduced Points:

____

____

____

6. BUDGET and BUDGET NARRATIVE (10 points)	Maximum Points	Proposal Score
a) Budget is complete and appropriate in relation to the activities in the program/services and in-line with the specifications of this initiative, i.e., at least 70% of the funding is for material needs of pregnant women and infants, or adoption, counseling, training, and advertising; remaining funds may be used for adoption, counseling, training, or advertising, but not for administrative, legal or capital expenditures	6	
b) Narrative Budget Justification fully documents how line item costs were derived and is supported by a cost sharing plan	2	
c) Program costs are reasonable and appropriate to ensure quality programming, given the expected number of clients/participants	2	
SUBTOTAL	**10**	

Comments/Justification for Reduced Points:

____

____

____

Summary Review Sheet

PROPOSAL REVIEWER'S SUMMARY	Maximu m Points	Proposal Score
1. Statement of Need	15	
2. Past Performance	5	
2. Organizational Experience and Capacity	20	
3. Description of Program/Services	40	
4. Collaborations, Partnerships or Coordination of Services	10	
5. Budget and Budget Narrative	10	
TOTAL	100	

Please identify your recommendation by checking ONE:

A. Do Not Fund/Not Recommended

_______ 1. Poor Proposal, does not meet minimum fundable standards (< 75 points)

_______ 2. Duplication of Services/Poor Coordination

B. Fund Subject to the Availability of Resources

_______ 1. Acceptable Proposal (≥ 75 points), but insufficient funds available

_______ 2. Strong/Excellent Proposal (≥ 85 points), but insufficient funds available

C. Recommended for Grant Funding for FY 2009-2010

_______ 1. Strong/Excellent Proposal (≥ 85 points)

_______ 2. Fundable Proposal (≥ 75 points but < 85 points)

APPENDIX G

2009-2010 Choose Life
License Plate Initiative

Miami-Dade County

AFFIDAVITS and REQUIREMENTS
(Provided for information only, and should not to be submitted with Proposal)

AFFIDAVIT OF MIAMI-DADE COUNTY

LOBBYIST REGISTRATION FOR ORAL PRESENTATION

(1) ProjectTitle: ______________________________ ProjectNo. ____________
(2) Department: ______________________________
(3) Firm/Proposer's Name: ______________________________
Address: ______________________________ Zip: ____________
Business Telephone: (_____) ________________

(4) List All Members of the Presentation Team Who Will Be Participating in the Oral Presentation:

NAME	TITLE	EMPLOYED BY	TEL. NO.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

The individuals named above are Registered and the Registration Fee is not required for the Oral Presentation ONLY. Any person who appears as a representative for an individual or firm for an oral presentation before a County certification, evaluation, selection, technical review or similar committee must be listed on an affidavit provided by the County. The affidavit shall be filed with the Clerk of the Board at the time the response is submitted. The individual or firm must submit a revised affidavit for additional team members added after submittal of the proposal with the Clerk of the Board at least two days prior to the oral presentation. Any person not listed on the revised affidavit may not participate in the oral presentation. Other than for the oral presentation, Proposers who wish to address the county commission, county board or county committee concerning any actions, decisions or recommendations of county personnel regarding this solicitation MUST register with the Clerk of the Board and pay all applicable fees.

I do solemnly swear that all the foregoing facts are true and correct and I have read or am familiar with the provisions of Section 2-11.1(s) of the Code of Miami-Dade County as amended.

Signature of Authorized Representative: ______________________________
Title: ______________________________
STATE OF ________________
COUNTY OF ________________

The foregoing instrument was acknowledged before me this

______________________________, by ______________________________, a
____________________, who is personally known
(Individual, Officer, Partner or Agent) (Sole Proprietor, Corporation or Partnership)
to me or who has produced ____________________ as identification and who did/did not take an oath.

____
Signature of person taking acknowledgement)

____
(Name of Acknowledger typed, printed or stamped)

______________ ______________
(Title or Rank) (Serial Number, if any)

SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This sworn statement is submitted to Miami-Dade County ______________________

   by____
   (print individual's name and title)

   for ____
   (print Name of entity submitting sworn statement)

   whose business address is ______________________________________?

   and if applicable its Federal Employer Identification Number (FEIN) is ____________
   If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:

2. I understand that a "public entity crime" as defined in paragraph 287.133 (1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to public entity or agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133 (1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in paragraph 287.133(1) (a), Florida Statutes, means:
   1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States within the legal power to enter into a binding contact and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

_____Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 <u>FLORIDA STATUTES</u> FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

____
(Signature)

Sworn to and subscribed before me this __________ day of ______________________, 20____. Personally known ______________________________ ______________________________

OR Produced Identification ______________________ Notary Public - State of ________________

______________________________________ My commission expires ________________

(Type of Identification)

____
(Printed typed or stamped commissioned name of notary public)

MIAMI-DADE DEPARTMENT OF GRANTS COORDINATION
CONTRACT MANAGEMENT DIVISION

PROVIDER'S DISCLOSURE OF SUBCONTRACTORS AND SUPPLIERS
(Ordinance 97-104)

Name of Organization: ______________________________ **Address:** __________________________

REQUIRED LISTING OF SUBCONTRACTORS ON COUNTY CONTRACT

In compliance with Miami-Dade County Ordinance 97-104, the Community Based Organization must submit the list of first their subcontractors or sub-consultants who will perform any part of the Scope of Services, if this Agreement is for $100,000 or more.

The Community Based Organization must complete this information. If the Community Based Organization will not utilize subcontractors, then the Community Based Organization must state "No subcontractors will be used"; do not state "N/A."

Name of Supplier	Address	City and State

REQUIRED LIST OF SUPPLIERS ON COUNTY CONTRACT

In compliance with Miami-Dade County Ordinance 97-104, the Community Based Organization must submit a list of suppliers who will supply materials for the Scope of Services to the Community Based Organization, if this Contract Agreement is $100,000 or more.

The Community Based Organization must fill out this information. If the Community Based Organization will not use suppliers, the Community Based Organization must state "No suppliers will be used", do not state "N/A."

Name of Supplier	Address	City and State

I hereby certify that the foregoing information is true, correct, and complete

Signature of Authorized Representative: ______________________________________

Title: ______________________________ Date: ______________________________

Firm Name: ______________________________ Fed. ID No. ______________________________

Address: ______________________________ City/State/Zip: ______________________________

Telephone: ( ) ____________ Fax: ( ) ____________ E-mail: ______________________________

FAIR SUBCONTRACTING POLICIES
(Ordinance 97-35)

FAIR SUBCONTRACTING PRACTICES

In compliance with Miami-Dade County Ordinance 97-35, the Proposer submits the following detailed statement of its policies and procedures for awarding subcontracts:

____

I hereby certify that the foregoing information is true, correct and complete.

Signature of Authorized Representative: ______________________________________

Title: ______________________________________ Date: _______________

Firm Name: __________________________________ Fed. ID No. _______________

Address: ____________________________ City/State/Zip: ____________________

Telephone: (____) __________________ Fax: (____) __________________

SAMPLE RESOLUTION
BOARD OF DIRECTORS AUTHORIZATION TO EXECUTE CONTRACT

RESOLUTION AUTHORIZING EXECUTION OF CONTRACT(S) WITH MIAMI-DADE COUNTY AND ____ FOR THE CHOOSE LIFE LICENSE PLATE INITIATIVE

WHEREAS, ________________________, a Florida Not for Profit Corporation, (the "Corporation") has been awarded Contract #: ______for the provision of __________to Miami-Dade County ("the Contract"), Fiscal year 20__-20__, in the total amount of $________________.00;

WHEREAS, the Corporation desires to fulfill its contractual responsibilities and accomplish the objectives in the Contract's Scope of Services;

WHEREAS, a quorum was present and voted for the passage of these resolutions,

NOW THEREFORE, BE IT RESOLVED, that the Corporation, on its own behalf, approves the Contract.

FURTHER RESOLVED, that the Corporation ratifies the execution of the Contract by and between the Corporation and the County.

FURTHER RESOLVED, that the Corporation hereby authorizes the execution and delivery of the Contract and all attachments required to be executed and delivered by the Corporation in connection with the Contract, which are necessary or appropriate to consummate the Contract.

FURTHER RESOLVED, that the Corporation hereby ratifies and confirms the acts of its officer or duly authorized representative employed by the Corporation executing and delivering all such documents and instruments, including but not limited to: the Contract, any amendments, payments requests and budget modifications attendant to the Contract, regardless of whether such acts were performed before or subsequent to the date of the adoption of this Resolution.

FURTHER RESOLVED, that the Corporation directs its officers and employees to perform all of the Corporation's obligations and undertakings under the Contract.

The following persons are hereby authorized by the Corporation to execute and deliver all such documents and instruments related to the Contract, including but not limited to: any amendments, payments requests and budget modifications attendant to the Contract, regardless of whether such acts were performed before or subsequent to the date of the adoption of this Resolution.

NAME TITLE SIGNATURE

The foregoing resolution was offered by ______________________________, who moved its adoption. The motion was seconded by ______________________________, and upon being put to a vote, the vote was as follows:

____________________	____________________	____________________
____________________	____________________	____________________
____________________	____________________	____________________
____________________	____________________	____________________

The Chairperson/President thereupon declared this resolution duly passed and adopted this ____________________ day of ____________________, 2011.

____
Signature – Chairperson/Officer

COLLUSION AFFIDAVIT

(Code of Miami-Dade County Section 2-8.1.1 and 10-33.1) (Ordinance No. 08-113)

BEFORE ME, A NOTARY PUBLIC, personally appeared ______________________ who being duly sworn states:
(insert name of affiant)

I am over 18 years of age, have personal knowledge of the facts stated in this affidavit and I am an owner, officer, director, principal shareholder and/or I am otherwise authorized to bind the bidder of this contract.

I state that the bidder of this contract:

☐ is not related to any of the other parties bidding in the competitive solicitation, and that the contractor's proposal is genuine and not sham or collusive or made in the interest or on behalf of any person not therein named, and that the contractor has not, directly or indirectly, induced or solicited any other proposer to put in a sham proposal, or any other person, firm, or corporation to refrain from proposing, and that the proposer has not in any manner sought by collusion to secure to the proposer an advantage over any other proposer.

OR

☐ is related to the following parties who bid in the solicitation which are identified and listed below:

________________________ ________________________

________________________ ________________________

________________________ ________________________

Note: Any person or entity that fails to submit this executed affidavit shall be ineligible for contract award. In the event a recommended contractor identifies related parties in the competitive solicitation its bid shall be presumed to be collusive and the recommended contractor shall be ineligible for award unless that presumption is rebutted by presentation of evidence as to the extent of ownership, control and management of such related parties in the preparation and submittal of such bids or proposals. Related parties shall mean bidders or proposers or the principals, corporate officers, and managers thereof which have a direct or indirect ownership interest in another bidder or proposer for the same agreement or in which a parent company or the principals thereof of one (1) bidder or proposer have a direct or indirect ownership interest in another bidder or proposer for the same agreement. Bids or proposals found to be collusive shall be rejected.

By: ______________________________ ____________________ 20 ___
Signature of Affiant Date

______________________________ ___/___-___/___/___/___/___/___/___/
Printed Name of Affiant and Title Federal Employer Identification Number

____
Printed Name of Firm

____
Address of Firm

APPENDIX H

2009-2010 Choose Life
License Plate Initiative

Miami-Dade County

REQUIRED VENDOR REGISTRATION PACKAGE and VENDOR AFFIDAVITS FORMS
(Provided for information only, and should not to be submitted with Proposal)

Miami-Dade County

VENDOR REGISTRATION PACKAGE

(Business Entity Registration Application)

Department of Procurement Management
Vendor Assistance Unit

111 NW 1st Street, Suite 1300, Miami, Florida 33128-1974
Telephone: 305-375-5773 Fax No: 305-375-5409
www.miamidade.gov/dpm

Please type or complete in ink and forward package by mail or in person to the address above.

Prospective vendors are required to complete a Vendor Registration Package prior to the award of any County contract. It is the vendor's responsibility to keep information current, complete and accurate, by submitting any modifications to the Department of Procurement Management, Vendor Assistance Unit.

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

In order to establish a file for your firm, you must enter your firm's FEIN or if none, the owner's Social Security Number. This number becomes your ***"County Vendor Number".***

Please enter your Federal Employee Identification Number (FEIN) ***or*** *your Social Security Number (SSN).*

☐ **F.E.I.N.** ____________________

☐ **S.S.N.** ____________________

The Vendor Registration Package is comprised of the following four sections. All sections must be completed and submitted.

Section 1:	General Business Information	Pages	1-4
Section 2:	Vendor Affidavits Form (Requires Notarized Signature)	Pages	5-8
Section 3:	Vendor Commodity Codes Selection Checklist	Pages	9-14
Section 4:	Vendor Document Checklist and Additional Government Forms	Page	15

SECTION 1: GENERAL BUSINESS INFORMATION (pages 1-4)

1. NAME OF BUSINESS:

Enter the name of the entity, individual(s), partners, or corporation; followed by any other name used to do business (DBA). This business name shall appear on all invoices submitted to the County.

Name of Entity, Individual(s), Partners or Corporation

Doing Business As (If same as above leave blank)

2a. COMPANY BUSINESS ADDRESS:

Enter the physical address for the main office.

Street Address (P.O. Box Numbers are not permitted)

City | State | Zip Code

2b. MAILING ADDRESS:

Enter the business mailing address only if different from above. (Leave blank if address is the same as above).

Street Address (or P. O. Box Number)

City | State | Zip Code

2c. PAYMENT REMITTANCE ADDRESS:

Enter the company address where payment of invoices is to be mailed. (Enter even if same as above).

Street Address (or P.O. Box)

City | State | Zip Code

3. ***OTHER AFFILIATE:***

Enter name and address of Business Affiliate, i.e. parent company or subsidiary with the same Federal Employer Identification Number (FEIN) as firm submitting vendor application.

☐ Parent Company ☐ Subsidiary

Name of Firm

Street Address

City State Zip Code

4. ***CONTACT PERSON:***

Enter your firm's contact person's name and title.

☐ Mr. ☐ Ms. ☐ Mrs.

First Name MI Last Name

Title:

5. ***FIRM'S TELEPHONE NUMBERS:***

Enter your firm's telephone number(s) and include Miami-Dade County, long distance or 800 numbers if available, and the fax number for the contact person named above. Enter your firm's e-mail address, if any. Solicitation notices will be e-mailed to this address. If no e-mail address is provided, solicitation notices will be forwarded via fax or to the business mailing address.

Telephone Number: ____________________

Fax Number: ____________________

Toll Free Number: ____________________

E-mail address: ____________________

6. ***TYPE OF BUSINESS ORGANIZATION:***

Place a checkmark next to the applicable item that describes the type of organization for your firm and enter additional information as requested for that item. If incorporated, a copy of the company Certificate of Incorporation and Form 8109 (Federal Tax Deposit Coupon) shall be submitted as verification of the company name and Federal Employer Identification Number (FEIN). If using a Social Security Number (SSN), a copy of the Social Security card shall be submitted. Also, if a corporation that trades in stock ownership in a public stock exchange market, check "Publicly Traded Corporation" and name the stock exchange market of registration and symbol.

☐ Corporation – Incorporated in the State of: ____________________

☐ Publicly Traded Corporation: Stock Exchange Market of Registration: ____________ Symbol: ________

☐ Partnership: ____________________

☐ Sole Proprietorship (One Individual Owner): ____________________

☐ Not-for-Profit Organization: ____________________

☐ Other (Specify): ____________________

7. ***YEARS FIRM HAS BEEN IN BUSINESS:***

☐ Less than 1 year ☐ 1-5 years ☐ 6 to 10 years ☐ 10+ years

8. **PRINCIPALS AND OWNERSHIP:**

Please provide the full legal name and business address (Post office box addresses will not be accepted) of all individuals having any interest in a resulting contract. For a corporation, information shall be provided for each officer, director and stockholder holding, directly or indirectly, five (5) percent or more of outstanding stock (please indicate percent of ownership for each). For partnerships, the foregoing information shall be provided for each partner. For a trust, the foregoing information shall be provided for the trustee and each beneficiary of the trust. If publicly traded corporation or owned by other corporation, indicate so in space provided for below. (Duplicate page if needed for additional names).

FULL LEGAL NAME	TITLE	ADDRESS	% OF OWNERSHIP
Other Corporations:			

9. ***TYPE OF BUSINESS:*** (Indicate by checkmark and identify type of commodity and/or service)

Commodities/ Services

- ☐ Manufacturer or Producer
- ☐ Dealer or Distributor
- ☐ Maintenance or Repair
- ☐ Rental or Lease
- ☐ Construction Contractor
- ☐ Professional Services
- ☐ Other ____________

10. ***TOTAL NUMBER OF EMPLOYEES:*** ____________

11. ***THE MIAMI-DADE COUNTY (MDC) CONFLICT OF INTEREST AND CODE OF ETHICS ORDINANCE 2-11.1*** requires all Miami-Dade County employees and board members to seek a conflict of interest opinion prior to submittal of a bid, response or application of any type to contract with Miami-Dade County by the person or any member of his or her immediate family. Immediate family is defined as spouse, parents, sons and daughters. Pursuant to the ordinance, Miami-Dade County may not award a contract to any covered person who has not received an ethics opinion or a waiver from the Board of County Commissioners.

If you answer yes to questions 11a or 11b below, you are required to obtain a Conflict of Interest Opinion from the Miami-Dade County Commission on Ethics and Public Trust (COE) concerning the relationship of the County employee to the officers or principals of your firm. An opinion from the COE is required prior to the receipt or approval of the vendor application by the Miami-Dade County, Department of Procurement Management. Submit request for a written Conflict of Interest Opinion to: Miami-Dade County Commission on Ethics and Public Trust, 19 West Flagler Street, Suite #820, Miami, Florida, 33130 or fax to (305) 579-0273. Please contact the COE at (305) 579-2594 for further information. It is the responsibility of the vendor to forward the vendor application and the Conflict of Interest Opinion to the Miami-Dade County, Department of Procurement Management for processing.

11a. *ARE ANY OF THE OWNERS/PRINCIPALS IN THE FIRM, A MIAMI-DADE COUNTY EMPLOYEE(S), MIAMI-DADE COUNTY ELECTED OFFICIAL OR BOARD MEMBER?*

YES _______ **NO** _______ If **"yes"**, complete the information below (use duplicate form for multiple relationships)

Miami-Dade County Employee Name: ____________________

Owner/ Principal Name: ____________________

Miami-Dade County Employee I.D. #: ____________________ Miami-Dade County Department where Employee works: ____________________

Position Held: ____________________ County Employee Hire Date: ____________________

11b. *ARE ANY IMMEDIATE FAMILY MEMBERS OF THE OWNERS/PRINCIPALS IN THE FIRM, A MIAMI-DADE COUNTY EMPLOYEE, MIAMI-DADE COUNTY ELECTED OFFICIAL OR BOARD MEMBER?*

(Immediate family is defined as spouse, parents, sons and daughters)

YES _______ **NO** _______ If **"yes"**, complete the information below (use duplicate form for multiple relationships)

Miami-Dade County Employee Name: ____________________

Owner/ Principal Name: ____________________ Owner/Principal relationship to County Employee: ____________________

Miami-Dade County Employee I.D. #: ____________________ Miami-Dade County Department where Employee works: ____________________

Position Held: ____________________ County Employee Hire Date: ____________________

AFFIRMATIONS AND SIGNATURES

The undersigned hereby certifies that the foregoing statements are true and correct and include all of the material necessary to identify and explain the operation of the business described herein as well as the ownership of it. The undersigned agrees to provide Miami-Dade County with current, complete and accurate information for each project contracted and for all proposed changes in any contractual agreement. Misrepresentations shall be grounds for terminating any contract.

Signed this *(date)*: ____________ day of: ____________________ 20 ______

Sign by: ____________________ Name of Firm: ____________________

Print Name: Title:

Miami-Dade County

VENDOR AFFIDAVITS FORM

(Uniform County Affidavits)

Department of Procurement Management
Vendor Assistance Unit

111 NW 1st Street, Suite 1300, Miami, Florida 33128-1974
Telephone: 305-375-5773 Fax No: 305-375-5409
www.miamidade.gov/dpm

The completion of the Vendor Affidavits Form allows vendors to comply with affidavit requirements outlined in Section 2-8.1 of the Code of Miami-Dade County. Vendors are required to have a complete Vendor Registration Package on file, including required affidavits, prior to the award of any County contract.

It is the vendor's responsibility to keep all affidavit information up to date and accurate by submitting any modifications to the Department of Procurement Management, Vendor Assistance Unit.

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

*In order to establish a file for your firm, you must enter your firm's FEIN or if none, the owner's Social Security Number. This number becomes your **"County Vendor Number".***

*Please enter your Federal Employee Identification Number (FEIN) **or** your Social Security Number (SSN).*

☐ **F.E.I.N.** ______________________

☐ **S.S.N.** ______________________

SECTION 2: VENDOR AFFIDAVITS FORM (pages 5-8)

____
Name of Entity, Individual (s), Partners, or Corporation

____
Doing Business As (If same as above, leave blank)

____
Street Address (Post Office addresses are not acceptable)

1. MIAMI-DADE COUNTY OWNERSHIP DISCLOSURE AFFIDAVIT

(Sec. 2-8.1 of the Miami-Dade County Code)

a. Firms registered to do business with Miami-Dade County must fully disclose their legal name, physical address and ownership. Publicly traded Corporations are exempt from this requirement, but must indicate by letter that it is a Publicly Traded Corporation and include the name of the stock exchange market and symbol where registered.

If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. (Post Office addresses are not acceptable). *(Duplicate page if needed for additional names).*

If no officer, director or stockholder owns (5%) or more of stock, please write "None" below.

FULL LEGAL NAME	TITLE	ADDRESS	% OF OWNERSHIP

b. Provide the full legal names and business addresses of any other individuals (other than subcontractors, material men, suppliers, laborers, or lenders) that have, or will have, any interest (legal, equitable beneficial or otherwise) in the contract or business transaction with Miami Dade County (Post Office addresses are not acceptable). ***If "None", please indicate in space below:***

FULL LEGAL NAME	TITLE	ADDRESS	% OF OWNERSHIP

2. ***MIAMI-DADE COUNTY EMPLOYMENT DISCLOSURE AFFIDAVIT***

(County Ordinance No. 90-133, amending Section 2.8-1(d)(2) of the Miami-Dade County Code)

The following information is for compliance with all items in the aforementioned Section:

1. Does your firm have a collective bargaining agreement with its employees? Yes ______________ No ______________
2. Does your firm provide paid health care benefits for its employees? Yes ______________ No ______________

3. Provide a current breakdown (number of persons) of your firm's work force and ownership as to race, national origin and gender:

White		**Black**		**Hispanic**		**Other**	
Males	________	Males	________	Males	________	Males	________
Females	________	Females	________	Females	________	Females	________

My initials acknowledge that I have read the aforementioned requirements and the entity is in compliance. ☐

3. ***MIAMI-DADE COUNTY EMPLOYMENT DRUG-FREE WORKPLACE CERTIFICATION***

(Section 2-8.1.2(b) of the Miami- Dade County Code)

All persons and entities that contract with Miami-Dade County are required to certify that they will maintain a drug-free workplace and such persons and entities are required to provide notice to employees and to impose sanctions for drug violations occurring in the workplace.

In compliance with Ordinance No. 92-15 of the Code of Miami-Dade County, the above named firm is providing a drug-free workplace. A written statement to each employee shall inform the employee about:

1. Danger of drug abuse in the workplace
2. The firms' policy of maintaining a drug-free environment at all workplaces
3. Availability of drug counseling, rehabilitation and employee assistance programs
4. Penalties that may be imposed upon employees for drug abuse violations

The firm shall also require an employee to sign a statement, as a condition of employment that the employee will abide by the terms of the drug-free workplace policy and notify the employer of any criminal drug conviction occurring no later than five (5) days after receiving notice of such conviction and impose appropriate personnel action against the employee up to and including termination. Firms may also comply with the County's Drug Free Workplace Certification where a person or entity is required to have a drug-free workplace policy by another local, state or federal agency, or maintains such a policy of its own accord and such policy meets the intent of this ordinance.

My initials acknowledge that I have read the aforementioned requirements and the entity is in compliance. ☐

4. ***MIAMI-DADE COUNTY DISABILITY AND NONDISCRIMINATION AFFIDAVIT***

(Article 1, Section 2-8.1.5 Resolution R182-00 Amending R-385-95 of the Miami-Dade County Code)

Firms transacting business with Miami-Dade County shall provide an affidavit indicating compliance with all requirements of the Americans with Disabilities Act (A.D.A.).

I, state that this firm, is in compliance with and agrees to continue to comply with, and assure that any subcontractor, or third party contractor shall comply with all applicable requirements of the laws including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. Sections 225 and 611 including Titles I, II, III, IV and V.
The Rehabilitation Act of 1973, 29 U.S.C. Section 794
The Federal Transit Act, as amended, 49 U.S.C. Section 1612
The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

I, hereby affirm that I am in compliance with the below sections:

Section 2-10.4(4)(a) of the Code of Miami-Dade County (Ordinance No. 82-37), which requires that all properly licensed architectural, engineering, landscape architectural, and land surveyors have an affirmative action plan on file with Miami-Dade County.

Section 2-8.1.5 of the Code of Miami-Dade County, which requires that firms that have annual gross revenues in excess of five (5) million dollars have an affirmative action plan and procurement policy on file with Miami-Dade County. Firms that have a Board of Directors that are representative of the population make-up of the nation may be exempt.

My initials acknowledge that I have read the aforementioned requirements and the entity is in compliance ☐

5. *MIAMI-DADE COUNTY DEBARMENT DISCLOSURE AFFIDAVIT*

(Section 10.38 of the Miami-Dade County Code)

Firms wishing to do business with Miami-Dade County must certify that its contractors, subcontractors, officers, principals, stockholders, or affiliates are not debarred by the County before submitting a bid.

I, confirm that none of this firms agents, officers, principals, stockholders, subcontractors or their affiliates are debarred by Miami-Dade County.

My initials acknowledge that I have read the aforementioned requirements and the entity is in compliance. ☐

6. *MIAMI-DADE COUNTY VENDOR OBLIGATION TO COUNTY AFFIDAVIT*

(Section 2-8.1 of the Miami-Dade County Code)

Firms wishing to transact business with Miami-Dade County must certify that all delinquent and currently due fees, taxes and parking tickets have been paid and no individual or entity in arrears in any payment under a contract, promissory note or other document with the County shall be allowed to receive any new business.

I, confirm that all delinquent and currently due fees or taxes including, but not limited to, real and personal property taxes, convention and tourist development taxes, utility taxes, and Local Business Tax Receipt collected in the normal course by the Miami-Dade County Tax Collector and County issued parking tickets for vehicles registered in the name of the above firm, have been paid.

I further affirm that this firm complies with Section 2-8.1, which requires that no individual or entity that is in arrears in any payment under a contract, promissory note or other document with the County shall be allowed to receive any new business.

My initials acknowledge that I have read the aforementioned requirements and the entity is in compliance. ☐

7. *MIAMI-DADE COUNTY CODE OF BUSINESS ETHICS AFFIDAVIT*

(Article 1, Section 2-8.1(i) and 2-11(b)(1) of the Miami-Dade 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)

Firms wishing to transact business with Miami-Dade County must certify that it has adopted a Code that complies with the requirements of Section 2-8.1 of the County Code. The Code of Business Ethics shall apply to all business that the contractor does with the County and shall, at a minimum; require the contractor to comply with all applicable governmental rules and regulations.

I confirm that this firm has adopted a Code of business ethics which complies with the requirements of Sections 2-8.1 of the County Code, and that such code of business ethics shall apply to all business that this firm does with the County and shall, at a minimum, require the contractor to comply with all applicable governmental rules and regulations.

My initials acknowledge that I have read the aforementioned requirements and the entity is in compliance ☐

8. *MIAMI-DADE COUNTY FAMILY LEAVE AFFIDAVIT*

(Article V of Chapter 11, of the Miami-Dade County Code)

Firms contracting business with Miami-Dade County, which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year, are required to certify that they provide family leave to their employees.

Firms with less than the number of employees indicated above are exempt from this requirement, but must indicate by letter (signed by an authorized agent) that it does not have the minimum number of employees required by the County Code.

I confirm that if applicable, this firm complies with Article V of Chapter II of the County Code, which requires that firms contracting business with Miami-Dade County which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year are required to certify that they provide family leave to their employees.

My initials acknowledge that I have read the aforementioned requirements and the entity is in compliance. ☐

9. *MIAMI-DADE COUNTY LIVING WAGE AFFIDAVIT*

(Section 2-8.9 of the Miami-Dade County Code)

All applicable contractors entering into a contract with the County shall agree to pay the prevailing living wage required by this section of the County Code.

I confirm that if applicable, this firm complies with Section 2-8.9 of the County Code, which requires that all applicable employers entering a contract with Miami-Dade County shall pay the prevailing living wage required by the section of the County Code.

My initials acknowledge that I have read the aforementioned requirements and the entity is in compliance. ☐

10. *MIAMI-DADE COUNTY DOMESTIC LEAVE AND REPORTING AFFIDAVIT*

(Article 8, Section 11A-60 - 11A-67 of the Miami-Dade County Code)

Firms wishing to transact business with Miami-Dade County must certify that it is in compliance with the Domestic Leave Ordinance.

I confirm that if applicable, this firm complies with the Domestic Leave Ordinance. This ordinance applies to employers that have, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during the current or preceding calendar year.

My initials acknowledge that I have read the aforementioned requirements and the entity is in compliance. ☐

AFFIRMATION

I, being duly sworn, do attest under penalty of perjury that the entity is in compliance with all requirements outlined in the Miami-Dade County Vendor Affidavits 1 – 10, pages 5 through 8 of this Vendor Registration Package.

I also attest that I will comply with and keep current all statements sworn to in the above affidavits and registration application. I will notify the Miami-Dade County, Vendor Assistance Unit, immediately if any of the statements attested hereto are no longer valid.

______________________ (Signature of Affiant)

______________________ (Date)

______________________ Printed Name of Affiant and Title

NOTARY PUBLIC INFORMATION

Notary Public – State of: ______________________ *State*

______________________ *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*

Miami-Dade County

VENDOR COMMODITY CODE SELECTION CHECKLIST

Department of Procurement Management
Vendor Assistance Unit
111 NW 1st Street, Suite 1300, Miami, Florida 33128-1974
Telephone: 305-375-5773 Fax No: 305-375-5409
www.miamidade.gov/dpm

Check the commodity codes below that identify those goods and services your company can supply. Once your Vendor Registration Package is processed, notification of solicitation opportunities for the commodities you select will be forwarded to your company. An update of your commodity selections can be made at any time by resubmitting a new Vendor Commodity Code Selection Checklist.

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

*In order to establish a file for your firm, you must enter your firm's FEIN or if none, the owner's Social Security Number. This number becomes your **"County Vendor Number".***

*Please enter your Federal Employee Identification Number (FEIN) **or** your Social Security Number (SSN).*

☐ **F.E.I.N.** ____________________

☐ **S.S.N.** ____________________

SECTION 3: CHECK THE ITEMS THAT APPLY TO YOUR BUSINESS (pages 9-14)

COMPANY NAME: ______________________________

1. ADVERTISING SPECIALTIES/PROMOTIONAL ITEMS

- ☐ 080-00 Badges, Emblems, Nametags, Plates, etc.
- ☐ 350-00 Flags, Flag Poles, Banners and Accessories
- ☐ 578-84 Promotional and Advertising Items, Souvenirs
- ☐ 962-33 Engraving Services: Awards, Trophies, etc.
- ☐ 962-37 Flagpole Services
- ☐ 962-51 Laminating Services
- ☐ 962-52 Mapping Services

2. AIR CONDITIONING, HEATING, VENTILATION, CHILLER PLANTS

- ☐ 031-00 Air Conditioning, Heating and Ventilating Equipment, Parts and Accessories
- ☐ 740-00 Refrigeration Equipment and Accessories
- ☐ 962-23 Chemical Treatment Services of Boilers and Tower Water Plants

3. AIRCRAFT AND AIRPORT EQUIPMENT, ACCESSORIES, SUPPLIES AND SERVICES

- ☐ 035-00 Aircraft and Airport Equipment, Parts and Supplies
- ☐ 905-03 Aerial Patrolling Services (Not Survey)
- ☐ 905-05 Aerial Photography Services
- ☐ 905-10 Aerial Surveys (Including Wildlife Censuses)
- ☐ 905-12 Aircraft Crash Removal Services
- ☐ 905-14 Airplane/Helicopter Services (Not otherwise classified)
- ☐ 905-17 Airport Management Services
- ☐ 905-20 Air Rescue and Transfer of Patients
- ☐ 905-25 Aerial Crop Dusting and Seeding Services (All Kinds)
- ☐ 905-53 Pilot Training services
- ☐ 905-60 Removal Services of Rubber Deposits from Runways
- ☐ 905-70 Aircraft Storage Space Services (Not Building Lease)
- ☐ 906-06 Airport Services (Lighting, Fueling, Navigational Aids, etc.)

4. ANIMALS, LIVE - AND - DRUGS, FOOD, CARE SERVICES AND SUPPLIES

- ☐ 040-00 Live Animals
- ☐ 325-00 Feed, Bedding, Vitamins and Supplements for Animals
- ☐ 080-75 Pet Identification Tags
- ☐ 080-80 Wildlife Bands, Labels and Tags
- ☐ 962-06 Animal Care, Animal Shelter Service, etc.

5. APPAREL, UNIFORMS, GLOVES, SHOES, ETC.

- ☐ 200-00 Clothing, Apparel, Uniforms and Accessories
- ☐ 800-00 Shoes and Boots
- ☐ 962-78 Sewing and Alteration Services
- ☐ 962-80 Shoe and Boot Repair

6. APPLIANCES

- ☐ 045-00 Appliances and Equipment, Household Type
- ☐ 500-00 Laundry and Dry Cleaning Equipment, Accessories, Parts and Supplies

7. ART, CRAFT, PAINTINGS, MUSIC, ENTERTAINMENT

- ☐ 232-00 Crafts, General
- ☐ 233-00 Craft Supplies and Equipment
- ☐ 580-00 Musical Instruments, Accessories and Supplies
- ☐ 962-05 Amusement and Entertainment Services
- ☐ 962-63 Piano Tuning Services
- ☐ 962-72 Restoration/Preservation Services of Antiques, Costumes, Paintings and other Objects

8. AUDIO VISUAL EQUIPMENT, TV/BROADCAST AND PRODUCTION SERVICE EQUIPMENT

- ☐ 803-00 Sound Systems, Components, Group Intercom, Public Address Systems
- ☐ 855-00 Theatrical Equipment and Supplies
- ☐ 840-00 Television Equipment and Accessories

9. AUTOMOTIVE

- ☐ 025-00 Air Compressors and Accessories
- ☐ 055-00 Accessories for Vehicles
- ☐ 060-00 Automotive Maintenance Items
- ☐ 065-00 Automotive Bodies, Accessories and Supplies
- ☐ 070-00 Automotive Vehicles, Scooters, Trailers and related Transportation Equipment

- ☐ 075-00 Automotive Shop Equipment and Supplies
- ☐ 110-00 Belts and Belting
- ☐ 962-17 Bus and Taxi Services, Limousines and Vans
- ☐ 962-62 Pneumatic Tube, Maintenance and Repair
- ☐ 962-84 Tire Shredding Services
- ☐ 968-90 Vehicle Towing and Storage
- ☐ 962-85 Glass Tinting and Coating Services (Automotive and Buildings)

10. BAGS, CONTAINERS, ACCESSORIES

- ☐ 085-00 Bags, Bagging, Ties
- ☐ 100-00 Barrels, Kegs and Containers
- ☐ 320-00 Equipment and Supplies for Fastening, Packaging, Strapping and tying
- ☐ 510-00 Laundry Bags, Supplies, Baskets, Trucks, Accessories

11. BUILDING MATERIALS AND SUPPLIES

- ☐ 010-00 Acoustical Tile, Insulating Materials, etc.
- ☐ 135-00 Bricks and other Clay Products
- ☐ 150-00 Builder's Supplies
- ☐ 210-00 Concrete and Metal Curvets, Pilings, Septic Tanks, Accessories and Supplies
- ☐ 330-00 Fence Materials and Supplies
- ☐ 360-00 Floor Covering, Installation and Removal Equipment and Tools
- ☐ 440-00 Glass and Glazing Supplies
- ☐ 540-00 Lumber and Related Products
- ☐ 630-00 Paint, Wall Paper and Related Items
- ☐ 658-00 Pipe and Tubing
- ☐ 659-00 Pipe Fittings
- ☐ 670-00 Plumbing Equipment, Fixture and Supplies
- ☐ 745-00 Road and Highway Building Materials (Asphaltic)
- ☐ 750-00 Road and Highway Building Materials (Not Asphaltic)
- ☐ 770-00 Roofing Materials
- ☐ 360-00 Floor Covering Material and Supplies
- ☐ 670-00 Plumbing Equipment, Fixtures and Supplies

12. BUILDINGS AND STRUCTURES – MODULAR – FABRICATED AND PREFABRICATED

- ☐ 155-00 Modular, Prefabricated and Fabricated Buildings, Bridges, Shelters and other Structures

13. CHEMICALS, EPOXIES

- ☐ 180-00 Chemical Raw Material
- ☐ 190-00 Chemicals and Solvents
- ☐ 192-00 Cleaning Compositions, etc.
- ☐ 315-00 Epoxy Based Formulations for Adhesive, New Orleans, etc.
- ☐ 885-83 Flocculants, Polymeric
- ☐ 505-00 Laundry and Dry Cleaning Compounds and Supplies
- ☐ 885-00 Water and Wastewater Treatment Chemicals

14. COMMUNICATIONS/TELECOMMUNICATIONS EQUIPMENT AND SUPPLIES

- ☐ 725-00 Radio Communication, Telephone and Telecommunication Equipment, Supplies and Accessories
- ☐ 730-00 Radio Communication and Telecommunication Testing, Measuring and Analyzing Equipment and Accessories

15. CONSTRUCTION CONTRACTORS AND SUB-CONTRACTORS

- ☐ 906-00 Architect and other Professional Design Services
- ☐ 909-00 Building Construction Services
- ☐ 910-00 Building Maintenance and Repair Services
- ☐ 910-36 Air Conditioning Services
- ☐ 910-38 Asbestos Abatement
- ☐ 910-46 Lead Based Paint Abatement
- ☐ 910-60 Plumbing Services
- ☐ 918-00 Consulting Services
- ☐ 925-07 Air Conditioning Professional Services
- ☐ 962-16 Boring, Drilling, Testing and Sounding Services
- ☐ 962-18 Cable Construction Services, Installation/Maintenance (Fiber, Optics, Communication, Computer)
- ☐ 962-20 Septic Tank and Cesspool Cleaning and Maintenance Service
- ☐ 962-39 Hauling Services
- ☐ 962-64 Power Line Construction, Installation and Repair
- ☐ 962-96 Well Services (Including Oil, Gas & Water), Drilling, Plugging, Consulting, Maintenance, etc.
- ☐ 968-00 General Construction & Maintenance (Airport, Roadways, Utilities, Antenna Tower, Dredging Bridges, Demolition, Excavating, Wrecking and Removal, Sewer /Water/ Wastewater, Public Works Constructions, etc.)
- ☐ 968-20 Building Construction Contractor
- ☐ 968-43 Golf Course Construction, Repair and Maintenance
- ☐ 968-77 Surveying (Not Aerial or Research)
- ☐ 968-47 Inspection Services, Construction Type
- ☐ 988-00 Roadside, Grounds, Recreational and Park Area Services
- ☐ 988-03 Athletic Field Maintenance
- ☐ 988-14 Erosion Control Services
- ☐ 988-15 Fence Installation and Repair
- ☐ 988-20 Fire Break Services
- ☐ 988-26 Flood Control Services
- ☐ 988-32 Grading (Except for Road Building)
- ☐ 988-41 Irrigation System Construction
- ☐ 988-46 Landfill Services
- ☐ 988-52 Landscaping Design, Fertilizing, Planting, etc. (Not Grounds Maintenance or Tree Trimming)
- ☐ 988-63 Park Area Construction/Renovation
- ☐ 988-68 Paving and Repair of Parking Lots (Not Including Driveways and Roads)
- ☐ 988-83 Swimming Pool Construction, Repairs, Renovations
- ☐ 988-86 tennis and Sports court Repair and Renovation

16. CONSTRUCTION CONTRACTOR-TYPE ASSISTANCE (TEMPORARY PERSONNEL AND WORKERS)

- ☐ 964-00 Temporary Personnel, Laborers and Workers (All Types)

17. CONSTRUCTION EQUIPMENT – LIGHT AND HEAVY DUTY

- ☐ 360-00 Floor Covering Equipment
- ☐ 635-00 Painting Equipment and Accessories
- ☐ 755-00 Asphalt and Concrete Handling Equipment and Parts
- ☐ 760-00 Equipment and Parts: Earth Handling, Grading, Moving, Packing, etc.
- ☐ 765-00 Other Road and Highway Equipment and Parts

18. **CONSULTING SERVICES**

- ☐ Accounting, Auditing and Budget Consulting Services
- ☐ 918-06 Administrative Consulting Services
- ☐ 918-07 Advertising Consulting Services
- ☐ 918-09 Agricultural Consulting Services
- ☐ 918-12 Analytical Studies and Surveys, Consulting Services
- ☐ 918-14 Appraisal, Consulting Services
- ☐ 918-19 Buildings, Structures and Components, Consulting Services
- ☐ 918-26 Communications: Public Relations Consulting Services
- ☐ 918-28 Computer Consulting Services – Hardware
- ☐ 918-29 Computer Consulting Services – Software
- ☐ 918-31 Construction Consulting Services
- ☐ 918-38 Education and Training Consulting Services
- ☐ 918-41 Energy Conservation Consulting Services
- ☐ 918-42 Engineering Consulting Services
- ☐ 918-43 Environmental Consulting Services
- ☐ 918-46 Feasibility Studies Consulting Services
- ☐ 918-49 Finance/Economics Consulting Services
- ☐ 918-52 Food Consulting Services
- ☐ 918-54 Furnishing Consulting Services
- ☐ 918-58 Governmental Consulting Services
- ☐ 918-62 Horticultural Consulting Services
- ☐ 918-65 Human Relations Consulting Services
- ☐ 918-69 Insurance Consulting Services
- ☐ 918-70 Inventory Consulting Services
- ☐ 918-75 Management Consulting Services
- ☐ 918-76 Marketing Consulting Services
- ☐ 918-78 Medical Consulting Services
- ☐ 918-81 Natural Disaster Consulting Services
- ☐ 918-85 Personnel/Employment Consulting Services
- ☐ 918-87 Purchasing Consulting Services
- ☐ 918-89 Real Estate/Land Consulting Services
- ☐ 918-93 Security/Safety Consulting Services
- ☐ 918-95 Telecommunications Consulting Services
- ☐ 918-97 Utility Consulting Services: Gas, Water, Electric

19. **CREDIT, LOAN, FINANCIAL, LEASING, INSURANCE, TITLE, APPRAISALS, ABSTRACTS, REAL ESTATE**

- ☐ 946-00 Financial Services
- ☐ 953-00 Insurance, All types
- ☐ 962-09 Auctioneering Services
- ☐ 962-47 Insurance and Risk Management Services

20. **DATA PROCESSING EQUIPMENT, SOFTWARE AND SUPPLIES**

- ☐ 205-00 Computers and Information Processing Systems
- ☐ 250-00 Data Processing Cards and Paper
- ☐ 920-00 Data Processing Services and Software

21. **ELECTRICAL**

- ☐ 280-00 Electrical Cables and Wires
- ☐ 285-00 Electrical Equipment and Supplies

22. **ELECTRONIC EQUIPMENT: ANALYZERS, INDICATORS, ETC.**

- ☐ 220-00 Controlling, Indicating, Measuring, Monitoring and Recording Instruments and Supplies
- ☐ 287-00 Electronic Components, Replacement Parts, Accessories and Miscellaneous Electronic Equipment

23. **ELEVATORS**

- ☐ 295-00 Elevators, Building Type

24. **ENVIRONMENTAL SERVICE, EQUIPMENT AND SUPPLIES**

- ☐ 962-40 Hazardous Materials Services
- ☐ 962-68 Radioactive Waste Disposal Services
- ☐ 988-56 Litter Removal Services, Including Beach Cleaning (Other than Buildings)

25. **FACILITIES SUPPLIES, SUPPORT SERVICES AND EQUIPMENT**

- ☐ 140-00 Broom, Brush and Mop Manufacturing Machinery and Supplies
- ☐ 145-00 Brushes
- ☐ 225-00 Cooler, Water Fountains (For Drinking Water)
- ☐ 192-00 Cleaning Compositions, Detergents, Solvents, Strippers
- ☐ 365-00 Floor Maintenance Machines, Parts and Accessories
- ☐ 485-00 Janitorial Supplies, General Line
- ☐ 910-00 Building Maintenance and Repair Services
- ☐ 910-39 Janitorial Services and Custodial Services
- ☐ 910-81 Window Washing Services
- ☐ 962-21 Cleaning Services, Steam and Pressure
- ☐ 962-85 Glass Tinting and Coating Services (Automobile and Buildings)
- ☐ 988-82 Swimming Pool Maintenance (Including Water Treatment)

26. **FOOD-BEVERAGES-TOBACCO PRODUCTS-ETC.**

- ☐ 375-00 Foods, Bakery Products (Fresh)
- ☐ 380-00 Foods, Dairy Products (Fresh)
- ☐ 385-00 Foods, Freeze-Dried, Frozen and Prepared Ready-to-Eat
- ☐ 390-00 Foods, Perishable
- ☐ 393-00 Foods, Stable Grocery and Grocer's Miscellaneous Items
- ☐ 660-00 Pipes, Tobaccos, Smoking Accessories, Alcoholic Beverages
- ☐ 962-19 Cafeteria Services
- ☐ 962-94 Bottled Water Services

27. **FUEL, OIL, GREASE AND LUBRICANTS**

- ☐ 405-00 Fuel, Oil, Grease and Lubricants
- ☐ 962-58 Oil Removal Services, Used (To include Oil and Petroleum Spill Services)
- ☐ 962-61 Petroleum Exploration Services

28. **FURNITURE, CURTAINS, UPHOLSTERY, INTERIOR DESIGN**

- ☐ 265-00 Draperies, Curtains, Upholstery
- ☐ 420-00 Furniture: Cafeteria, Chapel, Dormitory, Household, Library, Lounge, School
- ☐ 425-00 Furniture: Office
- ☐ 565-00 Mattress and Frame
- ☐ 962-48 Interior Design/Decorator Service
- ☐ 962-90 Upholstery Services (Other than Vehicles)

29. **HARDWARE, TOOLS, PAINTS AND ACCESSORIES**

- ☐ 005-00 Abrasives
- ☐ 445-00 Hand Tools (Powered and Non-Powered), Accessories and Supplies
- ☐ 450-00 Hardware and Related Items
- ☐ 460-00 Hose, Accessories and Supplies: Garden

30. INDUSTRIAL EQUIPMENT AND ACCESSORIES

- ☐ 105-00 Bearings (Except Wheel Bearings and Seals)
- ☐ 110-00 Belts and Belting: Conveyor, Elevator, Power Transmission, V-Belts
- ☐ 140-00 Manufacturing Machinery and Supplies: Broom, Brush, Mop
- ☐ 460-00 Hose, Accessories and Supplies: Industrial
- ☐ 565-00 Manufacturing Machinery and Supplies: Mattress and Frame
- ☐ 895-00 Welding Equipment and Supplies

31. KITCHEN, BAKERY AND RESTAURANT EQUIPMENT, ACCESSORIES AND SUPPLIES

- ☐ 090-00 Bakery Equipment, Commercial
- ☐ 160-00 Butcher Shop and Heat Processing Equipment
- ☐ 165-00 Cafeteria and Kitchen Equipment: Commercial
- ☐ 240-00 Cutlery, Dishes, Flatware, Glassware, Trays, Utensils, etc.
- ☐ 245-00 Dairy Equipment and Supplies
- ☐ 370-00 Food Processing and Canning Equipment and Supplies

32. LABORATORY EQUIPMENT, SUPPLIES AND SERVICE

- ☐ 175-00 Chemical Laboratory Equipment and Supplies
- ☐ 193-00 Clinical Laboratory Reagents and Tests: Blood Grouping, Diagnostic, Drug Monitoring, etc.
- ☐ 415-00 Laboratory Furniture
- ☐ 490-00 Laboratory Equipment and Accessories: Nuclear, Optical, And Physical
- ☐ 493-00 Laboratory Equipment and Accessories: Biochemistry, Chemistry, Environmental, Science, etc.
- ☐ 495-00 Laboratory and Field Equipment and Supplies: Biology, Botany, Geology, Microbiology, Zoology, etc.
- ☐ 962-22 Chemical Laboratory Services

33. LANDSCAPING AND LAWN MAINTENANCE SERVICE, EQUIPMENT, TOOLS AND SUPPLIES

- ☐ 020-00 Agricultural Equipment, Implements and Accessories
- ☐ 335-00 Fertilizers and Soil Conditioners
- ☐ 515-00 Lawn Maintenance Equipment, Accessories and Parts
- ☐ 595-00 Nursery Stock, Equipment and Supplies
- ☐ 790-00 Seed, Sod, Soil, Inoculants
- ☐ 968-88 Tree and Shrub Removal Services
- ☐ 988-36 Grounds Maintenance: Lawn Mowing, Edging, Plant, Trimming, etc.
- ☐ 988-88 Tree Trimming and Pruning Services
- ☐ 988-89 Weed and Vegetation Control Services

34. LEATHER GOODS, LUGGAGE, PURSES, FABRIC, NOTIONS AND ACCESSORIES

- ☐ 520-00 Leather and Related Equipment Products, Accessories and Supplies
- ☐ 530-00 Luggage, Brief cases, Purses and Related Items
- ☐ 590-00 Notions and Related Sewing Accessories and Supplies

35. MARINE EQUIPMENT, SUPPLIES AND SERVICE

- ☐ 120-00 Boats, Motors, Marine and Wildlife Equipment and Supplies
- ☐ 962-26 Diving Services
- ☐ 962-53 Marine Equipment and Marine Life Services (Except Maintenance and Repair)
- ☐ 962-54 Marine Buoys, Lights, etc., including servicing (Not Major Equipment)

36. MASS TRANSIT (BUS, RAIL, PEOPLE'S MOVER)

- ☐ 556-00 Transit Bus
- ☐ 557-00 Transit Bus Accessories and Supplies
- ☐ 558-00 Rail Vehicles and Systems
- ☐ 559-00 Rail Vehicle Parts and Accessories
- ☐ 864-00 Train Control, Electronics

37. MEDICAL AND HOSPITAL EQUIPMENT, SUPPLIES AND SERVICE (INCLUDING PHARMACEUTICALS, DRUGS AND BIOCHEMICALS)

- ☐ 260-00 Dental Equipment and Supplies
- ☐ 270-00 Drugs, Pharmaceuticals and Biological (For Human Therapeutic use)
- ☐ 271-00 Drugs, Pharmaceuticals and Sets (For high Volume Administration, Infusion, Irrigation, Tube Feeding)
- ☐ 410-00 Health Care and Hospital Facility Furniture
- ☐ 430-00 Gases, Containers and Equipment for Medical and Lab
- ☐ 435-00 Germicides, Cleaners and Related Sanitation Products for Health Care
- ☐ 465-00 Hospital and Surgical Equipment, Instruments and Supplies
- ☐ 470-00 Hospital Equipment and Supplies: Mobility, Speech Impaired, Restraint Items
- ☐ 475-00 Hospital, Surgical and Related Medical Accessories and Sundry Items
- ☐ 625-00 Optical Equipment, Accessories and Supplies
- ☐ 710-00 Prosthetic Devices, Hearing Aids, Auditory Testing Equipment, Electronic Reading Devices, etc.
- ☐ 948-00 Health Related Services
- ☐ 875-00 Veterinary Equipment, Accessories and Supplies
- ☐ 898-00 X-Ray and other Radiological Equipment and Supplies (Medical)

38. METAL, METAL FABRICATION, FOUNDRY CASTING, MACHINE SHOP

- ☐ 400-00 Equipment and Supplies, Foundry Castings
- ☐ 570-00 Metals: Bars, Plates, Rods, Sheets, Strips, Structural Shapes, Tubing and Fabricated Items
- ☐ 962-38 Galvanizing Services, Hot and Cold Dip, Plating Services
- ☐ 962-45 Industrial Electroplating Services
- ☐ 962-55 Metal Coating Services: Thermal, Spray and H.V.O.F. (High Velocity Oxy-Fuel)
- ☐ 962-82 Silver Recovery Services

39. MICROFICHE AND MICROFILMING SERVICES AND EQUIPMENT

- ☐ 575-00 Microfiche and Microfilm Equipment, Accessories and Supplies

40. MISCELLANEOUS SERVICES

- ☐ 962-31 Electrostatic Painting Services
- ☐ 962-36 Fireworks Display and Carnival Services
- ☐ 962-46 Installation Services (Not otherwise classified)
- ☐ 962-50 Leak Detection Services: Gas, Water, Chemical
- ☐ 962-59 Parking Services: Operation, Admission, Supervision
- ☐ 962-60 Party and Holiday Decorating Services
- ☐ 962-69 Records Management and Disposal
- ☐ 962-71 Religious Services
- ☐ 962-73 Restoration/Reclamation Services of Land and other Properties
- ☐ 968-46 Incinerator Services
- ☐ 578-35 Election Equipment and Supplies

41. MISCELLANEOUS PROFESSIONAL SERVICES

- ☐ 961-02 Administrative Services (All Kinds)
- ☐ 961-04 Artistic Services
- ☐ 961-12 Codification Services of Government Codes
- ☐ 961-15 Concession Services, Vending Services-Mobile and Stationary
- ☐ 961-17 Construction Management Services
- ☐ 961-19 Conservation and Resource Management Services
- ☐ 961-21 Cost Estimating Services
- ☐ 961-24 Court Reporting Services
- ☐ 961-27 Decontamination Services
- ☐ 961-29 Economic Impact Study Services
- ☐ 961-30 Employment Agency and Search Firm Services (Except for Temporary Personnel)
- ☐ 961-32 Environmental Impact Study Services
- ☐ 961-37 Fleet Management Services
- ☐ 961-39 Floral Designing and Arranging Services
- ☐ 961-41 Fuel Management
- ☐ 961-43 Hydrological Services
- ☐ 961-45 Inspections and Certification Services
- ☐ 961-48 Laboratory and Field Testing Services (Not otherwise classified)
- ☐ 961-50 Legal Services
- ☐ 961-51 Lobby Services
- ☐ 961-53 Marketing Services
- ☐ 961-55 Mining Services (Including Consulting and Geological Services)
- ☐ 961-57 Musical Production Services
- ☐ 961-60 Public Opinion Survey Services
- ☐ 961-64 Real Estate Services
- ☐ 961-66 Sign Painting Services
- ☐ 961-68 Sports Professional Services (Including Sports and Recreational Programs)
- ☐ 961-69 Testing and Monitoring Services (Air, Gas, Water)
- ☐ 961-70 Tank Management Services, Storage (Including Underground)
- ☐ 961-72 Transcription Services, Legal and Medical
- ☐ 961-74 Transit Management and Operations Services
- ☐ 961-75 Translation Services
- ☐ 961-78 Travel Agency, Chartering and Tour Guide Services
- ☐ 961-79 Travel Program Management Services
- ☐ 961-86 Veterinary Services
- ☐ 961-88 Weather Forecasting Services
- ☐ 961-90 Writing Services, All Kinds
- ☐ 961-94 Zoning, Land Use Study Services
- ☐ 999-99 Pre-Qualified Architects and Engineers

42. MONEY MACHINES, FARE COLLECTION EQUIPMENT

- ☐ 318-00 Fare Collection Equipment and Supplies, Money Machines

43. MOTORS, PUMPS, COMPRESSORS

- ☐ 025-00 Air compressors and Accessories
- ☐ 720-00 Pumping Equipment and Accessories
- ☐ 929-61 Motor Rewinding and Repairing, Electric
- ☐ 545-49 Motors and Engines, Industrial, All Types (Not Automotive, Lawn or Marine)
- ☐ 285-00 Motors and Parts (Fractional and Integral), Controllers, Relays, Switches, Starters, Coils, Brushes, etc.

44. MOVING, STORAGE, TRANSPORTATION, DISPOSAL, REMOVAL AND DELIVERY SERVICE, EQUIPMENT AND SUPPLIES

- ☐ 560-00 Material Handling and Storage Equipment and Accessories
- ☐ 962-24 Courier/Delivery Service
- ☐ 962-25 Removal and Disposal of Dead Animals
- ☐ 962-56 Moving Services
- ☐ 962-57 Moving Services, House, Portable Buildings, Trailers,
- ☐ 295-50 Moving Walks and Parts
- ☐ 962-86 Transportation of Goods (Freight)
- ☐ 962-95 Warehousing and Storage Services (Not Storage Space Rental)

45. OFFICE/SCHOOL/LIBRARY SUPPLIES

- ☐ 015-00 Paper and Supplies for Office Machines
- ☐ 310-00 Envelopes, Plain or Printed
- ☐ 610-00 Carbon Paper and Ribbons
- ☐ 615-00 Office Supplies, General
- ☐ 620-00 Erasers, Inks, Leads, Pens, Pencils, etc.
- ☐ 645-00 Paper (For Office and Printing Use)
- ☐ 715-00 Publications and Audio Visual Materials
- ☐ 785-00 School Equipment and Supplies
- ☐ 962-74 Re-inking Services for Ribbons
- ☐ 956-00 Library Services, Subscriptions

46. OFFICE EQUIPMENT, SUPPLIES AND ACCESSORIES

- ☐ 555-00 Marking and Stenciling Devices
- ☐ 600-00 Office Machines, Equipment and Accessories
- ☐ 605-00 Office Mechanical Aids, Small Machines and Apparatuses

47. PARK AND PLAYGROUND EQUIPMENT, SPORTING GOODS, SUPPLIES, ACCESSORIES, ETC.

- ☐ 195-00 Clocks, Timers
- ☐ 650-00 Park, Playground, Recreational Area and Swimming Pool Equipment
- ☐ 805-00 Sporting and Athletic Goods
- ☐ 962-08 Athletic Training Services

48. PERSONAL ITEMS AND BEAUTY CARE AND SUPPLIES

- ☐ 095-00 Barber and Beauty Shop Equipment and Supplies
- ☐ 195-00 Clocks, Timers, Watches and Jeweler's and Watchmaker's Tools and Equipment

49. PEST CONTROL SERVICE, EQUIPMENT AND SUPPLIES

- ☐ 675-00 Poisons: Agricultural and Industrial
- ☐ 910-59 Pest Control Service and Termite Inspection
- ☐ 988-72 Pest Control Services (Other than Buildings)

50. PHOTOGRAPHIC EQUIPMENT, SUPPLIES AND SERVICE

- ☐ 655-00 Photographic Equipment and Supplies

51. PRINTING EQUIPMENT, MACHINE SUPPLIES AND ACCESSORIES

- ☐ 700-00 Printing Plant Equipment, Accessories, Machine Supplies and Maintenance

52. PRINTING SERVICES

- ☐ 125-00 Bookbinding Supplies
- ☐ 255-00 Decals and Stamps
- ☐ 300-00 Embossing and Engraving
- ☐ 310-00 Envelopes
- ☐ 395-00 Continuous Forms: Snap-outs, Computer Forms

- ☐ 860-00 Tickets, coupon Books, Sales Books, Strip Books, etc.
- ☐ 908-00 Bookbinding, Re-binding and Repairing
- ☐ 962-14 Blueprinting Services
- ☐ 965-00 Printing Preparations, Etching, Photoengraving, Preparation of Mats, Negatives and Plates
- ☐ 966-00 Printing, Publishing, Silk Screening, Typesetting
- ☐ 915-76 Reproduction (Copy Machines)
- ☐ 956-20 Copying Services

53. RECYCLED AND RECYCLABLE MATERIALS, PRODUCTS AND SERVICES

- ☐ 100-67 Containers, Recycling
- ☐ 310-60 Envelopes, Recycled Paper
- ☐ 395-51 Continuous Forms, Recycled, All Types
- ☐ 405-87 Recycled Petroleum Products
- ☐ 410-68 Recycled Health care and Hospital Furniture
- ☐ 415-57 Recycled Laboratory Furniture (All Types)
- ☐ 420-81 Recycled Furniture for Cafeteria, Chapel, Dormitory, Household, Library, Lounge, School (All Types)
- ☐ 425-64 Recycled Office Furniture (All Types)
- ☐ 440-62 Recycled Glass Products
- ☐ 450-64 Recycled Hardware and Rubber Products
- ☐ 465-81 Recycled Hospital and Surgical Equipment
- ☐ 470-58 Recycled Mobility, Speech Impaired and Restraint Items
- ☐ 475-72 Recycled Hospital Accessories and Sundry Equipment and Supplies
- ☐ 520-61 Recycled Leather Products
- ☐ 540-77 Recycled Lumber
- ☐ 578-64 Recycling Equipment, Machines and Supplies
- ☐ 610-33 Recycled Carbon Paper
- ☐ 610-34 Recycled Ribbons
- ☐ 615-73 Recycled Office Supplies
- ☐ 620-94 Recycled Pens and Pencils
- ☐ 640-66 Recycled Paper, Plastics and Styrofoam Products (Disposable Type)
- ☐ 645-00 Recycled Paper Stock
- ☐ 650-48 Recycled Recreational and Park Equipment
- ☐ 655-79 Recycled Photographic Equipment and Supplies
- ☐ 745-68 Recycled Asphalt
- ☐ 755-37 Asphalt Recycling Equipment
- ☐ 906-74 Recycling System Services
- ☐ 962-70 Recycling Services (Including Collection)

54. RENTAL OR LEASE – ALL TYPES: EQUIPMENT, SPACE, LAND, LOT, ETC.

- ☐ 971-00 Rental or Lease – Real Property, Hotel/Motel Accommodations, Exhibit Booth, etc.
- ☐ 975-00 Rental or Lease – Equipment, Tools, Appliances, Furniture, Vehicles, Instruments, Machinery, etc.

55. REPAIRS, MAINTENANCE AND RECONDITIONING

- ☐ 928-00 Automobiles Trucks, Trailers, Buses, etc.
- ☐ 929-00 Agricultural, Industrial, Marine and Heavy Equipment
- ☐ 931-00 Appliances, Athletic, cafeteria, Furniture, Musical Instruments
- ☐ 934-00 Laundry, Lawn, Painting, Plumbing and Spraying Equipment
- ☐ 936-00 General Equipment
- ☐ 938-00 Hospital, Laboratory and Testing Equipment
- ☐ 939-00 Office and Photographic Equipment, Radios and TV Sets
- ☐ 940-00 Railroad and Track Equipment

56. SALE OF SURPLUS AND OBSOLETE ITEMS

- ☐ 998-00 Sale of Surplus and Obsolete Items

57. SECURITY AND SAFETY EQUIPMENT, SUPPLIES AND SERVICE

- ☐ 340-00 Fire Protection Equipment and Supplies
- ☐ 345-00 First Aid and Safety Equipment and Supplies
- ☐ 550-20 Flares and Fuses
- ☐ 680-00 Police Equipment and Supplies
- ☐ 962-65 Protection Services (Not Including Buildings)
- ☐ 990-05 Alarm Services
- ☐ 990-10 Armored Car Services
- ☐ 990-22 Card Access Security Services
- ☐ 990-25 Crime Prevention Services
- ☐ 990-27 Crossing Guard Services
- ☐ 990-30 Disaster Relief Services
- ☐ 990-32 Driver's License Services
- ☐ 990-37 Emergency Medical and Ambulance Services (Excluding Fire Services)
- ☐ 990-41 Fingerprinting Services
- ☐ 990-42 Fire and Safety Services
- ☐ 990-46 Guard and Security Services
- ☐ 990-52 Investigative Services
- ☐ 990-67 Patrol Services
- ☐ 990-70 Polygraph Testing Services
- ☐ 990-77 Safety Training and Awareness Services (Highway Safety, Boating, Seat Belt, etc.)
- ☐ 990-80 Surveillance Services

58. SIGNS, SIGNAGE AND TRAFFIC CONTROL DEVICES

- ☐ 550-00 Markers, Plaques, Signs and Traffic Control Devices
- ☐ 550-20 Flares and Fuses
- ☐ 968-80 Traffic Sign Installation
- ☐ 968-81 Traffic Sign Maintenance and Repair
- ☐ 968-82 Traffic Signal Installation
- ☐ 968-83 Traffic Signal Maintenance and Repair

59. SOCIAL AND COMMUNITY SERVICES

- ☐ 964-00 Temporary Personnel and Workers (All Types)

60. WATERWORKS AND SEWAGE UTILITIES

- ☐ 890-00 Water Supply and Sewage Treatment Equipment
- ☐ 962-91 Utility Locator Service (Underground)
- ☐ 962-92 Video Scanning Services of Sewers, /Waterwells, etc.
- ☐ 968-00 Utilities, Water, Wastewater Services, Construction and Maintenance
- ☐ 968-65 Pipeline Construction and Repair
- ☐ 968-68 Sewer and Storm Drain Construction
- ☐ 968-69 Sewer Maintenance and Repair
- ☐ 968-73 Storm Drain Cleaning, Repair and Sludge Removal Services
- ☐ 968-93 Well Pointing Services (De-watering)
- ☐ 968-94 Waterproofing Systems and Repair Work
- ☐ 968-95 Wastewater Treatment Plant, Operations, Testing, Maintenance
- ☐ 968-96 Water System, Mains and Service Line Construction and Repair Service

Miami-Dade County

VENDOR CHECKLIST OF DOCUMENTS TO BE SUBMITTED

Department of Procurement Management
Vendor Assistance Unit
111 NW 1st Street, Suite 1300, Miami, Florida 33128-1974
Telephone: 305-375-5773 Fax No: 305-375-5409
www.miamidade.gov/dpm

*In order to establish a computer file for your firm, you must enter your firm's FEIN or if none, the owner's Social Security Number. This number becomes your **"County Vendor Number"**.*

*Please enter your Federal Employee Identification Number (FEIN) Number **or** your Social Security Number (SSN).*

☐ **F.E.I.N.** ______________________

☐ **S.S.N.** ______________________

SECTION 4: CHECKLIST OF DOCUMENTS TO BE SUBMITTED (pages 15)

☐ Submit copy of current Local Business Tax Receipt (formerly the Miami-Dade County Occupational License) for businesses physically located in Miami-Dade County). Contact the Miami-Dade Tax Collector's Office at www.miamidade.gov/taxcollector or contact:

The Miami-Dade County Tax Collector's Main Office, Local Business Tax Section
140 West Flagler, Room 101, Miami, Florida, 33130
Telephone: (305) 270-4949
Fax: (305) 372-6368

- or -

The Miami-Dade County Tax Collector's Office
South Dade Government Center, 10710 SW 211 Street, Room 104
Miami, Florida 33189

☐ Submit copy of Certificate if your company is under one of the following:

- Corporation
- Trademarks
- Limited Partnerships
- Limited Liability Company
- Limited Liability & General Partnerships
- Fictitious Business Name(s), if required

Note: Miami-Dade County will confirm the validity of Certificates with the applicable state authority. For companies located in Florida and registered with the Florida Department of State, Division of Corporations, the company's Federal Employer Identification Number (FEIN) must be posted on the Florida Division of Corporation's website. To confirm that your FEIN is posted, visit the State website at www.sunbiz.org Under "Document Search", press "Inquire by Name" or "Inquire by Federal Employer Identification Number (FEIN)" to produce the corresponding report.

If your company's Federal Employer Identification Number (FEIN) is not posted, contact the Florida Department of State, Division of Corporations and request that your company (FEIN) be added to your file posted on the web. Requests must be provided on your company's letterhead and reference the document number assigned when your company was registered. Submit your request via fax to (1-850-245-6013), **or** contact the agency at 1-850-245-6052 for additional information.

☐ W-9 (Request for Taxpayer ID Number and Certification) **AND/OR** W-8ECI Form (Certificate of Foreign Person's Claim for Exemption from Withholding on Income Effectively Connected With the Conduct of a Trade or Business in the United States) (Documents and Instructions Attached).

☐ Submit copy of Form 8109 (Federal Tax Deposit Coupon preprinted from the IRS with your Business name and FEIN number) **OR** any other preprint IRS form issued by the IRS identifying your business name and FEIN number.

☐ Submit copy of Social Security Card – If registering under your name, Fictitious Business Name(s) and FEIN number is not available.

Miami-Dade County

Miami-Dade County
DEPARTMENT OF PROCUREMENT MANAGEMENT

NOTICE OF REQUIREMENTS CONCERNING THE USE OF SOCIAL SECURITY NUMBERS

Effective October 1, 2007, the Florida Legislature adopted new requirements under Section 119.071(5) of the Florida Statutes, relating to the collection and dissemination of Social Security Numbers by all "Agencies" in Florida. Under the new requirements, an agency may not collect an individual's Social Security Number unless the agency has stated in writing the purpose for its collection.

Please be aware that the Miami-Dade County Department of Procurement Management (County) collects Social Security Numbers from individuals, in lieu of a Federal Employer Identification Number (FEIN), if a FEIN has not been issued by the Internal Revenue Service for the individual/firm registering as a vendor with the County.

In order to establish a file for your firm, you must provide your firm's Federal Employer Identification Number (FEIN). If no FEIN exists, the Social Security Number of the owner or individual must be provided. This number becomes your "County Vendor Number". To comply with Section 119.071(5) of the Florida Statutes relating to the collection of an individual's Social Security Number, be aware that DPM requests the Social Security Number for the following purposes:

- Identification of individual account records
- To make payments to individual/vendor for goods and services provided to Miami-Dade County
- Tax reporting purposes
- To provide a unique identifier in the vendor database that may be used for searching and sorting departmental records

If you have any questions concerning the use of your Social Security Number, you may contact the Department of Procurement Management, Vendor Assistance Unit at (305) 375-5773.

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ -------
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 7[2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at *www.irs.gov* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Instructions for the Requester of Form W-9

Department of the Treasury
Internal Revenue Service

(Rev. September 2007)

Request for Taxpayer Identification Number and Certification

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Section 6049 contains new information reporting requirements for tax-exempt interest. For information on certification rules for tax-exempt interest payments, see Notice 2006-93 on page 798 of Internal Revenue Bulletin(I.R.B.) 2006-44 at *www.irs.gov/pub/irs-irbs/irb06-44.pdf.*

Reminders

- The backup withholding rate is 28% for reportable payments.
- The IRS website offers TIN Matching e-services for payers to validate name and TIN combinations. See *Taxpayer Identification Number (TIN) Matching* on page 4.

How Do I Know When To Use Form W-9?

Use Form W-9 to request the taxpayer identification number (TIN) of a U.S. person (including a resident alien) and to request certain certifications and claims for exemption. (See *Purpose of Form* on Form W-9.) Withholding agents may require signed Forms W-9 from U.S. exempt recipients to overcome any presumptions of foreign status. For federal purposes, a U.S. person includes but is not limited to:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- Any estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

A partnership may require a signed Form W-9 from its U.S. partners to overcome any presumptions of foreign status and to avoid withholding on the partner's allocable share of the partnership's effectively connected income. For more information, see Regulations section 1.1446-1.

Advise foreign persons to use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, for more information and a list of the W-8 forms.

Also, a nonresident alien individual may, under certain circumstances, claim treaty benefits on scholarships and fellowship grant income. See Pub. 515 or Pub. 519, U.S. Tax Guide for Aliens, for more information.

Electronic Submission of Forms W-9

Requesters may establish a system for payees and payees' agents to submit Forms W-9 electronically, including by fax. A requester is anyone required to file an information return. A payee is anyone required to provide a taxpayer identification number (TIN) to the requester.

Payee's agent. A payee's agent can be an investment advisor (corporation, partnership, or individual) or an introducing broker. An investment advisor must be registered with the Securities Exchange Commission (SEC) under the Investment Advisers Act of 1940. The introducing broker is a broker-dealer that is regulated by the SEC and the National Association of Securities Dealers, Inc., and that is not a payer. Except for a broker who acts as a payee's agent for "readily tradable instruments," the advisor or broker must show in writing to the payer that the payee authorized the advisor or broker to transmit the Form W-9 to the payer.

Electronic system. Generally, the electronic system must:

- Ensure the information received is the information sent, and document all occasions of user access that result in the submission;
- Make reasonably certain that the person accessing the system and submitting the form is the person identified on Form W-9, the investment advisor, or the introducing broker;
- Provide the same information as the paper Form W-9;
- Be able to supply a hard copy of the electronic Form W-9 if the Internal Revenue Service requests it; and
- Require as the final entry in the submission an electronic signature by the payee whose name is on Form W-9 that authenticates and verifies the submission. The electronic signature must be under penalties of perjury and the perjury statement must contain the language of the paper Form W-9.

TIP *For Forms W-9 that are not required to be signed, the electronic system need not provide for an electronic signature or a perjury statement.*

For more details, see the following.

- Announcement 98-27 on page 30 of I.R.B. 1998-15 available at *www.irs.gov/pub/irs-irbs/irb98-15.pdf.*
- Announcement 2001-91 on page 221 of I.R.B. 2001-36 available at *www.irs.gov/pub/irs-irbs/irb01-36.pdf.*

Individual Taxpayer Identification Number (ITIN)

Form W-9 (or an acceptable substitute) is used by persons required to file information returns with the IRS to get the payee's (or other person's) correct name and

TIN. For individuals, the TIN is generally a social security number (SSN).

However, in some cases, individuals who become U.S. resident aliens for tax purposes are not eligible to obtain an SSN. This includes certain resident aliens who must receive information returns but who cannot obtain an SSN.

These individuals must apply for an ITIN on Form W-7, Application for IRS Individual Taxpayer Identification Number, unless they have an application pending for an SSN. Individuals who have an ITIN must provide it on Form W-9.

Substitute Form W-9

You may develop and use your own Form W-9 (a substitute Form W-9) if its content is substantially similar to the official IRS Form W-9 and it satisfies certain certification requirements.

You may incorporate a substitute Form W-9 into other business forms you customarily use, such as account signature cards. However, the certifications on the substitute Form W-9 must clearly state (as shown on the official Form W-9) that under penalties of perjury:

1. The payee's TIN is correct,
2. The payee is not subject to backup withholding due to failure to report interest and dividend income, and
3. The payee is a U.S. person.

You may not:

1. Use a substitute Form W-9 that requires the payee, by signing, to agree to provisions unrelated to the required certifications, or
2. Imply that a payee may be subject to backup withholding unless the payee agrees to provisions on the substitute form that are unrelated to the required certifications.

A substitute Form W-9 that contains a separate signature line just for the certifications satisfies the requirement that the certifications be clearly stated.

If a single signature line is used for the required certifications and other provisions, the certifications must be highlighted, boxed, printed in bold-face type, or presented in some other manner that causes the language to stand out from all other information contained on the substitute form. Additionally, the following statement must be presented to stand out in the same manner as described above and must appear immediately above the single signature line:

"The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding."

If you use a substitute form, you are required to provide the Form W-9 instructions to the payee only if he or she requests them. However, if the IRS has notified the payee that backup withholding applies, then you must instruct the payee to strike out the language in the certification that relates to underreporting. This instruction can be given orally or in writing. See item 2 of the *Certification* on Form W-9. You can replace "defined below" with "defined in the instructions" in item 3 of the *Certification* on Form W-9 when the instructions will not be provided to the payee except upon request. For more information, see Revenue Procedure 83-89,1983-2, C.B. 613; amplified by Revenue Procedure 96-26 which is on page 22 of I.R.B. 1996-8 at *www.irs.gov/pub/irs-irbs/irb96-08.pdf.*

TIN Applied for

For interest and dividend payments and certain payments with respect to readily tradable instruments, the payee may return a properly completed, signed Form W-9 to you with "Applied For" written in Part I. This is an "awaiting-TIN" certificate. The payee has 60 calendar days, from the date you receive this certificate, to provide a TIN. If you do not receive the payee's TIN at that time, you must begin backup withholding on payments.

Reserve rule. You must backup withhold on any reportable payments made during the 60-day period if a payee withdraws more than $500 at one time, unless the payee reserves 28 percent of all reportable payments made to the account.

Alternative rule. You may also elect to backup withhold during this 60-day period, after a 7-day grace period, under one of the two alternative rules discussed below.

Option 1. Backup withhold on any reportable payments if the payee makes a withdrawal from the account after the close of 7 business days after you receive the awaiting-TIN certificate. Treat as reportable payments all cash withdrawals in an amount up to the reportable payments made from the day after you receive the awaiting-TIN certificate to the day of withdrawal.

Option 2. Backup withhold on any reportable payments made to the payee's account, regardless of whether the payee makes any withdrawals, beginning no later than 7 business days after you receive the awaiting-TIN certificate.

CAUTION *The 60-day exemption from backup withholding does not apply to any payment other than interest, dividends, and certain payments relating to readily tradable instruments. Any other reportable payment, such as nonemployee compensation, is subject to backup withholding immediately, even if the payee has applied for and is awaiting a TIN.*

Even if the payee gives you an awaiting-TIN certificate, you must backup withhold on reportable interest and dividend payments if the payee does not certify, under penalties of perjury, that the payee is not subject to backup withholding.

If you do not collect backup withholdings from affected payees as required, you may become liable for any uncollected amount.

Payees Exempt From Backup Withholding

Even if the payee does not provide a TIN in the manner required, you are not required to backup withhold on any payments you make if the payee is:

1. An organization exempt from tax under section 501(a), any IRA where the payor is also the trustee or custodian, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following types of payments are exempt from backup withholding as indicated for items 1 through 15 above.

Interest and dividend payments. All listed payees are exempt except the payee in item 9.

Broker transactions. All payees listed in items 1 through 13 are exempt. A person registered under the Investment Advisers Act of 1940 who regularly acts as a broker is also exempt.

Barter exchange transactions and patronage dividends. Only payees listed in items 1 through 5 are exempt.

Payments reportable under sections 6041 and 6041A. Only payees listed in items 1 through 7 are generally exempt.

However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC, Miscellaneous Income, are not exempt from backup withholding.

- Medical and health care payments.
- Attorneys' fees.
- Payments for services paid by a federal executive agency. (See Revenue Ruling 2003-66 on page 1115 in I.R.B. 2003-26 at *www.irs.gov/pub/irs-irbs/irb03-26.pdf.*)

Payments Exempt From Backup Withholding

Payments that are not subject to information reporting also are not subject to backup withholding. For details, see sections 6041, 6041A, 6042, 6044, 6045, 6049, 6050A, and 6050N, and their regulations. The following payments are generally exempt from backup withholding.

Dividends and patronage dividends

- Payments to nonresident aliens subject to withholding under section 1441.
- Payments to partnerships not engaged in a trade or business in the United States and that have at least one nonresident alien partner.
- Payments of patronage dividends not paid in money.
- Payments made by certain foreign organizations.
- Section 404(k) distributions made by an ESOP.

Interest payments

- Payments of interest on obligations issued by individuals. However, if you pay $600 or more of interest in the course of your trade or business to a payee, you must report the payment. Backup withholding applies to the reportable payment if the payee has not provided a TIN or has provided an incorrect TIN.
- Payments described in section 6049(b)(5) to nonresident aliens.
- Payments on tax-free covenant bonds under section 1451.
- Payments made by certain foreign organizations.
- Mortgage or student loan interest paid to you.

Other types of payment

- Wages.
- Distributions from a pension, annuity, profit-sharing or stock bonus plan, any IRA where the payor is also the trustee or custodian, an owner-employee plan, or other deferred compensation plan.
- Distributions from a medical or health savings account and long-term care benefits.
- Certain surrenders of life insurance contracts.
- Distribution from qualified tuition programs or Coverdell ESAs.
- Gambling winnings if regular gambling winnings withholding is required under section 3402(q). However, if regular gambling winnings withholding is not required under section 3402(q), backup withholding applies if the payee fails to furnish a TIN.
- Real estate transactions reportable under section 6045(e).
- Cancelled debts reportable under section 6050P.
- Fish purchases for cash reportable under section 6050R.
- Certain payment card transactions by a qualified payment card agent (as described in Revenue Procedure 2004-42 and Regulations section 31.3406(g)-1(f) and if the requirements under Regulations section 31.3406(g)-1(f) are met. Revenue Procedure 2004-42 is on page 121 of I.R.B. 2004-31 which is available at *www.irs.gov/pub/irs-irbs/irb04-31.pdf.*

Joint Foreign Payees

If the first payee listed on an account gives you a Form W-8 or a similar statement signed under penalties of perjury, backup withholding applies unless:

1. Every joint payee provides the statement regarding foreign status, or

2. Any one of the joint payees who has not established foreign status gives you a TIN.

If any one of the joint payees who has not established foreign status gives you a TIN, use that number for purposes of backup withholding and information reporting.

For more information on foreign payees, see the Instructions for the Requester of Forms W-8BEN, W-8ECI, W-8EXP, and W-8IMY.

Names and TINs To Use for Information Reporting

Show the full name and address as provided on Form W-9 on the information return filed with the IRS and on the copy furnished to the payee. If you made payments to more than one payee or the account is in more than one name, enter on the first name line only the name of the payee whose TIN is shown on the information return. You may show the names of any other individual payees in the area below the first name line.

Sole proprietor. Enter the individual's name on the first name line. On the second name line, enter the business name or "doing business as (DBA)" if provided. You may not enter only the business name. For the TIN, you may enter either the individual's SSN or the employer identification number (EIN) of the business. However, the IRS encourages you to use the SSN.

LLC. For an LLC that is disregarded as an entity separate from its owner, you must show the owner's name on the first name line. On the second name line, you may enter the LLC's name. Use the owner's TIN. Do not enter the disregarded entity's EIN.

Notices From the IRS

The IRS will send you a notice if the payee's name and TIN on the information return you filed do not match the IRS's records. (See *Taxpayer Identification Number (TIN) Matching* below.) You may have to send a "B" notice to the payee to solicit another TIN. Pub. 1281, Backup Withholding for Missing and Incorrect Name/TIN(s), contains copies of the two types of "B" notices.

Taxpayer Identification Number (TIN) Matching

TIN Matching allows a payer or authorized agent who is required to file Forms 1099-B, DIV, INT, MISC, OID, and /or PATR to match TIN and name combinations with IRS records before submitting the forms to the IRS. TIN Matching is one of the e-services products that is offered, and is accessible through the IRS website. Go to *www.irs.gov* and search for "e-services." It is anticipated that payers who validate the TIN and name combinations before filing information returns will receive fewer backup withholding (CP2100) "B" notices and penalty notices.

Additional Information

For more information on backup withholding, see Pub. 1281.

Form **W-8ECI**

(Rev. February 2006)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Note: *Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business (see instructions).*

Do not use this form for:	Instead, use Form:
• A beneficial owner solely claiming foreign status or treaty benefits	W-8BEN
• A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b)	W-8EXP
Note: *These entities should use Form W-8ECI if they received effectively connected income (e.g., income from commercial activities).*	
• A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States)	W-8BEN or W-8IMY
• A person acting as an intermediary	W-8IMY

Note: *See instructions for additional exceptions.*

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner

2 Country of incorporation or organization

3 Type of entity (check the appropriate box):
☐ Individual ☐ Corporation ☐ Disregarded entity
☐ Partnership ☐ Simple trust ☐ Complex trust ☐ Estate
☐ Government ☐ Grantor trust ☐ Central bank of issue ☐ Tax-exempt organization
☐ Private foundation ☐ International organization

4 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box.**

City or town, state or province. Include postal code where appropriate.

Country (do not abbreviate)

5 Business address in the United States (street, apt. or suite no., or rural route). **Do not use a P.O. box.**

City or town, state, and ZIP code

6 U.S. taxpayer identification number (required—see instructions) ☐ SSN or ITIN ☐ EIN

7 Foreign tax identifying number, if any (optional)

8 Reference number(s) (see instructions)

9 Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or business in the United States (attach statement if necessary)

Part II Certification

Sign Here

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States and are includible in my gross income (or the beneficial owner's gross income) for the taxable year, **and**
- The beneficial owner is not a U.S. person.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Signature of beneficial owner (or individual authorized to sign for the beneficial owner) Date (MM-DD-YYYY) Capacity in which acting

Instructions for Form W-8ECI

(Rev. February 2006)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Note. For definitions of terms used throughout these instructions, see *Definitions* beginning on page 2.

Purpose of form. Foreign persons are generally subject to U.S. tax at a 30% rate on income they receive from U.S. sources. However, no withholding under section 1441 or 1442 is required on income that is, or is deemed to be, effectively connected with the conduct of a trade or business in the United States and is includible in the beneficial owner's gross income for the tax year.

The no withholding rule does not apply to personal services income and income subject to withholding under section 1445 (dispositions of U.S. real property interests) or section 1446 (foreign partner's share of effectively connected income).

If you receive effectively connected income from sources in the United States, you must provide Form W-8ECI to:

- Establish that you are not a U.S. person,
- Claim that you are the beneficial owner of the income for which Form W-8ECI is being provided, and
- Claim that the income is effectively connected with the conduct of a trade or business in the United States.

If you expect to receive both income that is effectively connected and income that is not effectively connected from a withholding agent, you must provide Form W-8ECI for the effectively connected income and Form W-8BEN (or Form W-8EXP or Form W-8IMY) for income that is not effectively connected.

If you submit this form to a partnership, the income claimed to be effectively connected with the conduct of a U.S. trade or business is subject to withholding under section 1446. If a nominee holds an interest in a partnership on your behalf, you, not the nominee, must submit the form to the partnership or nominee that is the withholding agent.

If you are a foreign partnership, a foreign simple trust, or a foreign grantor trust with effectively connected income, you may submit Form W-8ECI without attaching Forms W-8BEN or other documentation for your foreign partners, beneficiaries, or owners.

A withholding agent or payer of the income may rely on a properly completed Form W-8ECI to treat the payment associated with the Form W-8ECI as a payment to a foreign person who beneficially owns the amounts paid and is either entitled to an exemption from withholding under sections 1441 or 1442 because the income is effectively connected with the conduct of a trade or business in the United States or subject to withholding under section 1446.

Provide Form W-8ECI to the withholding agent or payer before income is paid, credited, or allocated to you. Failure by a beneficial owner to provide a Form W-8ECI when requested may lead to withholding at the 30% rate or the backup withholding rate.

Additional information. For additional information and instructions for the withholding agent, see the Instructions for the Requester of Forms W-8BEN, W-8ECI, W-8EXP, and W-8IMY.

Who must file. You must give Form W-8ECI to the withholding agent or payer if you are a foreign person and you are the beneficial owner of U.S. source income that is (or is deemed to be) effectively connected with the conduct of a trade or business within the United States.

Do not use Form W-8ECI if:

- You are a nonresident alien individual who claims exemption from withholding on compensation for independent or certain dependent personal services performed in the United States. Instead, provide Form 8233, Exemption from Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual, or Form W-4, Employee's Withholding Allowance Certificate.
- You are claiming an exemption from withholding under section 1441 or 1442 for a reason other than a claim that the income is effectively connected with the conduct of a trade or business in the United States. For example, if you are a foreign person and the beneficial owner of U.S. source income that is not effectively connected with a U.S. trade or business and are claiming a reduced rate of withholding as a resident of a foreign country with which the United States has an income tax treaty in effect, do not use this form. Instead, provide Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding.
- You are a foreign person receiving proceeds from the disposition of a U.S. real property interest. Instead, see Form 8288-B, Application for Withholding Certificate for Dispositions by Foreign Persons of U.S. Real Property Interests.
- You are filing for a foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section 115(2), 501(c), 892, 895, or 1443(b). Instead, provide Form W-8EXP, Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding. However, these entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim exempt recipient status for backup withholding purposes. They should use Form W-8ECI if they received effectively connected income (for example, income from commercial activities).

- You are acting as an intermediary (that is, acting not for your own account or for that of your partners, but for the account of others as an agent, nominee, or custodian). Instead, provide Form W-8IMY, Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding.
- You are a withholding foreign partnership or a withholding foreign trust for purposes of sections 1441 and 1442. A withholding foreign partnership is, generally, a foreign partnership that has entered into a withholding agreement with the IRS under which it agrees to assume primary withholding responsibility for each partner's distributive share of income subject to withholding that is paid to the partnership. A withholding foreign trust is, generally, a foreign simple trust or a foreign grantor trust that has entered into a withholding agreement with the IRS under which it agrees to assume primary withholding responsibility for each beneficiary's or owner's distributive share of income subject to withholding that is paid to the trust. Instead, provide Form W-8IMY.
- You are a foreign corporation that is a personal holding company receiving compensation described in section 543(a)(7). Such compensation is not exempt from withholding as effectively connected income, but may be exempt from withholding on another basis.
- You are a foreign partner in a partnership and the income allocated to you from the partnership is effectively connected with the conduct of the partnership's trade or business in the United States. Instead, provide Form W-8BEN. However, if you made or will make an election under section 871(d) or 882(d), provide Form W-8ECI. In addition, if you are otherwise engaged in a trade or business in the United States and you want your allocable share of income from the partnership to be subject to withholding under section 1446, provide Form W-8ECI.

Giving Form W-8ECI to the withholding agent. Do not send Form W-8ECI to the IRS. Instead, give it to the person who is requesting it from you. Generally, this will be the person from whom you receive the payment, who credits your account, or a partnership that allocates income to you. Give Form W-8ECI to the person requesting it before the payment is made, credited, or allocated. If you do not provide this form, the withholding agent may have to withhold at the 30% rate or the backup withholding rate. A separate Form W-8ECI must be given to each withholding agent.

U.S. branch of foreign bank or insurance company. A payment to a U.S. branch of a foreign bank or a foreign insurance company that is subject to U.S. regulation by the Federal Reserve Board or state insurance authorities is presumed to be effectively connected with the conduct of a trade or business in the United States unless the branch provides a withholding agent with a Form W-8BEN or Form W-8IMY for the income.

Change in circumstances. If a change in circumstances makes any information on the Form W-8ECI you have submitted incorrect, you must notify the withholding agent or payer within 30 days of the change in circumstances and you must file a new Form W-8ECI or other appropriate form. For example, if during the tax year any part or all of the income is no longer effectively connected with the conduct of a trade or business in the United States, your Form W-8ECI is no longer valid. You must notify the withholding agent and provide Form W-8BEN, W-8EXP, or W-8IMY.

Expiration of Form W-8ECI. Generally, a Form W-8ECI will remain in effect for a period starting on the date the form is signed and ending on the last day of the third succeeding calendar year, unless a change in circumstances makes any information on the form incorrect. For example, a Form W-8ECI signed on September 30, 2005, remains valid through December 31, 2008. Upon the expiration of the 3-year period, you must provide a new Form W-8ECI.

Definitions

Beneficial owner. For payments other than those for which a reduced rate of withholding is claimed under an income tax treaty, the beneficial owner of income is generally the person who is required under U.S. tax principles to include the income in gross income on a tax return. A person is not a beneficial owner of income, however, to the extent that person is receiving the income as a nominee, agent, or custodian, or to the extent the person is a conduit whose participation in a transaction is disregarded. In the case of amounts paid that do not constitute income, beneficial ownership is determined as if the payment were income.

Foreign partnerships, foreign simple trusts, and foreign grantor trusts are not the beneficial owners of income paid to the partnership or trust. The beneficial owners of income paid to a foreign partnership are generally the partners in the partnership, provided that the partner is not itself a partnership, foreign simple or grantor trust, nominee or other agent. The beneficial owners of income paid to a foreign simple trust (that is, a foreign trust that is described in section 651(a)) are generally the beneficiaries of the trust, if the beneficiary is not a foreign partnership, foreign simple or grantor trust, nominee or other agent. The beneficial owners of a foreign grantor trust (that is, a foreign trust to the extent that all or a portion of the income of the trust is treated as owned by the grantor or another person under sections 671 through 679) are the persons treated as the owners of the trust. The beneficial owners of income paid to a foreign complex trust (that is, a foreign trust that is not a foreign simple trust or foreign grantor trust) is the trust itself.

Generally, these beneficial owner rules apply for purposes of sections 1441, 1442, and 1446, except that section 1446 requires a foreign simple trust to provide a Form W-8 on its own behalf rather than on behalf of the beneficiary of such trust.

The beneficial owner of income paid to a foreign estate is the estate itself.

A payment to a U.S. partnership, U.S. trust, or U.S. estate is treated as a payment to a U.S. payee. A U.S. partnership, trust, or estate should provide the withholding agent with a Form W-9. However, for purposes of section 1446, a U.S. grantor trust shall not provide the withholding agent a Form W-9. Instead, the grantor or other owner must provide Form W-8 or Form W-9 as appropriate.

Disregarded entity. A business entity that has a single owner and is not a corporation under Regulations section 301.7701-2(b) is disregarded as an entity separate from its owner.

A disregarded entity shall not submit this form to a partnership for purposes of section 1446. Instead, the owner of such entity shall provide appropriate documentation. See Regulations section 1.1446-1.

Effectively connected income. Generally, when a foreign person engages in a trade or business in the United States, all income from sources in the United States other than fixed or determinable annual or periodical (FDAP) income (for example, interest, dividends, rents, and certain similar amounts) is considered income effectively connected with a U.S. trade or business. FDAP income may or may not be effectively connected with a U.S. trade or business. Factors to be considered to determine whether FDAP income and similar amounts from U.S. sources are effectively connected with a U.S. trade or business include whether:

- The income is from assets used in, or held for use in, the conduct of that trade or business, or
- The activities of that trade or business were a material factor in the realization of the income.

There are special rules for determining whether income from securities is effectively connected with the active conduct of a U.S. banking, financing, or similar business. See section 864(c)(4)(B)(ii) and Regulations section 1.864-4(c)(5)(ii) for more information.

Effectively connected income, after allowable deductions, is taxed at graduated rates applicable to U.S. citizens and resident aliens, rather than at the 30% rate. You must report this income on your annual U.S. income tax or information return.

A partnership that has effectively connected income allocable to foreign partners is generally required to withhold tax under section 1446. The withholding tax rate on a partner's share of effectively connected income is 35%. In certain circumstances the partnership may withhold tax at the highest applicable rate to a particular type of income (for example long-term capital gain allocated to a noncorporate partner). Any amount withheld under section 1446 on your behalf, and reflected on Form 8805 issued by the partnership to you may be credited on your U.S. income tax return.

Foreign person. A foreign person includes a nonresident alien individual, a foreign corporation, a foreign partnership, a foreign trust, a foreign estate, and any other person that is not a U.S. person.

Nonresident alien individual. Any individual who is not a citizen or resident alien of the United States is a nonresident alien individual. An alien individual meeting either the "green card test" or the "substantial presence test" for the calendar year is a resident alien. Any person not meeting either test is a nonresident alien individual. Additionally, an alien individual who is a resident of a foreign country under the residence article of an income tax treaty, or an alien individual who is a bona fide resident of Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or American Samoa is a nonresident alien individual.

CAUTION *Even though a nonresident alien individual married to a U.S. citizen or resident alien may choose to be treated as a resident alien for certain purposes (for example, filing a joint income tax return), such individual is still treated as a nonresident alien for withholding tax purposes on all income except wages.*

See Pub. 519, U.S. Tax Guide for Aliens, for more information on resident and nonresident alien status.

Withholding agent. Any person, U.S. or foreign, that has control, receipt, or custody of an amount subject to withholding or who can disburse or make payments of an amount subject to withholding is a withholding agent. The withholding agent may be an individual, corporation, partnership, trust, association, or any other entity including (but not limited to) any foreign intermediary, foreign partnership, and U.S. branches of certain foreign banks and insurance companies. Generally, the person who pays (or causes to be paid) an amount subject to withholding to the foreign person (or to its agent) must withhold.

Specific Instructions

Part I

Line 1. Enter your name. If you are filing for a disregarded entity with a single owner who is a foreign person, this form should be completed and signed by the foreign single owner. If the account to which a payment is made or credited is in the name of the disregarded entity, the foreign single owner should inform the withholding agent of this fact. This may be done by including the name and account number of the disregarded entity on line 8 (reference number) of Part I of the form.

TIP *If you own the income or account jointly with one or more other persons, the income or account will be treated by the withholding agent as owned by a foreign person if Forms W-8ECI are provided by all of the owners. If the withholding agent receives a Form W-9, Request for Taxpayer Identification Number and Certification, from any of the joint owners, the payment must be treated as made to a U.S. person.*

Line 2. If you are filing for a corporation, enter the country of incorporation. If you are filing for another type of entity, enter the country under whose laws the entity is created, organized, or governed. If you are an individual, write "N/A" (for "not applicable").

Line 3. Check the box that applies. By checking a box, you are representing that you qualify for this classification. You must check the one box that represents your classification (for example, corporation, partnership, etc.) under U.S. tax principles. If you are filing for a disregarded entity, you must check the "Disregarded entity" box (not the box that describes the status of your single owner).

Line 4. Your permanent residence address is the address in the country where you claim to be a resident for that country's income tax. Do not show the address of a financial institution, a post office box, or an address used solely for mailing purposes. If you are an individual who does not have a tax residence in any country, your permanent residence is where you normally reside. If you are not an individual and you do not have a tax residence in any country, the permanent residence address is where you maintain your principal office.

Line 5. Enter your business address in the United States. Do not show a post office box.

Line 6. You must provide a U.S. taxpayer identification number (TIN) for this form to be valid. A U.S. TIN is a social security number (SSN), employer identification number (EIN), or IRS individual taxpayer identification number (ITIN). Check the appropriate box for the type of U.S. TIN you are providing.

If you are an individual, you are generally required to enter your SSN. To apply for an SSN, get Form SS-5 from a Social Security Administration (SSA) office. Fill in Form SS-5 and return it to the SSA.

If you do not have an SSN and are not eligible to get one, you must get an ITIN. To apply for an ITIN, file Form W-7 with the IRS. It usually takes 4-6 weeks to get an ITIN.

If you are not an individual (for example, a foreign estate or trust), or you are an individual who is an employer or who is engaged in a U.S. trade or business as a sole proprietor, use Form SS-4, Application for Employer Identification Number, to obtain an EIN. If you are a disregarded entity, enter the U.S. TIN of your foreign single owner.

Line 7. If your country of residence for tax purposes has issued you a tax identifying number, enter it here. For example, if you are a resident of Canada, enter your Social Insurance Number.

Line 8. This line may be used by the filer of Form W-8ECI or by the withholding agent to whom it is provided to include any referencing information that is useful to the withholding agent in carrying out its obligations. A beneficial owner may use line 8 to include the name and number of the account for which he or she is providing the form. A foreign single owner of a disregarded entity may use line 8 to inform the withholding agent that the account to which a payment is made or credited is in the name of the disregarded entity (see instructions for line 1 on page 3).

Line 9. You must specify the items of income that are effectively connected with the conduct of a trade or business in the United States. You will generally have to provide Form W-8BEN, Form W-8EXP, or Form W-8IMY for those items from U.S. sources that are not effectively connected with the conduct of a trade or business in the United States. See Form W-8BEN, W-8EXP, or W-8IMY, and its instructions, for more details.

If you are providing this form to a partnership because you are a partner and have made an election under section 871(d) or section 882(d), attach a copy of the election to the form. If you have not made the election, but intend to do so effective for the current tax year, attach a statement to the form indicating your intent. See Regulations section 1.871-10(d)(3).

Part II

Signature. Form W-8ECI must be signed and dated by the beneficial owner of the income, or, if the beneficial owner is not an individual, by an authorized representative or officer of the beneficial owner. If Form W-8ECI is completed by an agent acting under a duly authorized power of attorney, the form must be accompanied by the power of attorney in proper form or a copy thereof specifically authorizing the agent to represent the principal in making, executing, and presenting the form. Form 2848, Power of Attorney and Declaration of Representative, may be used for this purpose. The agent, as well as the beneficial owner, may incur liability for the penalties provided for an erroneous, false, or fraudulent form.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you want to receive exemption from withholding on income effectively connected with the conduct of a trade or business in the United States, you are required to provide the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping,** 3 hr., 35 min.; **Learning about the law or the form,** 3 hr., 22 min.; **Preparing the form,** 3 hr., 35 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can email us at **taxforms@irs.gov*. Please put "Forms Comment" on the subject line. Or you can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send Form W-8ECI to this office. Instead, give it to your withholding agent.