



MIAMI-DADE COUNTY, FLORIDA
DEPARTMENT OF PROCUREMENT MANAGEMENT
AFFIRMATIVE ACTION PLAN UNIT

RFP No. 0313
ATTACHMENT 6

Affirmative Action Plan Affidavit

Pursuant to Miami-Dade County's Ordinance No. 98-30, Section 2-8.1.5, entities with annual gross revenue in excess of \$5,000,000 seeking to contract with the County shall, as a condition of receiving a County contract, have: 1) 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 2) 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.

Based on the above, please complete the affidavit as directed and return the completed affidavit along with a cover letter on your company's letterhead, listing the company's address, phone and fax numbers, and any required documents, to:

Miami-Dade County, Department of Procurement Management
Affirmative Action Plan Unit
111 NW 1st Street, 13th Floor
Miami, FL 33128

Please provide the following information (check all that applies):

Name of Company: _____ Company's FEIN: _____

- My company provides [] engineering, [] architectural, [] landscape architecture, [] land surveying/design build services, and/or [] mapping services. Therefore, enclosed is our company's affirmative action plan and procurement policy for review.
My company has annual gross revenues in excess of \$5,000,000. Therefore, enclosed is our company's affirmative action plan and procurement policy for review.
My company has annual gross revenues less than \$5,000,000.

If at any time the Miami Dade County has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the County may refer the matter to the State Attorney's Office and/or other investigative agencies. The County may initiate debarment and/or pursue other remedies in accordance with Miami-Dade County policy and/or applicable federal, state and local laws.

The undersigned swears that the foregoing statements are true and correct. If after executing this affidavit there are any changes in the information submitted, the undersigned agrees to immediately inform Miami Dade County of such changes in writing.

Executed by:

Signature of CEO/President or Designated Representative

Printed Name of CEO/President or Designated Representative

Sworn before me

On this _____ Day of _____

Signature of Affirmative Action Officer

Notary Public

Printed Name of Affirmative Action Officer