Form A-1

PROPOSER'S NAME (Name of	f firm, entity or organization):	
FEDERAL EMPLOYER IDEN	TIFICATION NUMBER:	
NAME AND TITLE OF PROPO	OSER'S CONTACT PERSON:	
Name:		Title:
MAILING ADDRESS:		
Street Address:		
City, State, Zip:		
TELEPHONE: ()	FAX:	E-MAIL ADDRESS:
PROPOSER'S ORGANIZATION	NAL STRUCTURE:	<u> </u>
Corporation P	eartnership Proprietorsh	ipJoint Venture
Other (Explain):		
IF CORPORATION, Date Incorporated/Organized:		
State Incorporated/Organized:		
States registered in as foreign cor	poration:	· .
PROPOSER'S SERVICE OR BU	SINESS ACTIVITIES OTHER TH	AN WHAT THIS SOLICITATION REQUESTS FOR:
LIST NAMES OF PROPOSER'S	S SUBCONTRACTORS OR SUBCO.	NSULTANTS FOR THIS PROJECT:
partnership, joint venture or other legal en	nce No. 94-34, any individual who has been con	victed of a felony during the past ten years and any corporation, ho has been convicted of a felony during the past ten years shall the County.
☐ Place a checkmark here only	y if Proposer has such conviction to di	sclose to comply with this requirement.
PROPOSER'S AUTHORIZED S	IGNATURE	
The undersigned hereby certified t	that this proposal is submitted in respo	onse to this solicitation.
Signed By:	Date:	
Print Name:	Title:	

A-1 Rev. 1/23/07

Revised

Form A-2 AFFIDAVIT OF MIAMI-DADE COUNTY LOBBYIST REGISTRATION FOR ORAL PRESENTATION

(1) ProjectTitle:	Project No.:	
(2) Department:		_
(3) Proposer's Name:		
Address:Business Telephone: ()	Zip:	_
Business Telephone: ()		
	tam Who Will Be Participating in the Oral Presentation: ITLE EMPLOYED BY	TEL. NO.
	·	
(ATTACH ADDITIONA	AL SHEET IF NECESSARY)	
The individuals named above are I Presentation ONLY.	Registered and the Registration Fee is <u>not</u> requ	iired for the Oral
provided by the County. The affidavit submitted. The individual or firm musubmittal of the proposal with the Cle	chnical review or similar committee must be list shall be filed with the Clerk of the Board at the ti st submit a revised affidavit for additional team me erk of the Board at least two days prior to the oral rised affidavit may not participate in the oral present	ime the response is embers added after l presentation. Any
county committee concerning any action	roposers who wish to address the county commissions, decisions or recommendations of County person 2-11.1(s) of the Code of Miami-Dade County MUST ple fees.	onnel regarding this
I do solemnly swear that all the foregoing fac 2-11.1(s) of the Code of Miami-Dade County	ts are true and correct and I have read or am familiar with the as amended.	e provisions of Section
Signature of Authorized Representative:STATE OF	Title:	
STATE OFCOUNTY OF		
TTI 6	6 41	
The foregoing instrument was acknowledged by	perfore me this who is personally	,
(Individual, Officer, Partner or Agent	(Sole Proprietor, Corporation or Partnership)	KIIOWII
to me or who has produced	coefore me this, a, who is personally gradient of the composition of Partnership gradient and who did/did not take a gradient from the composition of the composition and who did/did not take a gradient from the composition of	n oath.
(Signature of person taking acknowledgement)	
(Name of Acknowledger typed, printed or star	nnad)	
(Ivalue of Acknowledger typed, printed or star	npeu)	

(Title or Rank) 2/7/05

(Serial Number, if any)

Form A-3 ACKNOWLEDGEMENT OF ADDENDA

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

PART I: Listed below are the dates of i solicitation.	issue for each Addendum received in connection with this
Addendum #1, Dated	
Addendum #2, Dated	
Addendum #3, Dated	
Addendum #4, Dated	
Addendum #5, Dated	
Addendum #6, Dated	
Addendum #7, Dated	
Addendum #8, Dated	
Addendum #9, Dated	
PART II:	
No Addendum was received in conne	ection with this solicitation.
Authorized Signature:	Date:
Print Name:	Title:
Firm Name:	

A-3 - Rev. 1/27/00

below) physical business address

Form A-4

LOCAL BUSINESS PREFERENCE

The evaluation of competitive solicitations is subject to Section 2-8.5 of the Miami-Dade County Code, which, except where contrary to federal or state law, or any other funding source requirements, provides that preference be given to local businesses. A local business, for the purposes of receiving the aforementioned preference above, shall be defined as a Proposer which meets all of the following.

1. Proposer has a valid Local Business Tax Receipt (formerly know as an Occupational License), issued by Miami-Dade County at least one year prior to proposal submission, that is appropriate for the goods, services or construction to be purchased.

Proposer shall attach a copy of said Miami-Dade County Local Business Tax Receipt hereto. (Note: Current and past year receipts, or occupational licenses, as may be applicable, may need to be submitted as proof that it was issued at least one year prior to the proposal due date.)

2. Proposer has a physical business address located within the limits of Miami-Dade County from which the Proposer operates or performs business. (Post Office Boxes are not verifiable and shall not be used for the purpose of establishing said physical address.)

Proposer shall state its Miami-Dade County (or Broward County if applicable, see note

	-	
3.	and oppo	poser contributes to the economic development and well-being of Miami-Dade County in a verifiable measurable way. This may include but not be limited to the retention and expansion of employment ortunities and the support and increase in the County's tax base. To satisfy this requirement, the poser shall affirm in writing its compliance with any of the following objective criteria as of the posal submission date:
	Che	ck box, if applicable:
		a) Proposer has at least ten (10) permanent full time employees, or part time employees equivalent to 10 FTE ("full-time equivalent" employees working 40 hours per week) that live in Miami-Dade County, or at least 25% of its employees that live in Miami-Dade County.
		b) Proposer contributes to the County's tax base by paying either real property taxes or tangible personal property taxes to Miami-Dade County.
		c) Proposer contributes to the economic development and well-being of Miami-Dade County by some other verifiable and measurable contribution by

Proposer shall check the box if applicable and, if checking item "c", shall provide a written statement, above, defining how Proposer meets that criteria.

By signing below, Proposer affirms that it meets the above criteria to qualify for Local Preference and has submitted the requested documents.

Note: At this time, there is an interlocal agreement in effect between Miami-Dade and Broward Counties until September 30, 2009. Therefore, a Proposer which meets the requirements of (1), (2) and (3) above for Broward County shall be considered a local business for the purposes outlined herein.

deral Employer Identification Number:	
m Name:	
dress:	
y/State/Zip:	
correct.	edge and belief all the foregoing facts are true and
	Title:
Date:	
STATE OF	
SUBSCRIBED AND SWORN TO (or affirmed) b	before me on, (Date)
by(Affiant)	He/She is personally known to me or has
presented as ide (Type of Identification)	entification.
(Signature of Notary)	(Serial Number)
(Print or Stamp Name of Notary)	(Expiration Date)
Notary Public(State)	Notary Seal

Form A-4 Rev. 1/12/05

Name of Proposer	
------------------	--

This form, or a comparable listing meeting the requirements of Ordinance No. 97-104, <u>MUST</u> be completed by all bidders and proposers on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all bidders and proposers on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. This form, or a comparable listing meeting the requirements of Ordinance No. 97-104, must be completed and submitted even though the bidder or proposer will not utilize subcontractors or suppliers on the contract. The bidder or proposer should enter the word "NONE" under the appropriate heading in those instances where no subcontractors or suppliers will be used on the contract. A bidder or proposer who is awarded the contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified except upon written approval of the County.

Business Name and Address of First Tier Subcontractor/Subco	Principal Owner	Scope of Work to be Performed by Subcontractor/Subconsultant	(Princ Own	_
nsultant		Subconti actor/Subconsultant	Gender	Race
Business Name and	Principal Owner	Supplies/Materials/Services to	(Princ	ipal
Address of Direct		be	Own	
Supplier		Provided by Supplier	Gender	Race
Supplier		Provided by Supplier	Gender	Race
Supplier		Provided by Supplier	Gender	Kace
Supplier		Provided by Supplier	Gender	Race
Supplier		Provided by Supplier	Gender	Race

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

Signature of Proposer's Authorized Representative **Print Name**

Print Title

Date

(Duplicate if additional space is needed) Form A-5(new 5/7/99)

Form A-6

FAIR SUBCONTRACTING POLICIES (Ordinance 97-35)

FAIR SUBCONTRACTING PRACTICES

In complianc	e with	Miami-Dade	County	Ordinance	97-35,	the	Proposer	submits	the	following	detailed
statement of i	ts polic	ies and proce	dures for	awarding s	ubcontra	acts:					

I hereby certify that the foregoing information is	true, correct and complete.
Signature of Authorized Representative:	
Title:	Date:
Firm Name:	