

MIAMI DADE COUNTY
HOUSING AGENCY



DOCUMENT 00999-4

B. MIAMI DADE COUNTY AFFIDAVITS

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MIAMI-DADE COUNTY AFFIDAVITS

The contracting individual or entity (governmental or otherwise) shall indicate by an "X" all affidavits that pertain to this contract and shall indicate by an "N/A" all affidavits that do not pertain to this contract. All blank spaces must be filled.

The MIAMI-DADE COUNTY OWNERSHIP DISCLOSURE AFFIDAVIT; MIAMI-DADE COUNTY EMPLOYMENT DISCLOSURE AFFIDAVIT; and the MIAMI-DADE CRIMINAL RECORD AFFIDAVIT; and the shall not pertain to contracts with the United States or any of its departments or agencies thereof, the State or any political subdivision or agency thereof or any municipality of this State. The MIAMI-DADE FAMILY LEAVE AFFIDAVIT shall not pertain to contracts with the United States or any of its departments or agencies or the State of Florida or any political subdivision or agency thereof; it shall, however, pertain to municipalities of the State of Florida. All other contracting entities or individuals shall read carefully each affidavit to determine whether or not it pertains to this contract.

I, _____, being first duly sworn state:

The full legal name and business address of the person(s) or entity contracting or transacting business with Miami-Dade County are (Post Office addresses are not acceptable):

Federal Employer Identification Number (If none, Social Security)

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

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

Street Address City State Zip Code

1. MIAMI-DADE COUNTY OWNERSHIP DISCLOSURE AFFIDAVIT (Sec. 2-8.1 of the County Code)

- A. 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 partnership, the foregoing information shall be provided for each partner. 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. The foregoing requirements shall not pertain to contracts with publicly-traded corporations or to contracts with the United States or any department or agency thereof, the State or any political subdivision or agency thereof or any municipality of this State. All such names and addresses are (Post Office addresses are not acceptable):

| Full Legal Name | Address | Ownership |
|-----------------|---------|-----------|
| _____ | _____ | _____% |
| _____ | _____ | _____% |
| _____ | _____ | _____% |

- B. The full names and business address of any other individual (other than subcontractors, materialmen, suppliers laborers or lenders) who have, or will have any interest (legal, equitable beneficial or otherwise) in the contract or business transaction with Dade County are (Post Office addresses are not acceptable):

- C. Any person who willfully fails to disclose the information required herein, or who knowingly discloses false information in this regard, shall be punished by a fine of up to five hundred dollars (\$500.00) or imprisonment in the County jail for up to sixty (60) days or both.

2. **MIAMI-DADE COUNTY EMPLOYMENT DISCLOSURE AFFIDAVIT (County Ordinance No. 90-133, Amending sec. 2.8-1; Subsection (d)(2) of the County Code).**

Except where precluded by federal or State laws or regulations, each contract or business transaction or renewal thereof which involves the expenditure of ten thousand dollars (\$10,000) or more shall require the entity contracting or transacting business to disclose the following information. The foregoing disclosure requirements do not apply to contracts with the United States or any department or agency thereof, the State or any political subdivision or agency thereof or any municipality of this State.

- A. Does your firm have a collective bargaining agreement with its employees?
_____ Yes _____ No
- B. Does your firm provide paid health care benefits for its employees?
_____ Yes _____ No
- C. Provide a current breakdown (number of persons) of your firm's work force and ownership as to race, national origin and gender:
- | | | | | | |
|------------------|-------------|---------------|------------------------|-------------|----------------|
| White: _____ | Males _____ | Females _____ | Asian: _____ | Males _____ | Females: _____ |
| Black: _____ | Males _____ | Females _____ | American Indian: _____ | Males _____ | Females _____ |
| Hispanics: _____ | Males _____ | Females _____ | Aleut (Eskimo): _____ | Males _____ | Females _____ |

3. **MIAMI-DADE COUNTY CRIMINAL RECORD AFFIDAVIT (Section 2-8.6 of the County Code)**

The individual or entity entering into a contract or receiving funding from the County _____ has _____ has not as of the date of this affidavit been convicted of a felony during the past ten (10) years.

An officer, director, or executive of the entity entering into a contract or receiving funding from the County _____ has _____ has not as of the date of this affidavit been convicted of a felony during the past ten (10) years.

4. **MIAMI-DADE EMPLOYMENT DRUG FREE WORKPLACE AFFIDAVIT (County Ordinance No. 92-15 codified as Section 2-8.1.2 of the County Code)**

That in compliance with Ordinance No. 92-15 of the Code of Miami-Dade County, Florida, the above names person or entity is providing a drug-free workplace. A written statement to each employee shall inform the employees about:

- A. danger of drug abuse in the workplace
- B. the firm's policy of maintaining a drug-free environment at all workplaces
- C. availability of drug counseling, rehabilitation and employee assistance programs
- D. penalties that may be imposed upon each employee for drug abuse violations

That the person or entity shall also require an employee to sign a statement, as condition of employment that the employee will abide by the terms 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 of employment or employer retaliation.

Compliance with Ordinance No. 92-15 may be waived if the special characteristics of the product or service offered by the person or entity make it necessary for the operations of the County or for the health, safety, welfare, economic benefits and well being of the public. Contracts involving funding which is provided in whole or in part by the United States or the State of Florida shall be exempted from the provision of this Ordinance in those instances where those provisions are in conflict with the requirements of those governmental entities.

5. MIAMI-DADE EMPLOYMENT FAMILY LEAVE AFFIDAVIT (County Ordinance No. 142-9) codified as Section 11A-29 et. seq of the County Code)

That in compliance with Ordinance No. 149-91 of the Code of Miami-Dade County, Florida, an employer with fifty (50) or more employees working in Dade County for each working day during each of twenty (20) or more calendar work weeks, shall provide the following information in compliance with all items in the aforementioned ordinance

An employee who has worked for the above firm at least one (1) year shall be entitled to ninety (90) days of family leave during any twenty four (24) month period, for medical reasons, for the birth or adoption of a child, or for the care of a child, spouse or other close relative who has a serous health condition without risk of termination of employment or employer retaliation.

The foregoing requirements shall not pertain to contracts with the United States or any department or agency thereof, or the State of Florida or any political subdivision or agency thereof. It shall, however, pertain to municipalities of this State.

**6. PUBLIC ENTITY CRIMES AFFIDAVIT
(SECTION 287.133(3)(a), FLORIDA STATUTES)**

NOTE: THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

A. This sworn statement is submitted with Bid, Proposal, or Contract No. _____ for

B. This sworn statement is submitted by _____
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: _____.

C. My name is _____, and my relationship to the entity named
Print name of individual signing
above is _____.

D. 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 transaction 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 any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

- E. 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.
- F. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
- (i) A predecessor or successor of a person convicted of a public entity crime: or
 - (ii) 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 control 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.
- G. 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 with the legal power to enter into a binding contract 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, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
- H. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicates which statement applies.)
- (i) ☐ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - (ii) ☐ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (please indicate which additional statement applies.)
 - There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)
 - The person or affiliate was placed on the convicted vendor list. There has been a

subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

- The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

7. FORM OF NON-COLLUSIVE AFFIDAVIT

DEVELOPMENT NAME: _____

HUD DEVELOPMENT NO: _____

STATE OF)
) SS:
COUNTY OF)

_____ Being first duly sworn, deposes and says:

That he is _____ the party making the foregoing proposal or bid, that said bidder has visited the site of the work and has carefully examined the plans and specifications for said Project and checked them in detail before submitting his bid or proposal; and further, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid rice, or of that of any other bidder, or to secure any advantage against Miami-Dade County, Florida, or any person interested in the proposed Contract; and that all statements in said proposal or bid are true.

8. MIAMI-DADE COUNTY COLLECTION OF TAXES, FEES AND PARKING TICKETS AFFIDAVIT (Ordinance 95-178)

I, being first duly sworn state that in compliance with the procedures contained in Section 2-8.1(c) of the Code of Miami-Dade County, and as amended by Ordinance 95-178, this firm hereby certifies that the foregoing statements are true and correct.

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 occupational license taxes) 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.

9. AFFIDAVIT RELATING TO INDIVIDUALS AND ENTITIES ATTESTING BEING CURRENT IN THEIR OBLIGATIONS TO MIAMI-DADE COUNTY (Ordinance 99-162)

I, being first duly sworn state that in compliance with County Ordinance 99-162, the bidder is not 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 (hereinafter referred to as "County"), either directly or indirectly through a firm, corporation, partnership or joint venture in which the individual or entity has a controlling financial interest as that term is defined in Section 2-11.1(b)(8) of the County Code.

I have carefully read this entire six (6) page document entitled, "Miami- Dade County Affidavits" (Affidavits 1-9) and have indicated by "X" all affidavits that pertain to this contract and have indicated by an "N/A" all affidavits that do not pertain to this contract and completed all required information

**BY SIGNING AND NOTARIZING THIS PAGE YOU ARE ATTESTING TO
AFFIDAVITS ONE (1) THROUGH NINE (9)**

MIAMI-DADE COUNTY AFFIDAVITS SIGNATURE PAGE

By: _____ 20 ____
Signature of Witness or Secretary Seal Date

Signature of Affiant: Bidder, if the bidder is an Individual; partner, if the Bidder is a Partnership;
Officer, if the Bidder is a Corporation

_____/____/____/____/____/____/____/_____
Federal Employer Identification Number

Printed Name of Firm and Affiant

Address of Firm

SUBSCRIBED AND SWORN TO (or affirmed) before me this _____ day of _____, 20____

He/She is personally known to me or has presented _____ as identification.
Type of identification

Signature of Notary

Serial Number

Print or Stamp Name of Notary

Expiration Date

Notary Public – State of _____

Notary Seal