

REQUEST FOR PROPOSALS

PROVIDE STATE REQUIRED SCOLIOSIS SCREENING FOR SEVENTH GRADE STUDENTS

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

PROPOSAL RETURN DATE

MARCH 26, 2002

RFP NO. 081-BB10

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
PROCUREMENT AND MATERIALS MANAGEMENT
1450 N.E. 2ND AVENUE, MIAMI, FLORIDA 33132

REQUEST FOR PROPOSALS #081-BB10

PROVIDE STATE REQUIRED SCOLIOSIS SCREENING FOR SEVENTH GRADE STUDENTS

Sealed proposals will be accepted in Procurement and Materials Management, at the above location, until **2:00 P.M. on MARCH 26, 2002** and may not be withdrawn for ninety (90) days from that date.

ANTI-COLLUSION STATEMENT

THE UNDERSIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED, OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO THE PROPOSAL WHATSOEVER.

PROPOSER ACKNOWLEDGES THAT ALL INFORMATION CONTAINED HEREIN IS PART OF THE PUBLIC DOMAIN AS DEFINED BY THE STATE OF FLORIDA SUNSHINE LAW.

CERTIFICATION AND IDENTIFICATION FOR CONTRACTORS SUBMITTING PROPOSALS.

I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same service, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of these proposal specifications and I certify that I am authorized to sign this proposal.

(Please Type or Print Below)

LEGAL NAME OF AGENCY OR
CONTRACTOR SUBMITTING PROPOSAL : _____

MAILING ADDRESS : _____

CITY STATE, ZIP CODE : _____

TELEPHONE NUMBER : _____

BY: SIGNATURE : _____

BY: TYPED : _____

TITLE : _____

INSTRUCTIONS TO AGENCY/CONTRACTOR SUBMITTING PROPOSAL

I. PREPARING OF PROPOSALS

- A. THE PROPOSAL IS TO BE SUBMITTED, using 8-1/2" x 11" paper.
- B. IDENTIFICATION. Failure to indicate the contractor's EXACT legal name and an unsigned proposal may be considered non-responsive.

II. SUBMITTING OF PROPOSALS

- A. Number of Proposal:

A total (10) of the Proposal must be submitted as follows:

- * The original proposal in a sealed envelope or box marked "Original."
- ** (9) copies of the proposal in a separate sealed envelope or box marked "Copies."

The proposal number, proposal title and opening date must be clearly marked on all envelopes and boxes.

- B. Place, Date and Hour. Proposals shall be submitted to The School Board of Miami-Dade County, Florida, Procurement and Materials Management, Room 352, 1450 N.E. 2nd Avenue, Miami, Florida, not later than 2:00 P.M. March 26, 2002.

III. CHANGE OR WITHDRAWAL OF PROPOSAL

- A. PRIOR TO PROPOSAL OPENING. Should the agency or individual contractor withdraw its proposal they shall do so in writing. This communication is to be received by the Assistant Superintendent, Procurement and Materials Management, 1450 N.E. 2nd Avenue, prior to March 26, 2002. The agency or individual contractor's name and the proposal number should appear on the envelope.
- B. AFTER PROPOSAL OPENING. After March 26, 2002, proposals may not be changed; and they may not be withdrawn for ninety (90) days from that date.

IV. PROTEST OF SPECIFICATIONS

Any notice of protest of the specifications contained in a request for proposal shall be filed in writing with the Associate Superintendent, Bureau of Procurement and Materials Management no later than 48 hours prior to the date and hour specified in page i for receipt of proposals. Failure to file a timely notice of protest shall constitute a waiver of proceedings.

V. AWARDS

RESERVATION FOR REJECTION OR AWARD. The Board reserves the right to waive irregularities or technicalities, reject any or all proposals and to request re-bids.

AWARD RECOMMENDATION. Proposer information phone lines have been established in Procurement Management. Proposers may call 995-1375 each Friday to be advised of the recommended proposers and the time it is contemplated that the recommendation will be made. This information will be provided by school system staff as available. In no case will information as to a recommended proposer be available later than the Friday preceding the week when the award is scheduled to be made by the School Board or the Superintendent.

Proposers may file letters of protest no later than 48 hours prior to the Board Meeting for which the award is scheduled to be made. These letters of protest will be reviewed by Staff. Staff will offer the protesting proposer the opportunity for a meeting to discuss the protest. If the proposer is not satisfied with the response to the protest, he/she may request to address the School Board. Alternatively, proposers may invoke the provisions of §120.569, Fla. Stat. Petitions for hearings on protests pursuant to §120.569, Fla. Stat., must be filed in accordance with School Board Rule 6Gx13-8C-1.064. Protests filed later than the date specified herein are deemed waived. This provision supersedes and governs over any conflicting provision in this document.

VI. DEFAULT

In the event of default, which may include, but is not limited to non-performance and/or poor performance, the awardee shall lose eligibility to transact new business with the Board for a period of 14 months from date of termination of award by the Board. Proposers that are determined ineligible may request a hearing pursuant to §120.569, Fla. Stat., and School Board Rule 6Gx13-8C-1.064.

VII. PUBLIC ENTITY CRIMES

Section 287.133(2)(a) Florida Statute. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

VIII. COMPLIANCE WITH FEDERAL REGULATIONS

All contracts involving Federal funds will contain certain provisions required by applicable sections of Title 34, Section 80.36(l) and Section 85.510 Code of Federal Regulations and are included by reference herein. The vendor certifies by signing the proposal that the vendor and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in Federally funded transactions and may, in certain instances, be required to provide a separate written certification to this effect.

During the term of any contract with the Board, in the event of debarment, suspension, proposed debarment, declared ineligible or voluntarily excluded from participation in Federally funded transactions, the vendor shall immediately notify the Associate Superintendent, Bureau of Procurement and Materials Management, in writing.

Vendors will also be required to provide access to records, which are directly pertinent to the contract and retain all required records for three years after the grantee (The Board) or sub-grantee makes final payment.

For all contracts involving Federal funds, in excess of \$10,000, The Board reserves the right to terminate the contract for cause as well as for convenience by issuing a certified notice to the vendor.

**REQUEST FOR PROPOSALS NO. 081-BB10
PROVIDE STATE REQUIRED SCOLIOSIS SCREENING FOR
SEVENTH GRADE STUDENTS**

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

I. NAME AND ADDRESS OF REQUESTOR

The School Board of Miami-Dade County, Florida
The Department of Comprehensive Health Services
1450 N.E. Second Avenue
Miami, Florida 33132

II. PURPOSE OF REQUEST FOR PROPOSALS

The purpose of this Request For Proposals is to obtain professional services of qualified individuals or agencies to provide state required scoliosis screening services to grade seven students attending Miami-Dade County Public Schools. Students are located district-wide in fifty-three middle schools, two alternative education schools, two exceptional student education centers, and seven K-8 Centers.

III. INSTRUCTIONS FOR SUBMISSION OF PROPOSALS

Seven (7) copies of the proposal, one of which shall be an original, must be received by 2:00 p.m. (Eastern Standard Time), March 26, 2002 at:

The School Board of Miami-Dade County, Florida
Bid Clerk, Division of Procurement Management and Materials Testing
1450 N.E. Second Avenue, Room 352
Miami, Florida 33132

The proposal must be submitted in a sealed envelope or box marked "PROVIDE STATE REQUIRED SCOLIOSIS SCREENING FOR SEVENTH GRADE STUDENTS." It is anticipated that a proposal(s) may be presented to the School Board for acceptance on or about May 15, 2002. If accepted, notification to the successful proposer(s) will be on or after May 16, 2002. The School Board reserves the right to reject any and all proposals.

IV. DESCRIPTION OF THE PROGRAM

Services are requested to provide scoliosis screening for grade seven students attending fifty-three middle, two alternative schools, two exceptional student education centers and seven K-8 Centers, as required by Florida School Health Services Administrative Rule 10D-84.16 and School Board Rule 6Gx13-5D-1.021.

Individuals/agencies will receive a monthly schedule identifying eight to twelve schools. Seventh grade populations at each school site range from 100 to 800 students. A total of fifty-seven working days for each of four screeners will be necessary to complete the screening program. The maximum amount of time will be seven hours per day, per screener. Two, three or four screeners will be needed per day depending on seventh grade student population at each school. Each school must be completed in one day.

Standards, techniques, and criteria for conducting scoliosis screening of students and referrals are to be consistent with the recommendations of the Miami-Dade County School Health Medical Advisory Committee (See Attachment A). Screening personnel will record results on individual student health forms, prepare referral letters, record the names of students in need of further evaluation, and complete an individual school results form.

Additionally, proposers are to describe how follow-up services will be provided to students who, as a result of the screening, are in need of further evaluation.

V. REQUIRED INFORMATION TO BE SUBMITTED BY PROPOSER

Proposers must possess the following minimum qualifications to be considered for the provision of scoliosis screening services.

- * A current or retired nurse, documented experience in providing scoliosis screening to children or completion of a training course/workshop in screening for scoliosis.

Proposers must submit the information listed below, as well as other information specified elsewhere in this request.

- A. Evidence of nursing degree or diploma, and/or documentation of experience in providing scoliosis screening to children, or completion of a training course/workshop in screening for scoliosis.

- B. In consideration of award of the contract, the successful vendor shall hold harmless, indemnify, and defend indemnitees (as hereinafter defined), against any claim, action, loss, damage, injury, liability, but not by way of limitation, attorney's fees and court costs arising out of bodily injury to persons including death, or damage to tangible property, arising out of or incidental to the performance of this Contract (including goods and services provided thereto) by or on behalf of the proposer, excluding only the sole negligence or culpability of the indemnitee. The following shall be indemnitees: The School Board of Miami-Dade County, Florida and its members, officers and employees.
- C. Since M-DCPS is a public agency, which serves children and adolescents, all employees and contracted personnel must have a security clearance to ensure that individuals with criminal records involving moral turpitude do not have contact with students. If the individuals who are proposed to provide services have security clearance by the Department of Children and Families, or the Miami-Dade County Public Schools, within the prior one-year period, submission of proof of such clearance will be required. If professionals who are proposed to provide services do not possess such clearance, each will comply with security clearance procedures prescribed by M-DCPS.
- D. Identification of the agency staff member to serve as liaison for service delivery.
- E. The signature of the authorized person empowered to submit the proposal.

VI. PHASES OF THE CONTRACT

The Department of Comprehensive Health Services, has developed a plan to contract with individuals/agencies to provide scoliosis screening services to seventh grade students. Screeners can expect to visit approximately 66 school sites from October, 2002 through March, 2003.

These services that are sought, on-site at each school, are to include:

- * Screening of students for curvature of the spine (scoliosis);
- * Recording of results on each student (Attachment B) and mailing one copy of each referral list (Attachment C) to the Department of Comprehensive Health Services;
- * Preparation of referral letters on each student, as necessary (Attachment D);

- * Completion of additional data forms may be required;
- * Completion of a school results form (Attachment E);
- * Follow-up services are to be provided for students who, as a result of the screening, are in need of further evaluation.

Cost Factor: (a maximum of seven hours per day, four screeners per day, for a total of 57 days)

Total: 57 days from October 1, 2002 to March 31, 2003, for individual awardee
228 total days from October 1, 2002 to March 31, 2003, for agency awardee

One daily fee is required. (Four persons x 57 days) (Attachment G)

VII. TERMS OF CONTRACT

This proposal covers the estimated service requirements for the provision of scoliosis screening services for seventh grade students in district middle schools two alternative schools, two exceptional student education centers, and three ele-middle schools from July 1, 2002 through June 30, 2003, and may, by mutual agreement between the School Board and the awardee, upon final School Board approval, be renewable for two additional one-year periods. The Board, through the Bureau of Procurement and Materials Management, may if considering to renew, request a letter of intent to renew from the awardee prior to the end of the current contract period. The awardee will be notified when the recommendation has been acted upon by the Board. All prices shall be firm for the term of the contract. The successful proposer(s) agrees to this condition by signing its bid.

Approval of renewal contracts will be dependent upon need, funding availability, and a determination by School Board personnel that services have been provided in compliance with all provisions of this proposal and are of an acceptable level of quality.

Payment for services will be made on a monthly basis, upon receipt of all school results forms for the payment period.

The School Board of Miami-Dade County, Florida, reserves the right to terminate any contract resulting from this proposal in the event that the service rendered does not comply with the provisions of the proposal and/or is not satisfactory and proper, as determined by the School Board.

VIII. EVALUATION OF PROPOSALS

Proposals will be evaluated by a committee of representatives from the school district in order to ascertain which proposal(s) best meets the needs of the School Board. Evaluation consideration will include, but not be limited to, the following:

- A. Responsiveness of the proposal in clearly stating an understanding of the services to be provided within the established timeframes.
- B. Cost and quality of service
- C. Primary emphasis in the selection process will be placed on the background, qualifications, and experience in the area of providing scoliosis screening services to children. (Attachment F)
- D. Affirmative Action Requirements and Minority/Women Business Enterprise (M/WBE) participation.

The evaluation of proposers will be made on or about March 8, 2002, by a committee based on qualifications, and the fee specified. The selection committee will consist of the following members:

Representative, School Operations

Representative, Comprehensive Health Services (2)

Representative, Division of Business Development and Assistance

Member, Miami-Dade County School Health Medical Advisory Committee

Representative, Bureau of Procurement and Materials Management

Consultant contracts will be developed to provide services from July 1, 2002, through June 30, 2003. A review of all contracts will take place prior to the end of the fiscal year.

As part of the evaluation process proposers may be requested to make an oral presentation.

The school district reserves the right to reject any and all proposals submitted, or any phase thereof. When the final selection is made, and awarded by the Board, professional services agreements acceptable to the Board Attorney will be entered into with the successful proposer. No debriefing or discussion will be held with unsuccessful firms. The information contained in this proposal is supplied as an aid to the proposer in determining whether it will be able to supply the services, which may be required by the Board.

IX. AFFIRMATIVE ACTION REQUIREMENTS AND M/WBE PARTICIPATION

A. Equal Employment Opportunity

It is the policy of The School Board of Miami-Dade County, Florida, to ensure the equal employment opportunity of all and that no one discriminates against any employee or applicant for employment because of race, religion, color, gender, age, ancestry, marital status, physical handicap, place of birth or national origin.

Each firm shall be required to indicate its equal employment policy and provide a detailed breakdown by ethnicity, gender, and occupational categories of its work force (See Attachment H).

B. M/WBE Participation

The School Board has an active M/WBE Program to affirmatively increase the level of M/WBE participation to the maximum percentages of total annual expenditures. In order to achieve its assistance levels, the School Board provides the maximum opportunity for M/WBE participation.

In keeping with this policy, each firm will be required to state its M/WBE utilization. If a minority firm, which is Woman-owned and operated, or African American-owned and operated is utilized in conjunction with the scope of work, the firm is to indicate the scope of the minority firms' work, experience in this type of required services, and experience of staff who will participate. All Minority/Women firms must be certified by the Division of Business Development and Assistance prior to contract award (Attachment I).

A quarterly report documenting efforts undertaken by the proposer to comply with the stipulated M/WBE participation will be required. The report shall include the names of the firms, contact persons, and expenditures paid to date. The report shall be submitted to the Division of Business Development and Assistance, 1450 N.E. 2nd Avenue, Room 456, Miami, Florida 33132.

X. IMPLEMENTATION SCHEDULE

The planned schedule for implementation of proposals for scoliosis screening services is as follows:

Contract Review Committee Review:	January 10, 2002
Mailing of Request For Proposals:	March 5, 2002
Opening of Proposals:	March 26, 2002
Evaluation of Proposals:	March 28, 2002
Recommendation for Award:	May 15, 2002

XI. ADDITIONAL INFORMATION

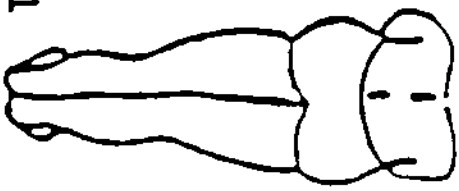
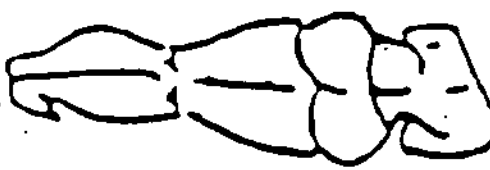
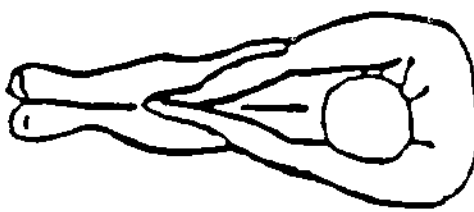

Any additional information regarding proposal procedures may be obtained from:

Ms. Barbara Jones, Director
Division of Procurement Management and Materials Testing
Miami-Dade County Public Schools
1450 N.E. Second Avenue, Room # 356
Miami, Florida 33132
Telephone (305) 995-2348

Additional information concerning the proposal specifications may be obtained from:

Ms. Wilma Steiner, R.N., Instructional Supervisor
Department of Comprehensive Health Services
Miami-Dade County Public Schools
1500 Biscayne Boulevard, Room 342
Miami, Florida 33132
Telephone (305) 995-1235

**LUMBAR PROMINENCE
RIB HUMP**

Normal Symmetrical	Abnormal Asymmetrical	Normal Symmetrical	Abnormal Asymmetrical
			

STUDENT FACING SCREENER:

Standing erect

high shoulder
uneven hips
unequal arm to body spaces

Bending forward
palms together

rib hump
uneven contour

BACK TO SCREENER

Standing erect

high shoulder
curved spine
uneven shoulder blades
uneven hips or waist creases
unequal arm to body spaces

Bending forward
palms together

rib hump
lumbar hump
uneven contour

LEFT SIDE TO SCREENER

Standing erect

excessive swayback
excessive roundback

Bending forward
palms together

unusual contour or hump

SIDE VIEW



Upper Back
Normally
Rounded
Neck Erect
Chin In, Head
In Balance

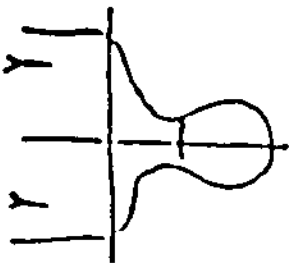


Upper Back
Slightly
More Rounded
Neck Slightly
Forward, Chin
Slightly Out

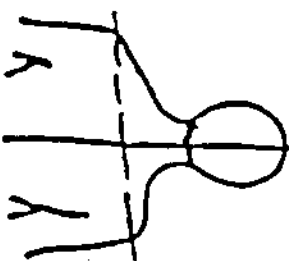


Upper Back
Markedly
Rounded
Neck Markedly
Forward, Chin
Markedly Out

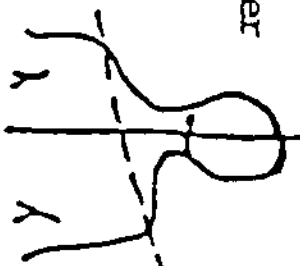
HIGH SHOULDER



Shoulders Level
(Horizontally)

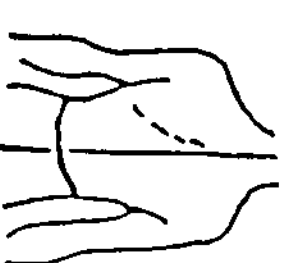


One Shoulder
Slightly Higher
Than Other

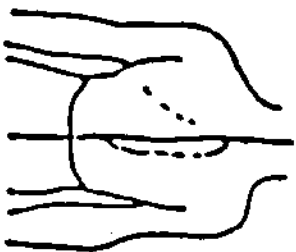


One Shoulder
Markedly
Higher Than
Other

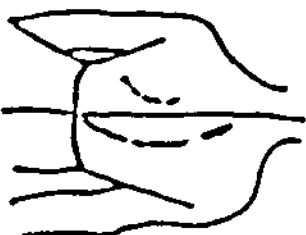
CURVED SPINE



Spine Straight

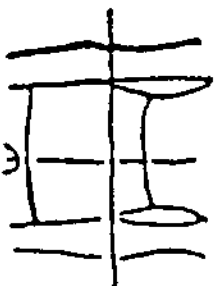


Spine Slightly
Curved
Laterally

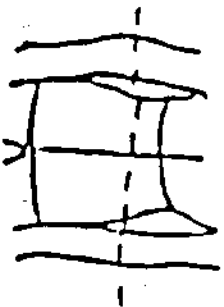


Spine Markedly
Curved
Laterally

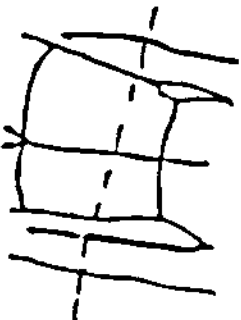
HIGH HIP



Hips Level
(Horizontally)



One Hip
Slightly Higher



One Hip
Markedly
Higher

GRADE SEVEN

SCHOOL YEAR

MIAMI-DADE COUNTY PUBLIC SCHOOLS
HEALTH SCREENING RESULTS

Teacher: _____

Period: _____

Please print

Student's Name: _____
(last) (first)

Birthdate: _____

Address: _____

Phone: _____

School: _____

Male () Female ()

DO NOT WRITE BELOW THIS LINE - FOR SCREENING PERSONNEL ONLY

SCOLIOSIS Screening Results: Negative Refer Date: _____

(please circle)

Re-screening Results: Negative Refer

Comments: _____

VISION Screening Results: Date: _____

20' Snellen: 20/ _____ Right Eye, 20/ _____ Left Eye

Additional test: _____

Comments: _____

HEARING Screening Results: Date: _____

Right Ear

Left Ear

--	--

Comments: _____

DATE: _____

Address

Phone:

[illegible]

RFP NO. 081-BB10
ATTACHMENT D

Name of Student _____

Dear Parent/Guardian:

Date _____

Through the joint efforts of the Miami-Dade County Public Schools and*****, a Scoliosis Screening Program for students in your child's school has been completed.

Your child appears to have a possible curvature of the spine. In order to avoid potential problems later in your child's life, please have your child examined by your physician/health care provider to determine if follow-up or treatment is needed. Referral may be obtained by calling the Dade County Medical Association at*****. If you cannot afford an examination, we will provide it without charge. To be eligible for service without charges, your child must be on free or reduced price meals at school. We will accept Medicaid or insurance. Call ***** if you wish to schedule an appointment or if you have additional questions.

Please ask the physician who examines your child to complete the information at the bottom and return this letter to:

Sincerely,

Dear Doctor:

Abnormal findings were noted on the above named child in the school screening program. Please review the findings and if indicated, obtain a single standing anterior-posterior X-ray of the spine (a 14 x 17 inch film with the top of the film at the level of the shoulders, with the tube centered on the center of the film). The child must be standing with knees straight and not in a slouched posture.

This X-ray shows:

Signature _____ Date _____

SCOLIOSIS SCREENING REPORT
INDIVIDUAL SCHOOL RESULTS

SCHOOL: _____ DATE: _____

	Refer	Negative	Total Screened
MALE			
FEMALE			
TOTAL			

COMMENTS: _____

RFP NO. 081-BB10

ATTACHMENT F

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF COMPREHENSIVE HEALTH SERVICES
Wilma Steiner, R.N., Instructional Supervisor**

PROVIDER INFORMATION

Provider's Name: _____ **Date of Proposal Submission:** _____
Address: _____ **Telephone:** _____

College and Degree earned, Nursing Diploma, if applicable: _____
Have you previously provided screening services to children? ____ **If yes, for how**
many years? ____ **Where, and under what circumstances?** _____

If you have provided scoliosis screening services to children, briefly describe what
procedures and what criteria did you follow.

ATTACHMENT G

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF COMPREHENSIVE HEALTH SERVICES
Wilma Steiner, R.N., Instructional Supervisor**

PROPOSED FEE FOR SCOLIOSIS SCREENING SERVICES

Proposer's Name: _____

Address: _____

Number of Screeners providing: _____

Cost per day, per screener: \$ _____
(Cost should include both screening service to students and follow-up services)

Agency may be awarded less than four (4) screeners.

By: _____

Title: _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS
AFFIRMATIVE ACTION
EMPLOYMENT BREAKDOWN

[illegible]

3. **CERTIFICATIONS:** Indicate if this business shares common officers, owners, directors or management personnel with another business that has received, been denied, or had its certification revoked as an MBE/DBE/WBE or SBA 8(a) Certified Contractor. Indicate the name of the certifying authority, as well as the date and type of determination (certification/denial/revocation).

<u>Agency Name</u>	<u>Determination</u>	<u>Date</u>

4. **OWNERSHIP:**

- a. Identify the proprietor, each partner, or stockholder by name, as well as his/her citizenship (c) or (r) residency status, gender, ethnic group, and percentage of ownership.

<u>Name</u>	<u>Owner/ shareholder</u>	<u>Resident or *U.S. Citizen</u>	<u>Gender</u>	<u>Ethnicity</u>	<u>% Owned</u>	<u>Years Owned</u>

- b. If the business is a corporation, please indicate the following:

1. The number of shares authorized: _____
2. The number shares issued: _____
3. Are there any stock option agreements? Yes ____ No ____
If yes, please provide a copy of each agreement.

5. **OPERATIONAL CONTROL:** Provide the name, title, race/ethnicity, and gender of each individual (including owners and non-owners) with the primary responsibility for the following:

	<u>Name and title</u>	<u>Race/ethnicity/ gender</u>
a. Check signing		

	Name and title	Race/ethnicity/ gender
b. Payroll signing		
c. Signing, or guaranteeing loans		
d. Acquiring lines of credit		
e. Acquiring surety bonding and insurance		
f. Purchasing major equipment/services		
g. Signing contracts/change orders/payment requisitions		
h. Estimating		
i. Qualifying the company for professional/trade license(s)		
j. Marketing/sales		
k. Hiring and firing managerial employees		
l. Hiring and firing non-management employees		
m. Supervising field/ operations		
n. Supervising office personnel		

6. **PERSONNEL:** Identify the number of individuals, including owners, that are currently employed by the business in the following areas:

Please use the following to classify women/minority persons: AM-African American male, AF-African American female, HM-Hispanic male, HF-Hispanic female, WM-Non Hispanic White male, WF-Non Hispanic White female.

Total Number
of Employees

AM	AF	HM	HF	WM	WF

a. Management _____

b. Administrative/clerical _____

c. Professional/technical _____

d. Craftsperson/laborers _____

e. Provide a copy of the business affirmative action statement, if one is available.

7. **BUSINESS RELATIONSHIPS:** Provide the requested information for each of the following:

a. Bonding Company: _____

Address: _____

Agent name: _____ Phone number: _____

Single Contract Limit: _____ Aggregate Limit: _____

b. Bank(s) Name(s): _____

Branch: _____

Contact person: _____ Phone number: _____

Credit limit: _____

c. Identify the company's/creditors including banks and the amount of money owed to:

<u>Creditor</u>	<u>Loan Guarantor(s)</u>	<u>Address & telephone</u>	<u>Loan Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Insurance company: _____

Type of insurance: _____ Insurance limits: _____

e. List the business' three largest contracts or jobs.

<u>Contract/job type</u>	<u>Contact person</u>	<u>Telephone number</u>	<u>Contract amount</u>	<u>Bonded (Yes/No)</u>

8. EQUIPMENT: List the type and value of major equipment that is owned (O) or leased (L) by the business.

<u>Equipment</u>	<u>O/L</u>	<u>Value (\$ amount)</u>

9. M/WBE JOINT VENTURE - Joint ventures must provide a copy of the joint venture agreement.

M/WBE CERTIFICATION APPLICATION

AFFIDAVIT

STATE OF _____:
COUNTY OF _____: SS

I hereby declare and affirm that I am the _____ (Title)
of: _____ (Firm)

That I am duly authorized to execute the foregoing M/WBE Certification Application, and that the contents of said documents are complete, true and correct to the best of my knowledge and belief. I hereby certify that the documents include all material information necessary to identify the true and lawful owners of the subject business enterprise. Further, the undersigned is notified of their responsibility to submit an updated Minority/Woman Business Enterprise Certification Application whenever a change occurs in ownership, management or control of the company. Any M/WBE applicant, certified M/WBE principal(s) and all related parties, who misrepresents the status of any concern as an M/WBE, or is a party to such misrepresentation to obtain business or contracts with the School Board under the Business Development and Assistance Program, will be suspended from doing business with the School Board for fourteen (14) months.

(Corporate Seal), if appropriate

Minority/Woman Owner's Signature

On this _____ day of _____, 20 ____, personally appeared before me, the undersigned officer authorized to administer oaths: _____
known to be the person described in the foregoing affidavit, who acknowledged that he/she executed the same in the capacity stated and for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

My Commission Expires: _____
SEAL

**M/WBE
Certification Check List**

Please attach copies, not originals, of all applicable items. Incomplete applications cannot be processed, and failure to submit the documents will delay or result in termination of the application process.

Please check if documents are attached:

1. ☐ M/WBE certifications from other public agencies.
2. ☐ M/WBE Certification Application Affidavit (Page 6 of Application).
3. ☐ Miami-Dade County Public Schools Vendor Application.
4. ☐ Lease/purchase agreement for the business' facilities.
5. ☐ Current professional/business license(s).
6. ☐ Proof of citizenship or permanent resident status.
7. ☐ Resumes for owners and key personnel.
8. ☐ Lease/purchase agreements for major business equipment.
9. ☐ Most current application for bonding, if applicable.
10. ☐ Management agreement(s).
11. ☐ Loan agreement(s) or promissory note(s).
12. ☐ Birth certificate, drivers license, passport or any other document which substantiates the ethnicity/race/gender of owners, officers and directors.

***If any of the aforementioned documents are not available, please provide a written notarized statement that information is not available.**

13. Sole Proprietor - Submit all of the above items, as applicable and the following:
 - ☐ U.S. IRS 1040-C Schedule.
 - ☐ Fictitious name affidavit, if applicable.

14. Partnerships - Submit all of the above items, and the following:

- ☐ Partnership agreement(s).
- ☐ U.S. IRS 1065, with schedules.
- ☐ Profit sharing agreements.

15. Corporations - Submit all of the above items, and the following:

- ☐ Articles of Incorporation, with amendments.
- ☐ By-Laws, with amendments.
- ☐ The most current U.S. IRS Corporate Tax Return 1120 or 1120s, with all schedules.
- ☐ All issued and cancelled stock certificates (front & back).
- ☐ Minutes of the first shareholders' meeting.
- ☐ Minutes of the first board of directors' meeting.
- ☐ Minutes of meetings at which the current board of directors and officers were elected or appointed.
- ☐ Stock transfer ledger.
- ☐ Most current annual report filed with the Secretary of State.
- ☐ Profit sharing agreement(s).
- ☐ Agreements affecting management, control or rights of any stockholder(s).

16. ☐ Joint venture agreement(s).

17. ☐ Certificate(s) of insurance.

18. ☐ Sub-contractual agreement(s).

NOTE: If after filing this application, there is any significant change in the information submitted herein, you must inform the Division of Business Development and Assistance of the change, or the company may be denied certification.

Certified companies must inform the Division of Business Development and Assistance of any changes in the information contained herein, which formed the basis of certification. Failure to do so may result in denial, revocation or suspension of certification.

COMPLETE APPLICATION, INCLUDING VENDOR APPLICATION AND CATEGORY OF GOODS AND SERVICES LIST, SHOULD BE RETURNED TO:

MIAMI-DADE COUNTY PUBLIC SCHOOLS
DIVISION OF BUSINESS DEVELOPMENT AND ASSISTANCE
1450 N.E. 2ND AVENUE, ROOM 456
MIAMI, FL 33132

DEFINITION OF MINORITY/WOMEN BUSINESS ENTERPRISES

- (1) "Minority/Women Business Enterprises" means any legal entity, which is organized to engage in commercial transactions and which is at least fifty-one (51) percent owned and controlled by a minority person or persons.
- (2) "Minority person" means a person who is a citizen or lawful permanent resident of the United States, and who is:
 - (a) An African American, a person having origins in any of the Black racial groups of Africa;
 - (b) An Hispanic, a person of Spanish or Portuguese culture including, but not limited to, persons with origins in Mexico, South America, Central America, or the Caribbean Islands, regardless of race, or
 - (c) A Woman

WARNING

- (3) IT IS UNLAWFUL FOR ANY INDIVIDUAL TO FALSELY REPRESENT ANY ENTITY, AS A MINORITY/WOMEN BUSINESS ENTERPRISE, FOR THE PURPOSES OF QUALIFYING FOR CERTIFICATION UNDER A PROGRAM WHICH, IN COMPLIANCE WITH FEDERAL LAW, IS DESIGNED TO ASSIST MINORITY/WOMEN BUSINESS ENTERPRISES IN THE RECEIPT OF CONTRACTS FOR THE PROVISION OF GOODS OR SERVICES. ANY PERSON WHO VIOLATES THIS SECTION IS GUILTY OF A FELONY OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082 OR S. 775.084.

(102891)