



THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
 SCHOOL BOARD ADMINISTRATION BUILDING
 Procurement Management Services
 1450 N.E. 2nd Avenue, Room 650
 Miami, FL 33132

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 Procurement Management Services
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BID/RFP ADDENDUM

Date: 3/1/2019

Addendum No. 2

BID/RFP No. ITB-18-019-HR BID/RFP TITLE: Fire Suppression Systems, Service Contract

This addendum modifies the conditions of the above-referenced BID/RFP as follows:

The attached document provides additional information for Exhibit 5, Bidder Experience and the former Section 2.3, now Exhibit 10, Submitted Bid Document Verification Form.

All information, specifications terms, and conditions for the above-referenced BID/RFP, are included on the document posted on the Procurement Management website at <http://procurement.dadeschools.net>

The attached pages containing clarifications, additional information and requirements constitute an integral part of the referenced bid. If your bid/proposal has not been submitted, substitute the pages marked REVISED and mail your entire bid/proposal package.

I acknowledge receipt of Addendum Number 2

PLEASE NOTE: If your firm has forwarded a copy of this bid/proposal to another vendor, it is your responsibility to forward him/her a copy of this addendum.

(PLEASE TYPE OR PRINT BELOW)

LEGAL NAME OF BIDDER: _____

MAILING ADDRESS: _____

CITY, STATE ZIP CODE: _____

TELEPHONE NUMBER: _____ E-MAIL I.D. _____ FAX # _____

BY: SIGNATURE (Manual): _____
 OF AUTHORIZED REPRESENTATIVE

NAME (Typed): _____ TITLE: _____
 OF AUTHORIZED REPRESENTATIVE

**EXHIBIT 5
BIDDER EXPERIENCE**

Submit one form for each client reference. Understand that each client may be contacted to verify the validity of the partnership between the Bidder and the client.

Prime Bidder:

Client Name:

Address:

Client Contact name:

Title:

Phone number:

Email:

Is Client a School District? (Yes____ No____)

Duration of Client Relationship:

Date Started: _____ Date Ended: _____ for _____ Total Years.

ITB-18-019-HR Fire Suppression Systems, Service Contract, Addendum # 2

Additional information (attach pages as necessary):

Describe the services provided; provide total value of the contract, result of the project and Bidders role in the project, difficulties experienced during implementation or ongoing operations. If contract was terminated, state the reason for termination.

For Department Use Only:

PMS Staff Name/ Signature

Date

**EXHIBIT 10
SUBMITTED BID DOCUMENT VERIFICATION FORM**

All proposers are required to submit the following information to be considered for award. Failure to submit any of the required documents with the proposal will cause the proposer to be considered nonresponsive and ineligible for further consideration. In no more than thirty (30) pages, each proposer must include the following information within the submitted proposal:

REQUIREMENT	YES	NO
a. Provide a Local Business Tax Receipt. Any person, firm, corporation or joint venture, with a business location in Miami-Dade County, Florida, which is submitting a bid, shall meet the County's Local Business Tax Receipt requirements in accordance with Miami-Dade County, Florida, code. Bidders with a location outside Miami-Dade County shall meet their local Occupational Tax requirements. A copy of the license must be submitted. Noncompliance with this condition may cause the bidder not to be considered for award.		
b. Copy of current registration with the Florida Department of State, Division of Corporation to conduct business in the State of Florida (Sunbiz) or the current registration in the home state.		
c. Provide documentation and certification of participation in a program to ensure a drug and alcohol-free workplace.		
d. A copy of a valid and current Contractor Pre-Qualification Certificate, issued by M-DCPS.		
e. A valid e-mail address for SAP system communications (i.e. PO's)		
f. Copy of the vendor's Occupational License.		
g. Copy of the vendor's Fire Protection System Contractor I or III Certificate.		
h. Copy of Class D Fire Equipment Dealer License for bidder.		
i. List of emergency telephone numbers and twenty-four (24) hour contact number		
j. Copy of the vendor's Retester Identification Number (RIN)).		
k. Three (3) references letters from organizations of comparable size and complexity to M-DCPS. This must be documented on Exhibit 5 or 6, Bidder Experience form, whereby each bidder uses one form per reference.		
l. Submission of all documents stated in Section 2, Section 4, such as Cover Page, Table of Contents, Executive Summary, adherence to the technical qualifications, Bidders Qualifications, including resumes, price proposal and the required forms and attachments, as stated in Section 6 of this ITB.		

**EXHIBIT 10
SUBMITTED BID DOCUMENT VERIFICATION FORM**

Please sign below confirming all items noted above are included in your submission.

Signature of Proposer's Authorized Representative

Title

Printed Name

Date

For Department Use Only:

PMS Staff Name/ Signature

Date