



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

Direct All Inquiries To Procurement Management Services Buyer's Name: _____ PHONE: (305) 995-_____ Email: _____ TDD PHONE: (305) 995-2400
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**BID/RFP ADDENDUM**

Date: \_\_\_\_\_

Addendum No. \_\_\_\_\_

BID/RFP No. \_\_\_\_\_ BID/RFP TITLE: \_\_\_\_\_

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

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*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 \_\_\_\_\_**

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

## 5.2.2 METHOD OF AWARD

The Procurement staff, assigned to this ITB, will evaluate and award all responsive and responsible bidders regularly engaged in the repair/replacement of HVAC Equipment and related components. The recommendation for award will be submitted through Procurement staff to the School Board. The award decision will be made by the School Board, whose decision shall be final. The agreement between the successful proposer(s) and the Board will be non-exclusive.

Awarded Pre-approved Bidders will be contacted for services under this bid as follows:

- a. Projects under the current threshold of one-thousand dollars (1,000) may be awarded to bidders on a rotating basis.
- b. For projects over the threshold of one-thousand dollars (1,000), awarded pre-approved bidders will be invited to participate in a Request for Quote (RFQ). A M-DCPS authorized representative will arrange a site scope meeting with all awarded vendors, so that they may be fully acquainted with the conditions that exist and the work to be quoted for that specific project. Bidder will be required to submit a lump sum quote for the designated project to Procurement Management Services and/or Facilities Operations, Maintenance. The project will be awarded to the lowest responsive, responsible bidder, meeting specifications.
- c. For spot repairs, and emergency projects over the threshold of one-thousand dollars (1,000), awarded pre-approved bidders will be requested to complete a Time and Materials Quote Sheet after award of the bid. Vendors will be selected to perform time and materials repairs based upon: a) the submitted rates, b) the availability of the vendor's service personnel to respond within the necessary time frame dictated by the nature of the repair, and c) the expertise of the vendor necessary to complete the type of repair needed.

The agreement between the successful bidder(s) and the Board shall be non-exclusive. Procurement staff may apply scoring incentives for registered businesses certified by the M-DCPS Office of Economic Opportunity, at the recommendation of the Goal Setting Committee, and/or vendors claiming local preference, in accordance with School Board Policy 6320.05. The Goal Setting Committee recommended that this solicitation require mandatory participation by a M-DCPS certified African American, Asian American, or Non-minority Women prime or subcontractor firm **for the installation portion of this bid** to be deemed responsive.

# ATTACHMENT 1 - COVER PAGE

## Cover Page for Bid

**BIDDER'S NAME (Name of firm, entity or organization):** \_\_\_\_\_

**FEDERAL EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

**NAME AND TITLE OF BIDDER'S CONTACT PERSON:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**MAILING ADDRESS:**

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**BIDDER'S ORGANIZATIONAL STRUCTURE:**

\_\_\_\_ Corporation      \_\_\_\_ Partnership      \_\_\_\_ Proprietorship      \_\_\_\_ Joint Venture

\_\_\_\_ Other (Explain): \_\_\_\_\_

**IF CORPORATION:**

Date Incorporated/Organized: \_\_\_\_\_

State Incorporated/Organized: \_\_\_\_\_  
(attach current registration from state of incorporation/organization)

If Bidder was not incorporated/organized in the State of Florida, attach current registration authorizing Bidder to transact business in Florida.

If Bidder is not registered to transact business in the State of Florida, state below the applicable exemption to this requirement as set forth in Section 607.1501, Florida Statutes: \_\_\_\_\_

States registered in as foreign corporation: \_\_\_\_\_

**BIDDER'S SERVICE OR BUSINESS ACTIVITIES OTHER THAN WHAT THIS SOLICITATION REQUESTS FOR:**

**LIST NAMES OF BIDDER'S SUBCONTRACTORS OR SUBCONSULTANTS FOR THIS PROJECT (Also refer to Section 5.7 and Attachment 16):** \_\_\_\_\_

**BIDDER'S AUTHORIZED SIGNATURE:**

The undersigned hereby certifies that this bid is submitted in response to this solicitation.

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

## ATTACHMENT 2 - STATEMENT OF “NO BID”

If your company shall not be submitting a bid in response to this Invitation to Bid, please complete this Statement of “No Bid” sheet and submit via Demandstar, prior to the Bid Due Date established herein

This information shall help M-DCPS in the preparation of future Bids.

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

√	<b>Reasons for “No Bid”:</b>
	Unable to comply with product or service specifications.
	Unable to comply with scope of work.
	Unable to quote on all items in the group.
	Insufficient time to respond to the Invitation to Bid.
	Unable to hold prices firm through the term of the contract period.
	Our schedule would not permit us to perform.
	Unable to meet delivery requirements.
	Unable to meet bond requirements.
	Unable to meet insurance requirements.
	Other (Specify below)

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

# ATTACHMENT 3 - ACKNOWLEDGEMENT OF AMENDMENTS

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

**PART I:** Listed below are the dates of issue for each addendum received in connection with this solicitation.  
Please include a signed copy of each addendum.

Addendum #1, Dated _____,	20__
Addendum #2, Dated _____,	20__
Addendum #3, Dated _____,	20__
Addendum #4, Dated _____,	20__
Addendum #5, Dated _____,	20__
Addendum #6, Dated _____,	20__
Addendum #7, Dated _____,	20__
Addendum #8, Dated _____,	20__

**PART II:**

No Addendum was received in connection with this solicitation.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

# ATTACHMENT 4 - CONFLICT OF INTEREST

## DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST AND CONFLICTING EMPLOYMENT OR CONTRACTUAL RELATIONSHIP

**MUST BE COMPLETED BY ALL BIDDERS AND SUBMITTED WITH THEIR BID TO BE CONSIDERED FOR AWARD**

VENDOR NAME:

In accordance with General Condition 11, each Bidder must disclose in its Bid, the names of any employees who are employed by Bidder who are also an employee of M-DCPS. Persons identified below may have obligations and restrictions applicable to them under Chapter 112, Florida Statutes.

Name of Bidder's Employee	M-DCPS Title or Position of Employee	M-DCPS Department/School of Bidder's Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check one of the following and sign:

- I hereby affirm that there are no known persons employed by Bidder who are also an employee of M-DCPS.
- I hereby affirm that all known persons who are employed by Bidder who are also an employee of M-DCPS have been identified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

# ATTACHMENT 5 - DEBARMENT

## CERTIFICATION OF DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER TRANSACTIONS

**MUST BE COMPLETED BY ALL BIDDERS AND SUBMITTED WITH THEIR BID TO BE CONSIDERED FOR AWARD**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 45 CFR 1183.35, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211). Copies of the regulations may be obtained by going to this link: <http://www.gpo.gov/fdsys/granule/CFR-2011-title45-vol3/CFR-2011-title45-vol3-sec1183-35>

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON THE NEXT PAGE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Organization Name

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Name(s)

---

Title(s) of Authorized Representative(s)

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Signature(s)

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Date

# ATTACHMENT 6 - INSTRUCTIONS

## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List (Telephone Number).
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



# ATTACHMENT 7 - BIDDER'S PREFERENCE

## LEGAL OPINION OF BIDDER'S PREFERENCE

**MUST BE COMPLETED BY ALL BIDDERS AND SUBMITTED WITH THEIR BID TO BE CONSIDERED FOR AWARD**

VENDOR NAME:

**Section 1: Attorney for an Out-of-State Bidder must complete and sign Section 1**

**Section 2: Florida Bidder must complete and sign Section 2 and have it notarized**

**NOTICE:** The State of Florida provides a Bidder's preference for Bidders whose principal place of business is within the State of Florida for the purchase of personal property. The local preference is five (5) percent. Bidders whose principal place of business is outside the State of Florida must have an Attorney, licensed to practice law in the out-of-state jurisdiction, as required by Florida Statute 287.084(2), execute the "Opinion of Out-of-State Bidder's Attorney on Bidding Preferences" form and must submit this form with submitted bid. Such opinion should permit M-DCPS' reliance on such attorney's opinion for purposes of complying with Florida Statute 287.084.

Florida Bidders are not required to have an Attorney render an opinion, but the Florida Bidder must complete its portion of this form.

Failure to submit and execute this form, with bid, shall result in bid being considered "non-responsive" and bid rejected.

### **SECTION 1**

### **LEGAL OPINION ABOUT OUT-OF-STATE BIDDING PREFERENCES**

***(Must Select One)***

\_\_\_\_\_ The Bidder's principal place of business is in the State of \_\_\_\_\_ and it is my legal opinion that the laws of that state **do not grant a preference** in the letting of any or all public contracts to business entities whose principal places of business are in that state.

\_\_\_\_\_ The Bidder's principal place of business is in the State of \_\_\_\_\_ and it is my legal opinion that the laws of that state **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal places of business are in that state: [Please describe applicable preference(s) and identify applicable state law(s)]:

The undersigned attorney submits the foregoing opinions with the intention that they be relied upon by The School Board of Miami-Dade County, Florida in the letting of public contracts

Signature of out-of-state Bidder's attorney: \_\_\_\_\_

Printed name of out-of-state Bidder's attorney: \_\_\_\_\_

Address out-of-state Bidder's attorney: \_\_\_\_\_

Telephone number out-of-state Bidder's attorney: \_\_\_\_\_

E-Mail address out-of-state Bidder's attorney: \_\_\_\_\_

Attorney's state(s) of bar admission: \_\_\_\_\_

### **SECTION 2**

### **LEGAL OPINION ABOUT POLITICAL SUBDIVISION BIDDING PREFERENCES FOR A FLORIDA BIDDER ONLY - FLORIDA BIDDER MUST COMPLETE AND SIGN THIS SECTION AND HAVE IT NOTARIZED ATTORNEY'S OPINION AND SIGNATURE NOT REQUIRED FOR FLORIDA BIDDERS T**

***(Must Select One)***

\_\_\_\_\_ The Bidder's principal place of business is in the political subdivision of Miami-Dade County, Florida.

\_\_\_\_\_ The Bidder's principal place of business is in the political subdivision of \_\_\_\_\_ and it is my legal opinion that the laws of that political subdivision **do not grant a preference** in the letting of any or all public contracts to business entities whose principal places of business are in that political division.

\_\_\_\_\_ The Bidder's principal place of business is in the political subdivision of \_\_\_\_\_ and it is my legal opinion that the laws of that political subdivision **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision: [Please describe applicable preference(s) and identify applicable authority granting the preference(s)]: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

BEFORE ME; the undersigned authority, in and for the State of Florida, personally appeared \_\_\_\_\_ who, after being sworn according to law, stated that he or she was authorized to represent \_\_\_\_\_ and to execute this affidavit on behalf of the said Business Entity and attests, under penalty of perjury, to the above.

\_\_\_\_\_  
SIGNATURE OF AFFIANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF AFFIANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY NAME

**SWORN AND SUBSCRIBED BEFORE ME**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

NOTARY SEAL

# ATTACHMENT 8 - DRUG-FREE WORKPLACE

VENDOR NAME:

SWORN STATEMENT PURSUANT TO SECTION 287.087, FLORIDA STATUTES, AS CURRENTLY ENACTED OR AS AMENDED FROM TIME TO TIME, ON PREFERENCE TO BUSINESSES WITH DRUG-FREE WORKPLACE PROGRAMS.

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.**

This sworn statement is submitted to The School Board of Miami-Dade County, Florida,

by \_\_\_\_\_  
(Print individual's name and title)

for \_\_\_\_\_  
(Print 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: \_\_\_\_\_.)

I certify that I have established a drug-free workplace program and have complied with the following:

1. Published a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that shall be taken against employees for violations of such prohibition.
2. Informed employees about the dangers of drug abuse in the workplace, the business' policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Given each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notified the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee shall abide by the terms of the statement and shall notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five days after such conviction.
5. Shall impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.
6. Am making a good faith effort to continue to maintain a drug free workplace through implementation of this section.

\_\_\_\_\_  
(Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally known \_\_\_\_\_ or

Produced Identification \_\_\_\_\_ Notary Public – State of \_\_\_\_\_

\_\_\_\_\_  
(Type of Identification) My commission expires: \_\_\_\_\_



# ATTACHMENT 10 - ANTI-COLLUSION STATEMENT

THE UNDERSIGNED BIDDER HAS NOT DIVULGED TO, DISCUSSED, OR COMPARED HIS/HER PROPOSAL WITH OTHER BIDDERS AND HAS NOT COLLUDED WITH ANY OTHER BIDDER OR PARTIES TO THE PROPOSAL WHATSOEVER. BIDDER 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 BIDDERS 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. I certify agreement with The School Board of Miami-Dade County, Florida Business Code of Ethics and agree to comply with this Code and all applicable School Board contracting and procurement policies and procedures (School Board Policy 6460). I certify that I, nor my company or its principals, or any wholly-owned subsidiary are currently debarred or in default of any bid, purchase order or contract with the School Board or any other private or governmental entity and that the company satisfies all necessary requirements as an entity to do business with The School Board of Miami-Dade County, Florida.

### **Type of Business Organization and Authority of Signatory:**

Indicate type of business organization Bidder is registered as with the Florida Department of State Division of Corporations. For example, Partnership, Limited Partnership, Limited Liability Company, Corporation, etc. If a proposal is submitted by a corporation, provide documentation that the corporation is active and authorized to do business in the State of Florida, and that its corporate status shall remain active and unchanged at the time of award or proposal. As to other types of business organizations, please provide any and all documentation relating thereto, including without limitation, verification that the party signing this proposal is fully authorized and empowered to do so, on behalf of Bidder. In addition, set forth name(s) and title of any and all parties who are authorized to contract on behalf of Bidder.

LEGAL NAME OF AGENCY OR  
BIDDER SUBMITTING PROPOSAL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TYPE OF BUSINESS ORGANIZATION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BY: SIGNATURE (ORIGINAL) \_\_\_\_\_

BY: NAME TYPED \_\_\_\_\_

TITLE: \_\_\_\_\_

# ATTACHMENT 11 - BIDDER EXPERIENCE

Submit three (3) forms; one for each client reference. Understand that each client may be contacted to verify the validity of the partnership between the Bidder and the client.

## BIDDER REFERENCE EVALUATION FORM

**Bidder Name:** \_\_\_\_\_

**Bid Number:** \_\_\_\_\_

**Bid Title:** \_\_\_\_\_

**Name of Organization  
Providing Reference:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE STATEMENT THAT BEST DESCRIBES YOUR CLIENT EXPERIENCE WITH THE ABOVE REFERENCE BIDDER.**

**I. DELIVERY**

- \_\_\_\_\_ Vendor was always on time
- \_\_\_\_\_ Vendor was usually on time
- \_\_\_\_\_ Vendor was never on time
- \_\_\_\_\_ Vendor never delivered product/service as ordered
- \_\_\_\_\_ Vendor defaulted

\_\_\_\_\_  
\_\_\_\_\_

**II. PRODUCT QUALITY**

- \_\_\_\_\_ Vendor's product/service always performed as expected
- \_\_\_\_\_ Vendor's product/service usually performed as expected
- \_\_\_\_\_ Vendor's product/service never performed as expected
- \_\_\_\_\_ Vendor's product had to be replaced
- \_\_\_\_\_ OTHER: COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**III. PRODUCT SUBSTITUTION**

- \_\_\_\_\_ Vendor always substituted product/service
- \_\_\_\_\_ Vendor never substituted product/service
- \_\_\_\_\_ OTHER: COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. PACKAGING**

- \_\_\_\_\_ Vendor's packaging was always satisfactory
- \_\_\_\_\_ Vendor's packaging was usually satisfactory
- \_\_\_\_\_ Vendor's packaging was sometimes satisfactory
- \_\_\_\_\_ Vendor's packaging was never satisfactory
- \_\_\_\_\_ OTHER: COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**V. INVOICING**

- \_\_\_\_\_ Vendor always invoiced correctly and on time
- \_\_\_\_\_ Vendor usually invoiced correctly and on time
- \_\_\_\_\_ Vendor sometimes invoiced correctly and on time
- \_\_\_\_\_ Vendor never invoiced correctly and on time
- \_\_\_\_\_ OTHER: COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VI. PROFESSIONALISM**

- \_\_\_\_\_ Vendor was always professional
- \_\_\_\_\_ Vendor was usually professional
- \_\_\_\_\_ Vendor was sometimes professional
- \_\_\_\_\_ Vendor's product had to be replaced
- \_\_\_\_\_ OTHER: COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VII. ACCESSIBILITY**

- \_\_\_\_\_ Vendor was always accessible
- \_\_\_\_\_ Vendor was usually accessible
- \_\_\_\_\_ Vendor was sometimes accessible
- \_\_\_\_\_ Vendor never accessible
- \_\_\_\_\_ OTHER: COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VIII. OVERALL RATING**

- Recommend for new business
- Does not recommend for new business

OVERALL STATEMENT OF VENDOR'S PERFORMANCE

\_\_\_\_\_  
\_\_\_\_\_

CLIENT'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VERIFIED BY: (PRINT NAME) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ATTACHMENT 12 - SUBMITTED BID DOCUMENT VERIFICATION FORM

Please select the solicitation(s) that your firm is responding to:

**HVAC PARTS AND SUPPLIES, MANUFACTURER DISCOUNT**

**HVAC AND CONTROLS: REPLACE, SUPPLY AND/OR INSTALL**

All bidders are required to submit the following information to be considered for award. Failure to submit any of the required documents with the bid will cause the bidder to be considered nonresponsive and ineligible for further consideration. Each bidder must include the following information within their submittal:

<b>REQUIREMENTS (a. through e. below is required from all bidders)</b>	<b>YES</b>	<b>NO</b>
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 Dept. of State, Division of Corporations to conduct business in the State of Florida. If Bidder is not registered to transact business in the State of Florida, Bidder must provide a copy of Bidder's current registration in their state of incorporation/organization, along with the applicable exemption to this requirement as set forth in Section 607.1501, Florida Statutes. <b>This information must be documented on Attachment 1 (Cover Page), along with submittal of required incorporation/organization documentation.</b>		
c. Three (3) references from organizations comparable in complexity and/or size to M-DCPS, preferably. <b>This must be documented on Attachment 11, Bidder Experience form, whereby each bidder uses one form per reference.</b>		
d. Submission of all documentation/information stated in this ITB, including, without limitation, the documentation, information and/or plans stated in Sections 5, 6, and 7 of this ITB, as well as the required forms and attachments, as stated in Section 8 of this ITB.		
e. If applicable, please include a completed Attachment 16 (Statement of Intent to Perform as a Certified Subcontractor/Subconsultant) <u>in your bid response</u> to specify the name of the certified subcontractor/subconsultant, the proposed percentage or dollar amount of work to be assigned to the certified subcontractor/subconsultant, if any, along with the scope of work the certified subcontractor/subconsultant will provide related to this solicitation.		
<b>HVAC PARTS AND SUPPLIES, MANUFACTURER DISCOUNT (f, g and h are required from bidders responding to Section 6.1)</b>		
f. For every line bid, vendors must provide certification from each manufacturer that they are authorized to acquire and sell the manufacturers' products parts and equipment.		
g. Provide a copy of your catalog as part of the bid package, in electronic format on a flash drive or compact disk, as Microsoft Excel file		
h. Certificate of Insurance		
<b>HVAC AND CONTROLS: REPLACE, SUPPLY AND/OR INSTALL</b>		

**(i and j are required from bidders responding to Section 6.2)**

i. Copy of certification or registration as a Class "A" Air Conditioning, Mechanical, Building or General Contractor pursuant to Section 489 F.S		
j. Certificate of Insurance		

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

Name of Bidder: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Bidder's Authorized Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

*For Internal Use Only:*

\_\_\_\_\_  
*Signature of Originating Department (as applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Procurement Staff Name/Signature*

\_\_\_\_\_  
*Date*



# ATTACHMENT 13 - FLORIDA STATUTES ON PUBLIC ENTITY CRIMES AFFIDAVIT

The State of Florida has enacted a law that requires proposers or contractors to submit a sworn document stating whether or not a corporation, its officers, predecessors or successors have been convicted of a public entity crime. Neither the Proposer, the contractor nor any officer, director, executive, partner, shareholder, employee, member nor agent who is active in the management of the Proposer or contractor nor any affiliate of the Proposer or contractor shall have been convicted of a public entity crime subsequent to July 1, 1989.

**All Proposers must read and complete in its entirety, sign and have notarized the attached "Sworn Statement under Section 287.133 (3) (a), Florida Statutes, on Public Entity Crimes."**

**Failure to do so will result in the proposal submitted being considered non-responsive and therefore not considered for award.**

ITB or Contract No. \_\_\_\_\_

SWORN STATEMENT UNDER SECTION 287.133 (3) (A),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**Before me, the undersigned authority, personally appeared \_\_\_\_\_ who, being by me first duly sworn, made the following statement:**

1. The business addresses of \_\_\_\_\_ (name of proposer or contractor) is \_\_\_\_\_.
  
2. My relationship to \_\_\_\_\_ (name of proposer or contractor) is \_\_\_\_\_ (relationship such as sole proprietor, partner, president, vice president).
  
3. I understand that a public entity as defined in Section 287.133 of the Florida Statutes includes 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 in Florida 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 such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering conspiracy, or material misrepresentation.
  
4. I understand that "convicted" or "conviction" is defined by the statute to mean a finding 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, 1989, as a result of a jury verdict, non-jury trial, or entry plea of guilty or nolo contendere.

5. I understand that "affiliate" is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) 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, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) a person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.
  
6. Neither the Proposer, contractor nor any officer, director, executive, partner, shareholder, employee, member nor agent who is active in the management of the Proposer or contractor nor any affiliate of the Proposer or contractor has been convicted of a public entity crime.

(Draw a line through paragraph 6 if paragraph 7 below applies)

7. There has been a conviction of a public entity crime by the Proposer or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the Proposer or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the Proposer or contractor who is active in the management of the Proposer or contractor or an affiliate of the Proposer or contractor. A determination has been made pursuant to Section 287.133 (3) by order of the Division or Administrative Hearings that it is not in the public interest for the name of the convicted person or affiliate to appear on the convicted Proposer list. The name of the convicted person or affiliate is\_\_\_\_\_. A copy of the order of the Division of Administrative Hearing is attached to this statement.

\_\_\_\_\_  
Affiant's Signature

Sworn to and subscribed before me in the state and county first mentioned above on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC

MY COMMISSION EXPIRES