



VENDOR CONTACT SUMMARY

THIS FOLLOWING MUST BE COMPLETED IN ITS ENTIRETY INCLUDING THE SIGNATURE OF AN AUTHORIZED REPRESENTATIVE WHERE INDICATED BELOW AND SUBMITTED WITH THE SOLICITATION. FAILURE TO PROVIDE THIS DOCUMENT, WITH THE SOLICITATION RESPONSE, WILL RESULT IN BID BEING CONSIDERED NON-RESPONSIVE.

Bidder's Name and state "Doing Business As", if applicable:

Address:

City:

State:

Zip Code:

Federal Tax
Identification Number:

Telephone
Number:

Toll Free
Number:

Contact:

E-Mail Address of
Authorized Representative:

"REMIT TO" ADDRESS FOR PAYMENT:

If payment(s) is/are to be mailed to address other than as stated on left, please complete section below.

Address:

City:

State:

Zip Code:

Telephone
Number:

Contact:

Toll Free
Number:

Signature of Authorized Representative (Manual)

Name of Authorized Representative (Typed or Printed)

Title



ADDENDA ACKNOWLEDGMENT FORM

Addenda may be issued up to the date/time specified in the calendar on Page 2.

RESPONDER'S NAME: _____

The undersigned acknowledges receipt of the following addenda to the solicitation or acknowledgement that no addenda were issued:

Addendum No. 1

Print Name of Representative: _____

Sign: _____ Dated: _____

Addendum No. 2

Print Name of Representative: _____

Sign: _____ Dated: _____

Addendum No. 3

Print Name of Representative: _____

Sign: _____ Dated: _____

Addendum No. 4

Print Name of Representative: _____

Sign: _____ Dated: _____

Addendum No. 5

Print Name of Representative: _____

Sign: _____ Dated: _____

No Addenda Were Issued for this Solicitation

Print Name of Representative: _____

Sign: _____ Dated: _____



REFERENCE CHECK SURVEY

INSTRUCTIONS TO PREPARE AND SEND TO REFERENCES

The objective of this process is to identify the past performance of the firm submitting a response to the solicitation. This is accomplished by sending survey forms to past clients. The client should return the forms directly to the firm and the firm shall include the completed surveys in their solicitation response.

1. The firm is responsible for verifying accurate contact information for the reference in case there is a need for additional information or to clarify survey data; the City must be able to contact reference. If the reference cannot be contacted, there will be no credit given for that reference.
2. The survey must contain different services/projects and different clients. You cannot have multiple people evaluating the same project or multiple projects by the same person.
3. Projects can be either completed or on-going.
4. For each reference listed on the Client Reference sheet a Reference Check Survey (completed by the reference) shall be submitted.



CLIENT REFERENCES

Responder's Name: _____

Responder must provide the following information for three (3) previous clients in which similar scope of services were performed within the last five (5) years.

Reference No. 1

Company Name:	
Location (City, State):	
Date of Service:	
Contact Person:	
Contact Number:	
Email Address:	

Reference No. 2

Company Name:	
Location (City, State):	
Date of Service:	
Contact Person:	
Contact Number:	
Email Address:	

Reference No. 3

Company Name:	
Location (City, State):	
Date of Service:	
Contact Person:	
Contact Number:	
Email Address:	

Note: Responder is responsible for verifying correct phone numbers, email address and contact information.



REFERENCE CHECK SURVEY

FIRM BEING SURVEYED: _____

COMPANY COMPLETING SURVEY: _____

PERSON COMPLETING SURVEY: _____ DATES OF SERVICE: _____

1. *Describe the scope of work performed by this firm for your organization? Provide Project Name.*

2. *Rate each of the criteria below on a scale of 1 to 10, 10 being very satisfied and 1 being very unsatisfied. Please rate each criterion to the best of your knowledge. If you do not have sufficient knowledge of past performance in a particular area, leave it blank.*

ITEM	CRITERIA	SCORE
1	Ability to manage cost and complete project within budget	
2	Ability to maintain project schedule and complete project on time/early	
3	Quality/Qualifications of workmanship	
4	Professionalism of Firm	
5	Firms cooperation and reliability	
6	Ability to communicate	
7	Ability to maintain proper and detailed documentation	
8	Appropriate use of technology	
9	Ability to offer solid recommendations	
10	Overall Client Satisfaction	

3. *What problems, if any, were encountered with this firm during performance of the project, and how were they resolved?*

4. *Would you re-hire this firm?*

Yes: _____ No: _____ Maybe: _____

Signature of Evaluator

Date



QUALIFICATION STATEMENT

Page 1 of 4

RESPONDER shall furnish the following information. Failure to comply with this requirement will render the solicitation response as non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

RESPONDER'S Name and Principal Address:

Contact Person's Name & Title: _____

RESPONDER'S Telephone: (_____) _____

Email _____

RESPONDER'S License Number: _____

(Please attach certificate of status, competency, and/or state registration.)

Number of years your organization has been in business _____

State the number of years your firm has been in business under your present business name _____

State the number of years your firm has been in business in the work specific to this bid: _____

Names and Titles of all officers, partners or individuals doing business under trade name:

The business is a: Sole Proprietorship _____ Partnership _____ Corporation _____



QUALIFICATION STATEMENT

Page 2 of 4

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE.

Under what former name has your business operated? Include a description of the business. Failure to include such information shall be deemed to be intentional misrepresentation by the City and shall render the proposer bid submittals non-responsive.

At what address was that business located?

Name, address, and telephone number of Surety Company and agent who will provide the required bonds on this contract:

Have you ever failed to complete work awarded to you. If so, when, where and why?

Have you personally inspected the proposed work site and do you have a complete plan for its performance?

Will you subcontract any part of this work? If so, give details including a list of each subcontractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

*The foregoing list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the City Contract Project Representative, whose approval shall not be reasonably withheld.



QUALIFICATION STATEMENT

Page 3 of 4

List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the RESPONDER, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the RESPONDER and its predecessor organization(s).

List all claims, arbitrations, administrative hearings and lawsuits brought by or against the RESPONDER or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

List and describe all criminal proceedings or hearings concerning business related offenses in which the RESPONDER, its principals or officers or predecessor organization(s) were defendants.

Has the RESPONDER, its principals, officers or predecessor organization(s) been CONVICTED OF A Public Entity Crime, debarred or suspended from bidding by any government entity? If so, provide details.



QUALIFICATION STATEMENT

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Are you an Original provider sales representative distributor, broker, manufacturer other, of the commodities/services proposed upon? If other than the original provider, explain below.

Have you ever been debarred or suspended from doing business with any governmental agency? If yes, please explain:

Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years:

The RESPONDER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by the CITY in awarding the contract and such information is warranted by RESPONDER to be true. The discovery of any omission or misstatement that materially affects the RESPONDER'S qualifications to perform under the contract shall cause the CITY to reject the solicitation response, and if after the award, to cancel and terminate the award and/or contract.

Print Name of Responder: _____

Signature of Responder: _____

Title of Responder's Representative: _____

Date: _____



PUBLIC ENTITY CRIMES

Page 1 of 3

Section 287.132-133(3)(a), Florida Statutes, effective July 1, 1989 require that no public entity shall enter into a contract, award of bid, or transact business in excess of \$10,000.00 with any person or affiliate who has been convicted of a public entity crime. Prior to entering into a sworn statement with the Purchasing Department on form 7088.

A copy of the form is reproduced below. This completed form must be on file prior to the issuing of a Purchasing Order.

Sworn Statement Under Section 287.133(3)(a), Florida Statutes, on Public Entity Crimes

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

1. This sworn statement is submitted with _____
(Solicitation Number and Name)
2. This sworn statement is submitted by _____ whose business
address is _____
_____ and (if applicable) it's Federal Employer Identification No. (FEIN) is _____ (If the
entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.
3. My name is _____ and my relationship to the entity
named above is _____.
4. 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.
5. I understand that "convicted or conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding or fault or a conviction of a public entity crime, with or without 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.
6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a). Florida Statutes, means:



PUBLIC ENTITY CRIMES

Page 2 of 3

A. A predecessor or successor of a person convicted of a public entity crime; or

B. 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 controls 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.

7. 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 the 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.

8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. **(Please indicate which one of the two statements applies.)**

___ 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 the affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

___ 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, have been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which of the three additional statement applies below.)**

___ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administration 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 Administration 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)



PUBLIC ENTITY CRIMES

Page 3 of 3

Signature

Date

State of _____

County of _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority,
_____, who after first being sworn by me, affixed his/her signature in the
space provided above on this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____



NON-COLLUSIVE AFFIDAVIT

Page 1 of 2

State of _____)

)ss.

County of _____)

_____ being first duly sworn, deposes and says that:

(1) He/she is the _____, (Owner, Partner, Officer, Representative or Agent) of _____, the RESPONDER that has submitted the attached response;

(2) He/she is fully informed respecting the preparation and contents of the attached solicitation response and of all pertinent circumstances respecting such Solicitation:

(3) Such solicitation response is genuine and is not a collusive or sham response;

(4) Neither the said RESPONDER nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired or agreed, directly or indirectly, with any other Responder, firm, or person to submit a collusive or sham response in connection with the work for which the attached solicitation response has been submitted; or to refrain from bidding in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Responder, firm or person to fix any overhead, profit, or cost elements of the solicitation response price or the solicitation response price of any other Responder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;

(5) The price or prices quoted in the attached solicitation response are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the RESPONDER or any other of its agents representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:

BY: _____
(Signature)

Witness 1

(Printed Name)

Witness 2

(Title)



NON-COLLUSIVE AFFIDAVIT

Page 2 of 2

State of Florida
County of _____

On this the _____ day of _____, 20____, before me, the undersigned Notary Public

of the State of Florida, personally appeared _____ and whose name(s) is/are (Name(s) of individual(s) who appeared before notary). Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

Witness my hand and official seal

NOTARY PUBLIC, STATE OF FLORIDA

**NOTARY PUBLIC
SEAL OF OFFICE:**

(Name of Notary Public: Print Stamp or type as Commissioned)

_____ Personally known to me, or
_____ Produced identification:

(Type of identification)

_____ DID take oath, or _____ DID NOT take oath

OPTIONAL INFORMATION:

Type of Document: _____ Number of Pages: _____ Number of Signatures Notarized _____



OFFEROR'S CERTIFICATION

WHEN OFFEROR IS AN

INDIVIDUAL **SOLE PROPRIETORSHIP** **PARTNERSHIP** **CORPORATION**

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this _____ day of _____, 20____.

By: _____
Signature of Individual

Witness

Printed Name of Individual

Witness

Business Address

City/State/Zip

Business Phone Number

State of Florida
County of _____

On this the _____ day of _____, 20____, before me, the undersigned Notary Public of the State of Florida, personally appeared _____ and whose name(s) is/are (Name(s) of individual(s) who appeared before notary). Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

Witness my hand and official seal

NOTARY PUBLIC, STATE OF FLORIDA

**NOTARY PUBLIC
SEAL OF OFFICE:**

(Name of Notary Public: Print Stamp or type as Commissioned)

Personally known to me, or

Produced identification:

(Type of identification)

DID take oath, or _____ DID NOT take oath

OPTIONAL INFORMAITON:

Type of Document: _____ Number of Pages: _____ Number of Signatures Notarized _____



SCRUTINIZED VENDOR CERTIFICATION

Page 1 of 2

Certification Pursuant To Florida Statute § 287.135

I, _____, on behalf of _____,
Print Name and Title Contractor Name

Certify that _____ does not:
Contractor Name

1. Participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel List; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that re on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473, or are engaged in business operations in Syria.



SCRUTINIZED VENDOR CERTIFICATION

Page 2 of 2

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Company Name

Signature

Print Name

Title

LOCAL VENDOR PREFERENCE CERTIFICATION

ITB #20-03-391 – REMOTE STRUCTURE CONCRETE INSTALLATION FOR MCNAB ROAD

Policy: Section 3-12 of the City of North Lauderdale Procurement Ordinance, provides preferences to business entities meeting the defined criteria of Local Broward County or North Lauderdale vendor.

Definition: A “Local Vendor” is defined as the following:

- **LOCAL BROWARD COUNTY VENDOR.** A business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one year prior to the date of issuance of a bid or proposal solicitation. The business must have a current business tax receipt from Broward County or the city within Broward County where the business resides.
- **LOCAL NORTH LAUDERDALE VENDOR.** A business entity which has maintained a permanent place of business with full-time employees within the city limits for a minimum of one year prior to the date of issuance of a bid or proposal solicitation. The business must have a current business tax receipt from the City of North Lauderdale.
 - The permanent place of business may not be a post office box.
 - The business location must actually distribute goods or services from that location.

Process: For bid evaluation purposes, vendors that meet the definition of local Broward County or local North Lauderdale vendor, as defined above, shall be given preference applied to their bids or proposals for commodities, services and construction. Local North Lauderdale vendors shall be given 5% and local Broward County vendors shall be given 2.5%.

Local Preference shall not apply to any of the following:

1. Procurement methods other than a formal competitive solicitation
2. Procurements where federal, state or county law mandates to the contrary
3. Procurement of professional services procured pursuant to the State of Florida CCNA
4. Procurement using Cooperative Purchasing Agreements or Piggyback Contracts
5. Procurements deemed emergency, and Single or Sole Source

The business entity is certifying as a Local Broward County Vendor, 2.5% preference credit

The business is certifying as a North Lauderdale Vendor, 5% preference credit

By completing the information required below and submitting this form the business entity certifies that it meets the requirements for local preference as stipulated in the Procurement Ordinance. This form must be submitted with the business entities response to a solicitation.

Name of Business Entity:

Address:

Tax ID/FEIM/SSN: _____

Contact Name: _____

Title: _____

Phone Number: _____

Email: _____

Signature:

State of Florida

County of _____

On this the _____ day of _____, 2019, before me, the undersigned
Notary Public

of the State of Florida, personally appeared _____
and whose name(s) is/are (Name(s) of individual(s) who appeared before notary). Subscribed
to the within instrument, and he/she/they acknowledge that he/she/they executed it.

Witness my hand and official seal

NOTARY PUBLIC, STATE OF FLORIDA

**NOTARY PUBLIC
SEAL OF OFFICE:**

(Name of Notary Public: Print Stamp or type as Commissioned)

Personally known to me, or

Produced identification:

(Type of identification)