

# REQUIRED FORMS

The following forms must be submitted with the Proposal:

1. VENDOR APPLICATION
2. RESPONDENT'S CERTIFICATION
3. SWORN STATEMENT ON PUBLIC ENTITY CRIMES
4. HOLD HARMLESS AND INDEMNITY CLAUSE
5. AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT
6. CONFLICT OF INTEREST DISCLOSURE FORM
7. ANTI-KICKBACK AFFIDAVIT
8. DUE DILIGENCE AFFIDAVIT
9. PRICE PROPOSAL
10. Proof of being in business a minimum of ten (10) years under the same corporate licensing.
11. Proof of a minimum of three (3) resurfacing references performed within the last seven (7) years, of equal or greater size. Must provide project name, address, telephone number, contact person and description of the work performed.

All of the listed forms must be submitted as part of the proposal package in order for the Proposal to be considered complete and acceptable.

**FORM 1**  
**VENDOR APPLICATION**

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Business Name: \_\_\_\_\_

Order from Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pay to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(if different)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website URL: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_ Date Business Established: \_\_\_\_\_

Business is: Corporation Proprietorship Partnership Other: \_\_\_\_\_

Primary business classification (check all that apply):

Retailer Wholesaler Manufacturer Services Prime Contractor Sub Contractor

All applicants are required to provide a copy of their Business Tax Certificate if they have an office in Miami Shores Village, as well as their Workman's Compensation Insurance Certificate (if applicable).

Please see the enclosed commodity list to properly identify the commodities and/or services, which your firm provides. Please mail completed Vendor Application to the mailing address above. The undersigned does hereby certify that the foregoing and subsequent statements are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

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

**FORM 2**  
**RESPONDENT'S CERTIFICATION**

I have carefully examined the Sealed Bid Notice.

I hereby propose to furnish the services specified in the Sealed Bid Notice. I agree that my submittal will remain firm for a period of at least 365 days in order to allow the Village adequate time to evaluate the submittals and determine a ranking of the most qualified Responders.

I certify that all information contained in this submittal is truthful. I further certify that I am duly authorized to provide this submittal on behalf of the Responder as its agent and that the Responder is ready, willing and able to perform if an Agreement is executed.

I further certify, under oath, that this submittal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation tendering a submittal for the same service; that no officer, employee or agent of the Village or any other respondent has an interest in said submittal; and that the undersigned executed this Respondent's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

\_\_\_\_\_  
Responder

BY:

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Name and Title, Typed or Printed

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
City, State, Zip Code

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

(\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Printed, typed or stamped name of notary public

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

**FORM 3**  
**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a),**  
**FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

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

1. This sworn statement is submitted to Miami Shores Village, 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.)

2. 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 of the United States, including but not limited to, any Response 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 misrepresentations.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
- 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.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding Agreement and which bids or applies to bid on Agreements 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.

6. Based on information and belief, the statement, which I have marked below, is true in relations to the entity submitting this sworn statement. (Indicate which statement applies).
- Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with ad convicted of a public entity crime subsequent to July 1, 1989.
  - The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
  - The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO AN AGREEMENT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

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

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: \_\_\_\_\_

\_\_\_\_\_  
Printed, typed or stamped name of notary public

## **FORM 4**

### **HOLD HARMLESS AND INDEMNITY CLAUSE:**

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**(Company Name and Signature)**

The contractor shall indemnify, defend and hold harmless Miami Shores Village, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

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**(Company Name and Signature)**

Further certifies that it will meet all insurance requirements of Miami Shores Village and agrees to produce valid, timely certificates of insurance for required coverage.

**FORM 5**  
**AMERICANS WITH DISABILITIES ACT (ADA)**  
**DISABILITY NONDISCRIMINATION STATEMENT**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC.

This sworn statement is submitted to Miami Shores Village, 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, being duly first sworn state:

That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any subcontractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 1210112213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501-553.513, Florida Statutes:

The Rehabilitation Act of 1973, 229 USC Section 794;  
The Federal Transit Act, as amended 49 USC Section 1612;  
The Fair Housing Act as amended 42 USC Section 3601-3631.

\_\_\_\_\_  
Signature

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

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

OR

Produced identification \_\_\_\_\_

\_\_\_\_\_  
Type of identification

Notary Public – State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Printed, typed or stamped name of notary public

# MIAMI SHORES VILLAGE CONFLICT OF INTEREST DISCLOSURE FORM

## Information and Instructions

Miami Shores Village, Florida requires this disclosure statement to be completed and filed with all proposals, bids responses, contracts, or grant or loan requests to the Village in excess of \$10,000. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exists, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required from persons submitting responses to requests for proposals, requests for qualifications, invitation to bid, grant applications, or other proposals.

## DISCLOSURE OF CONFLICT OF INTEREST

The Contractor shall disclose below, to the best of his or her knowledge, any Miami Shores Village officer or employee, or any relative of any such officer or employee as defined in Section 112.3135, Florida Statutes, who is an officer, partner, director or proprietor of, or has a material interest in the vendor's business or its parent company, any subsidiary, or affiliated company, whether such Village official or employee is in a position to influence this procurement or not.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Miami Shores Village Purchasing Ordinance.

A copy of the disclosure statement shall be maintained by the awarding Village Department. Miami Shores Village shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required on the disclosure form.

Any person who provides misleading or incorrect information on the disclosure statement shall be disqualified from participation. Also, the contract or grant shall be voidable by the Village if the misleading or incorrect information on the disclosure statement is discovered by the Village subsequent to execution of a contract.

### Definitions

**"Business Entity"** means any corporation, partnership, limited partnership, proprietorship, firm, enterprise, franchise, association, self-employed individual, or trust, whether fictitiously named or not, doing business in the state of Florida.

**"Family, or Family Members, or Familial Relationship"** means included but limited to individuals who are related to a public official as father, mother, son, daughter, brother, sister, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, half-brother, half-sister, a person who is engaged to be married to a public official or who otherwise holds himself or herself out as or is generally known as the person whom a public official intends to marry or with whom a public official intends to form or has formed a household.

**“Person”** means an individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.

**“Public Official”** means a person either elected to a governmental position, or appointed to a governmental position who is authorized by statute, resolution or charter to exercise part of the sovereign power of the governmental entity and whose duties of involve the exercise of discretion on behalf of the governmental entity. This would include those who are considered Department Heads by the Village.

**Instructions**

Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.

**FORM 6**  
**MIAMI SHORES VILLAGE**  
**CONFLICT OF INTEREST DISCLOSURE FORM**

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

VILLAGE DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

This form is provided with the following document:

Invitation to Bid     Request for Proposal / Qualifications     Proposal     Grant or Loan Request     Other

Has your business entity or any of your business entities' partners, divisions, or any related business entity previously performed work or provided goods or services to any Village Department within the current or last two calendar years?

Yes     No

If yes, identify below the Village Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services. (Use additional pages if necessary)

VILLAGE DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Has your business entity or any of your business entities' partners, divisions, or any related business entity previously applied for and received any grants or loans from any Village Department within the current or last two calendar years?

Yes     No

If yes, identify the Village Department that awarded the grant or loan, the date such grant or loan was awarded, and the amount of the grant or loan.

VILLAGE DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT OR LOAN

1. List below the name(s) and address(es) of all public officials with whom your business entity, or members of your immediate family have a familial relationship. Identify the office the public official holds or the Village Department for which the public official works. (Attach additional sheets if necessary.)

**NAME OF PUBLIC OFFICIAL/EMPLOYEE** **ADDRESS** **VILLAGE DEPARTMENT**

2. List below the name(s) and address(es) of all family members of public officials with whom your business entity, or members of your immediate family have a familial relationship. Identify the office the public official holds or the Village Department for which the public official works. (Attach additional sheets if necessary.)

**FAMILY MEMBER** **ADDRESS** **NAME OF PUBLIC OFFICIAL/  
PUBLIC EMPLOYEE** **VILLAGE DEPT  
WHERE EMPLOYED**

If you identified individuals in items one and / or two above, describe in detail below the direct benefit to be gained by the public officials, and/or their family members as the result of the contract, proposal, request for proposals, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized in preparation of request for proposal or qualifications, invitation to bid, or grant or loan proposal:

**NAME OF PAID CONSULTANT/LOBBYIST** **ADDRESS**

List below the names of any individuals, partners, or officers of the business entity who worked for the Miami Shores Village within the current or past two calendar years.

**NAME OF INDIVIDUAL** **ADDRESS**

***By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that omissions shall be cause for disqualification from participation in the proposed transaction. In the event no names are indicated, the Village will interpret this to mean that no such relationship exists.***

Signature

Date

Printed Name

Title

**FORM 7**  
**ANTI-KICKBACK AFFIDAVIT**

STATE OF FLORIDA            }  
COUNTY OF MIAMI-DADE    } SS (Subscribed and Sworn)

Before me, the undersigned notary, \_\_\_\_\_ (name of Notary before whom affidavit is sworn), on this \_\_\_\_\_ (day of month) day of \_\_\_\_\_ (month), 20 \_\_\_\_\_ personally appeared \_\_\_\_\_ (name of affiant), know to me to be a credible person and of lawful age, who being by me first duly sworn, on \_\_\_\_\_ (his/her) oath, deposes and says:

I, the undersigned hereby duly sworn, depose and say that no portion of the sum herein proposal will be paid to any employees of Miami Shores Village as a commission, kickback, reward of gift, directly or indirectly by me or any member of my firm or by an officer of the company or corporation.

\_\_\_\_\_  
Signature of affiant

\_\_\_\_\_  
Address of affiant, line 1

\_\_\_\_\_  
Printed name of affiant

\_\_\_\_\_  
Address of affiant, line 2 (City, State, Zip)

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20 \_\_\_\_\_ (year),

by \_\_\_\_\_ (name of person making statement)

\_\_\_\_\_ (title of person making statement)

\_\_\_\_\_  
Signature of Notary Public – State of Florida

Stamp Commissioned Name Below:

\_\_\_\_\_  
Print Name of Notary Public

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**FORM 8**  
**CONTRACTOR DUE DILIGENCE AFFIDAVIT**  
**Aquatics Center Resurfacing**

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

} SS (Subscribed and Sworn)

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

Miami Shores Village contractors shall disclose the following as a condition of award for any contract that must be presented to the Council for approval. All of the information below shall be attached to the executed affidavit.

1. Provide a list of all lawsuits in the five (5) years prior to bid or proposal submittal that have been filed against the firm, its directors, partners, principals and/or board members based on a breach of contract by the firm; include the case name, number and disposition;
2. Provide a list of any instances in the last five (5) years prior to bid or proposal submittal where the firm has defaulted; include a brief description of the circumstances;
3. Provide a list of any instances in the last five (5) years prior to bid or proposal submittal where the firm has been debarred or received a formal notice of non-compliance or non-performance, such as a notice to cure or a suspension from participating or bidding for contracts, whether related to Miami Shores Village or not.

Proposer shall execute the Contractor Due Diligence Affidavit as part of the proposed submittal. Failure to submit such Affidavit or to fail to correctly provide the information requested may result in said Proposal being deemed non-responsive under this RFP. This information shall be considered by the Village in determining the qualifications of any proposer for award of the contract under terms of the Request for Proposal.

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Address of Firm, line 1

\_\_\_\_\_  
Federal Employer Identification Number (FEIN)

\_\_\_\_\_  
Address of Firm, line 2 (City, State, Zip)

\_\_\_\_\_  
Signature of affiant

\_\_\_\_\_  
Address of affiant, line 1

\_\_\_\_\_  
Printed name and Title of affiant

\_\_\_\_\_  
Address of affiant, line 2 (City, State, Zip)

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_ (year),

by \_\_\_\_\_ (Name of person making statement)

\_\_\_\_\_  
(Title of person making statement)

\_\_\_\_\_  
Signature of Notary Public – State of Florida

Stamp Commissioned Name Below:

\_\_\_\_\_  
Print Name of Notary Public

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## **9. PRICE PROPOSAL**

- 10.** The bidder must show proof of being in business a minimum of ten (10) years under the same corporate licensing.
  
- 11.** The bidder must show proof of a minimum of three (3) resurfacing references performed within the last seven (7) years, of equal or greater size. Must provide project name, address, telephone number, contact person and description of the work performed.