

**REQUEST FOR PROPOSALS
FOR DISASTER DEBRIS MONITORING, DISASTER MANAGEMENT AND
RECOVERY SERVICES INCLUDING FEMA PUBLIC ASSISTANCE PROGRAM
MANAGEMENT AND ADMINISTRATIVE SERVICES.**

RFP # City 2017-003

PURPOSE: Florida City is soliciting sealed proposals to provide Disaster Debris Monitoring, Disaster Management, and Recovery Services including FEMA Public Assistance Administrative Services as required by Florida City, Florida.

A. INSTRUCTIONS TO PROPOSERS:

This is Request for Proposals from firms or companies desiring to provide proposals, as described in the Scope of Work. Sealed proposals in an original and Four (4) complete copies shall be submitted not later than 2:00 p.m. local time on September 29, 2017, to Ms. Jennifer Evelyn, City Clerk, City Hall, 404 West Palm Drive, Florida City, FL, 33034. Proposals by telephone or telegram shall not be accepted. Also, proposers are instructed NOT to fax or email their proposal. Faxed or emailed proposals shall be rejected as non-responsive regardless of where the fax or email is received.

Respondents are cautioned that they are responsible for delivery to the specific location cited above. Therefore, if a proposal is delivered by an express mail carrier or by any other means, it is the proposer's responsibility to ensure delivery to the above address. This office will not be responsible for deliveries made to any place other than the specified address.

The time and date for receipt of Proposals will be scrupulously observed. Late deliveries or mail delays will be rejected as non-responsive regardless for the reason for delay.

Any and all questions or requests for information relating to this Request for Proposal shall be *submitted by email* or before 2:00PM on September 22, 2017.

Contact Information:
Rick Stauts, Executive Director
Florida City Community Redevelopment Agency
404 West Palm Drive
Florida City, FL 33034-3346.
Email: richard.stauts@floridacityfl.gov
Office: (305) 247-8221
Fax: (305) 242-8133

Interested firms may not contact any staff member of Florida City except the above referenced individual. All inquiries related to this RFP will be routed to the appropriate staff member for response.

Responses **MUST** be submitted in a **SEALED** envelope/container and clearly marked on the exterior of the package: **RFP City 2017-003 DISASTER RECOVERY MANAGEMENT CONSULTING SERVICES**. Each package submitted must have the proposer's name and mailing address marked plainly on the outside of the envelope/container. Each package shall consist of one (1) original paper submittal and one (1) electronic disc OR USB flash drive containing a color PDF of the original documents of the RFP Package along with four (4) copies which shall include all required documents and any supplemental information.

B. TERMS AND CONDITIONS:

1. Florida City reserves the right to accept or reject any or all proposals, with or without cause, to waive technicalities, or to accept the proposal which, in its sole judgment, best serves the interest of the City, or to award a contract to the next most qualified proposer if a successful proposer does not execute a contract within 10 days of award or notice to mobilize after the selection by the City.

Florida City reserves the right, to cancel a solicitation at any time prior to approval of the award by the City.

2. Florida City reserves the right to request clarification of information submitted and to request additional information of one or more applicants.

3. Any proposal may be withdrawn until the date and time set above for the submission of the proposals.

4. Costs of preparation of a response to this request for proposals are solely those of the proposers. Florida City assumes no responsibility for any such costs incurred by the proposer. The proposer also agrees that Florida City bears no responsibility for any costs associated with any administrative or judicial proceedings resulting from the solicitation process.

5. The proposer receiving the award will obtain or possess the following insurance coverage's, and will provide Certificates of Insurance to Florida City to verify such coverage.

a.) Workers' Compensation - The vendor shall provide coverage for its employees with statutory workers' compensation limits, and no less than \$1,000,000.00 for Employers' Liability. Said coverage shall include a waiver of subrogation in favor of Florida City and its agents, employees and officials.

b.) Commercial General Liability - The vendor shall provide coverage for all operations including, but not limited to Contractual, Products and Completed Operations, and Personal Injury. The limits shall be not less than \$1,000,000.00.

c.) Professional Liability (Errors & Omissions) - The vendor shall provide coverage for all claims arising out of the services performed with limits not less than \$1,000,000.00 per claim. The aggregate limit shall either apply separately to this contract or shall be as least twice the

required per claim limit.

6. The consulting firm awarded this contract shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least five (5) years after completion of the contract resulting from this RFP. Florida City shall have access to all records, documents and information collected and/or maintained by others in the course of the administration of the agreement. This information shall be made accessible to the City at the awardees place of business for purposes of inspection, reproduction and audit without restriction.

7. It is the intent of Florida City to enter into a contract for a period ending September 30, 2020. The contract may be extended by agreement of both parties.

8. CFR 200 Compliance Language

Procurements: While assisting the City with project procurements or in the event the vendor must procure additional resources post- contract award, the awarded proposer will strictly adhere to 2 CFR 200 procurement rules. This includes adhering to the strictest provisions of Federal, State, and Local procurement Rules, Regulations and/or Ordinances, etc.

C. PROPOSAL FORMAT:

Proposers must succinctly respond in the format delineated below. Elaborate, irrelevant, or otherwise unnecessary information will not be considered.

The following information shall be tabbed to identify the required information. Failure to submit this information will render your proposal non-responsive.

1. QUALIFICATIONS OF THE FIRM

a) Provide a description and history of the firm focusing on previous experience with providing Disaster Recovery Consulting Services. Only past experience as the prime contractor will be considered. Firm qualifications must include, at minimum, the following:

b). Documented knowledge and experience with Federal, State and Local entities with, FEMA Public Administrative Assistance policies and guidelines for Debris Management per Hurricane Sandy Recovery Act, Debris Monitoring, and Debris Management Planning.

c. Experience representing FEMA eligible applicants, local governments, municipalities or others with various state and federal funding sources and reimbursement processes, including FEMA (Federal Emergency Management Agency), FHWA (Federal Highway Administration) per Hurricane Sandy Recovery Act.

2. QUALIFICATIONS OF STAFF

Provide key staff resumes, and summary of staff qualifications. Key project staff (management staff including, but not limited to: project manager, damage assessments engineers, FEMA

program reimbursement specialist, grants management, data manager, etc. must be full time employees of the proposing firm and have experience, working for the proposer, in the following:

- a.) Experience demonstrating current capacity and current expertise in FEMA Public Assistance program, including damage assessments, qualifying eligible projects, preparing FEMA Project Worksheet forms and required submittals documentation.
- b.) Documented knowledge and experience of federal, state and local engineering, and emergency agencies, state and federal programs, funding sources and reimbursement processes.

3. TECHNICAL APPROACH

Provide a description of the Proposer's approach to the project, for all FEMA Categories A-G to include damage assessments validation and emergency costs procedures review and documentation requirements, debris estimates validation and review and assimilation of Category A- G FEMA required submittals, forms, document management and maintenance of records for FEMA/State project close out audits, Recovery Cost Documentation data gathering, records review, costs reconciliation, and a Project Worksheet submittals preparation, and other pertinent report preparation required for reimbursement by FEMA, FHWA and any other applicable agencies for disaster recovery efforts by City staff and designated debris removal contractors

Florida City requires the selected consulting firm to perform but not be limited to the following: (SCOPE OF WORK)

a.) Debris Removal Monitoring Services:

- 1. Coordinate daily briefings, work progress, staffing, and other key items with the City.
- 2. Debris Estimate Methodology
- 3. Selection and permitting of TDSR locations and any other permitting/regulatory issues as necessary.
- 4. Scheduling work for emergency team members, staff and contractors
- 5. Hiring, scheduling, and managing field monitoring staff and or training Florida City staff for monitoring.
- 6. Monitoring/Managing recovery contractor operations and making/implementing recommendations to improve efficiency and speed up recovery work.
- 7. Analysis of Debris Recovery Operations and providing daily status reports.

8. Certifying contractor vehicles for debris removal using methodology and documentation practices appropriate for contract monitoring.
9. Tracking/Entering load tickets into a database application with GPS coordinates per FEMA requirements.
10. Development of maps, GIS applications, etc. as necessary.
11. Comprehensive review, reconciliation, and validation of debris removal contractor(s) invoices prior to submission to the City for processing along with all debris removal reconciliation records.
12. Documenting all leaners, hangers and stumps before, and during removal.

b.) FEMA Public Assistance Advisory Services

1. Must possess extensive knowledge related to the Stafford Disaster Relief and Emergency Assistance Act provisions and regulations (44CFR and 2 CFR 200), and Sandy Recovery Improvements Act (SRIA) of 2013 including alternative procedures for public assistance and debris removal.
2. Develop a process/system from inception through the project closeout, to prepare and submit its PA program including documentation, procurement and contract, payroll, and grant submission support.
3. Develop processes for obtaining, analyzing and gathering field documentation including, but not limited to, records related to procured goods and services, timekeeping, and force account labor and equipment.
4. Attend all meetings with FEMA, State and insurance representatives, as well as regular participation with the City's designated FEMA workgroup.
5. Identify and communicate risks within our operation that could preclude our ability to optimize reimbursement.
6. Possess the expertise to assist in the preparation of accurate PA emergency and permanent work project estimates including but not limited to recognized cost estimating, developing detailed damage descriptions and dimensions, scope of work, and proper identification of force account labor and equipment.

c.) Financial, Payroll, and Grant Management

- a. Ensure disaster recovery and restoration processes comply with laws, regulations and guidelines to maximize reimbursement for eligible disaster expenditures and to minimize timing for reimbursement.

- b. Possess the expertise to assist in all disaster-recovery financial reimbursement and reporting processes from FEMA, State or other agency. Ensure there are no duplications of submission if varying agencies are involved.
- c. Possess the expertise to assist with FEMA, State (or other agency) guidelines to capture force account labor eligible expenses accurately for timesheets and project cost accounting. Assist in the review of City personnel policies to ensure compliance for eligible cost reimbursement.
- d. Possess the expertise to assist with FEMA, State (or other agency) guidelines to ensure the capture of relevant data related to procured goods and services. Provide oversight of contractor's billing to ensure all costs eligible for disaster grant funding are documented and claimed.
- e. Perform periodic review and reconciliation of actual project spending to ensure project costs are accurately captured.
- f. Ensure documentation is sufficient to respond to Office of Inspector General (OIG) audits and reviews.

d.) Information Technology & Data Management

- 1. Possess the expertise to assist City staff in the development of IT solutions that support the management and implementation of disaster recovery programs.
- 2. Develop processes for the City to properly collect data and document information as necessary to optimize compliance with FEMA, State, or other agencies.
- 3. Ensure City documentation is sufficient to respond to Office of Inspector General (OIG) audits and reviews.

e.) Insurance and Other Funding Support

- 1. Review and understand the City's insurance coverage in order to ensure the City's disaster recovery and restoration processes comply with laws, regulations and guidelines as required by FEMA, state, Miami-Dade County or other agencies.
- 2. Develop process to assist the City in routing eligible expenses correctly including insurance coverage guidelines.

f.) Hazard Mitigation Support

- 1. Provide expertise in identifying, developing and evaluating opportunities for the development of hazard mitigation programs to reduce or eliminate risk from future events.

2. Possess the expertise to assist the City in preparing relevant documentation and analysis related to hazard mitigation grant programs.
3. Ensure City hazard mitigation programs comply with laws, regulations and guidelines as required by FEMA, state, Miami-Dade County or other agencies.

g.) Emergency Management Support Services

Provide expertise related to post-disaster recovery continuity of operations, training, development of teams, monitoring, review and test of plans related to future events.

5. SELECTION CRITERIA: Evaluation of Responses:

All properly submitted RFP Packages shall be evaluated by Florida City based on the below selection criteria.

The City desires to avoid the expense to all parties of unnecessary presentations; however, the City may elect to conduct oral interviews or presentations from one or more of the respondents in order to make a final determination of the top rankings. If the City elects to conduct oral interviews or presentations, selected firms will be notified. All such presentations or interviews shall be open to the public.

The following weighted criteria will be utilized to select the consultant awarded this contract.

- | | |
|--|------------------|
| a.) Firm History and Qualifications | 20 points |
| b.) Qualifications of the Staff | 25 Points |
| c.) Key Staff Project Understanding and Approach | 25 Points |
| d.) Cost Proposal | 20 Points |
| e.) Minority Participation (MWDBE) | <u>10 Points</u> |
| | 100 Points |

COST PROPOSAL

Each Proposer must complete and submit the Cost Proposal Form/Fee Schedule included below. The Cost Proposal will be evaluated on the hourly rates submitted on the cost proposal form for the labor positions listed. All non-labor projected costs will be billed to Florida City at cost without markup.

COST PROPOSAL FORM

Disaster Debris Monitoring, Disaster Management, and Recovery Services including

The hourly labor rates shall include all applicable overhead and profit. All non-labor related project costs will be billed to the City at cost without mark-up.

Emergency Vehicle (Truck or SUV) –Project Manager on-site inspections \$ _____ day
Monitor Vehicle – monitors placement and safety items \$ _____ day

PROPOSER’S NAME:

To the extent that Florida City requests assistance for services associated with disaster monitoring the following hourly rates would apply:

Personnel Classification	Hourly Billing Rate
Project Manager	
Senior FEMA Program Manager	
Recovery specialist/technician	
Damage Assessment technician	
Debris Site Monitor	
Tower Monitor	
FEMA Project Assistance	
Admin/data Entry	
IT Technology, Project Manager	
Other	
Other	
Other	
Other	

**DISASTER RECOVERY MANAGEMENT CONSULTING SERVICES
RESPONDENT'S CERTIFICATION**

I have carefully examined the Request for Qualification.

I hereby propose to furnish the services specified in the Request for Qualification. I agree that my submittal will remain firm for a period of at least 365 days in order to allow the City 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 City 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 _____

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 the CITY OF FLORIDA CITY, 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

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

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 the CITY OF FLORIDA CITY, 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 12101-12213 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, 29 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 _____

Notary Public – State of _____

Type of identification

My commission expires: _____

Printed, typed or stamped name of notary public

CONFLICT OF INTEREST DISCLOSURE FORM

Information and Instructions

The City of Florida City, Florida, requires this disclosure statement to be completed and filed with all proposals, bids responses, contracts, or grant or loan requests to the City 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.

A copy of the disclosure statement shall be maintained by the awarding City Department. The City of Florida City 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 City if the misleading or incorrect information on the disclosure statement is discovered by the City 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 City.

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.

CITY OF FLORIDA CITY CONFLICT OF INTEREST DISCLOSURE FORM

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

City of Florida City

TELEPHONE NUMBER

CITY 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 City Department within the current or last two calendar years?

Yes
 No

If yes, identify below the City 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)

CITY 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 City Department within the current or last two calendar years?

Yes
 No

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

CITY 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 City Department for which the public official works. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	CITY 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 City Department for which the public official works. (Attach additional sheets if necessary.)

MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	CITY DEPARTMENT WHERE EMPLOYED
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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 to used 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 City of Florida City within the current or past two calendar years.

NAME OF INDIVIDUAL	ADDRESS
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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.

Signature

Date

Printed Name

Title



VENDOR APPLICATION

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 Florida City, 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: