

Dear Vendor:

In order to do business with Jackson Health System you must fill out the "Business Entity Registration." You may download from our website [www.jhsmiami.org](http://www.jhsmiami.org). Click on "Procurement Management" then "Download Business Entity Registration."

All forms must be completed, signed, dated and notarized as noted. If there are any forms that you believe will not apply to your company, simply write "N/A" or "Not Applicable" in the top right hand corner, however, you must still complete, sign and notarize the information requested. Incomplete forms will be considered non-compliant and would not be processed.

My name, address and telephone number appears on the first page of the document for your convenience. Should you be interested in looking at ads for our Bids and RFP's you may follow the same procedure stated above then click on "Bid and RFP Opening Notices." Take note of the telephone number, as well as the Bid/RFP number and the name of the Bid Specialist to have a copy forwarded to you.

Thank you for your interest in doing business with Jackson Health System.

Jennifer Jagbir  
Vendor Registration Coordinator  
Jackson Health System  
Procurement Management Department  
305-585-5815

# **PUBLIC HEALTH TRUST/ JACKSON HEALTH SYSTEM**

## **BUSINESS ENTITY REGISTRATION APPLICATION**

In accordance with the Public Health Trust/Jackson Health System's Procurement Policy and Procurement Regulation, both documents can be found on the Trust website at: [www.jhsmiami.org](http://www.jhsmiami.org) under "Procurement", all vendors/manufactures are required on an annual basis to register with the Trust by completing a Business Registration Application before receiving an award. This centralized process enables you to submit a single application to establish a contract with the PHT requesting goods and/or services.

This application must also include the required Miami-Dade County affidavits, attach a copy of the firm's Dade County Business Occupational license (if the firm is domiciled in Miami-Dade County), and a copy of the State Corporate Certificate (if incorporated). Award categories are as follows: Requests for Proposals (RFPs), Bids, Bid Waivers, or any purchases falling under the amount required for bidding.

A continued compliance form must be submitted with an RFP or Bid, Bid Waiver, or any purchase falling under the amount required for bidding if the registration application has been submitted within the last twelve- (12) months.

**Remit all documents to the following address:**

**PUBLIC HEALTH TRUST/JACKSON HEALTH SYSTEM  
Procurement Management Department (Purchasing)  
Jackson Medical Towers, Suite 814  
1500 NW 12TH AVENUE  
MIAMI, FLORIDA 33136  
ATT: Jennifer Jagbir, Vendor Coordinator**

The Business Entity Registration Application information may be updated at any time by notifying the PHT at the above noted address, in writing, on company letterhead, and signed by an authorized officer of the business entity.

Registration documents which are received incomplete must have the missing information submitted before the firm can be placed in the active list of registered business entities with the PHT. Therefore, to avoid unnecessary interruptions, it is important to follow the instructions and review the completed package before submitting it to the PHT. Each document must be signed in the appropriate places and notarized as required.

If you need help in completing this application, or have any questions concerning purchasing related matters, please contact the Vendor Coordinator at (305) 585-5815.

## INSTRUCTIONS TO COMPLETE APPLICATION

### COMPANY DATA

- 1A. **Employer Identification Number (EIN):** In order to establish a computer file for your firm, you must enter your firm's EIN or if none, the owner's Social Security Number.
- 1B. **Name of Business:** Enter the name of the entity, individual(s), or corporation; followed by any other name used to do business (d.b.a.) and the physical address for the business main office. This business name shall appear on all invoices submitted to the Trust.
2. **Mailing Address:** Enter the business mailing address if different from above. Leave blank if address is the same.
3. **Other Affiliate:** Enter name and address of Business Affiliate, i.e. parent company or subsidiary.
4. **Contact Person:** Enter your firm's contact person's name and title. Bid notices will be addressed to this person's attention.
5. **Firm's Telephone Number:** Enter your firm's telephone numbers, include Miami-Dade County or 800 number if available, and the fax number for the contact person named above. Enter your firm's e-mail address, if any.
6. **Type of Business Organization:** Place a checkmark to the applicable item that describes the type of organization for your firm and enter additional information as requested for that item. If incorporated, a copy of the company Certificate of Incorporation and Form 8109 (Federal Tax Deposit Coupon) shall be submitted as verification of the company name and Federal Employer Identification number. If using a Social Security number, a copy of the Social Security card shall be submitted. Also, if a corporation that trades in stock ownership in a public stock exchange market, check "Publicly Traded Corporation" and name the stock exchange market of registration and symbol.
7. **Years Firm Engaged in Present Business:** Place a checkmark next to the applicable item that describes the number of years that your firm has been established.
8. **Principals and Ownership:** Enter the names of the owners and/or the officers of the company and indicate the percentage of ownership for each if applicable. If publicly traded corporation or owned by other corporation, indicate so in space provided for "other".
9. **Are any of the Owners or Principals in the Firm a Public Health Trust Employee?** If owner or any of the principals of your firm are currently PHT employees, enter the name and Social Security Number for each individual.
10. **Owner Identification:** Check all applicable items that describe the individual or group of individuals owning at least 50% of the applicant firm who controls and operates the business. If Publicly Trade Corporation, place a checkmark in Item "E" only.
11. **Type of Business:** Place a checkmark on the line that describes the trade classification for your business and describe the products and/or services provided.
12. **Total Number of Employees:** Enter the total number of persons employed by your company at the present time.

## **AFFIDAVITS REQUIRED**

### **1. VENDOR REGISTRATION FOR ORAL PRESENTATION (FORM A-2 (PHT))**

Pursuant to Miami-Dade County Code § 2-11.1 (s) 5, any person who appears as a representative for an individual or firm for oral presentations, including negotiations, before a PHT selection or similar committee must be listed on Affidavit **FORM A-2 (PHT)**. PHT staff shall file the Affidavit with the Clerk of the Board of County Commission at the time the response is submitted. Persons listed on the affidavit are not required to pay any lobbying registration fees. Additional authorized representatives for Oral Presentations, including negotiations shall be recognized upon submission, prior to oral presentation, to the PHT Procurement Officer of another fully executed affidavit. Any person not listed on the affidavit shall be excluded from participation in oral presentations, unless he or she is registered with the Clerk of the Board of County Commissioners and has paid all applicable fees as a registered lobbyist.

### **2. DISABILITY NON-DISCRIMINATION AFFIDAVIT (FORM A-4)**

Vendors shall certify continued compliance with The Americans with Disabilities Act of 1990, as may be amended, and other laws prohibiting discrimination on the basis of disability. Vendor must submit Disability Non-Discrimination Affidavit prior to the award of a contract.

### **3. LOCAL BUSINESS PREFERENCE (FORM A-5)**

The evaluation of competitive solicitations is pursuant to Miami-Dade County Code § 2-8.5, which, except where contrary to Federal and State law or any other funding source requirements, provides that preference be given to local businesses. A local business, for the purposes of this Section, shall be defined as a Proposer, which meets all of the following:

1. A business that has a valid occupational license, issued by Miami-Dade County at least one year prior to bid or proposal submission, that is appropriate for the goods, services or construction to be purchased;
2. A business that has physical business address located within the limits of Miami-Dade County from which the vendor operates or performs business (Post Office Boxes are not verifiable and shall not be used for the purpose of establishing said physical address.); and
3. A business that contributes to the economic development and well being of Miami-Dade County in a verifiable and measurable way. This may include but not be limited to the retention and expansion of employment opportunities and the support and increase in the County's tax base. To satisfy this requirement, the vendor shall affirm in writing its compliance with any one of the following objective criteria as of the proposal submission date stated in the solicitation in question:
  - (a) Vendor has at least ten (10) permanent full time employees, or part time employees equivalent to 10 FTE ("full-time equivalent" employees working 40 hours per week) that live in Miami-Dade County, or at least 25% of its employees that live in Miami-Dade County, or
  - (b) Vendor contributes to the County's tax base by paying either real property taxes or tangible personal property taxes to Miami-Dade County, or
  - (c) Some other verifiable and measurable contribution to the economic development and well being of Miami-Dade County.

In accordance with the Procurement Regulation § XIII.D.2(c) Request for Proposals, if a non-local Proposer has the highest ranked evaluation on a Request for Proposals, each local firm who has submitted an offer shall receive a local preference bonus equal to five percent (5%) of the highest ranked score. This preference shall apply to establishing the competitive range and to any subsequent evaluations, including best and final offers.

At this time, there is an interlocal agreement in effect between Miami-Dade and Broward Counties. Therefore, a vendor which meets the requirements of (1) and (2) above for Broward County shall be considered a local business pursuant to this Section.

#### **4. FAIR SUBCONTRACTING PRACTICES (FORM A-6)**

In accordance with the Code of Miami-Dade County, Section 2-8.8, for all contracts in which a vendor may use a subcontractor, the vendor shall provide a detailed statement of its policies and procedures for awarding subcontracts.

The Trust encourages vendors to adopt policies and procedures which:

- a) Notify the broadest number of local subcontractors of the opportunity to be awarded a subcontract;
- b) Invite local subcontractors to submit proposals in a practical, expedient way;
- c) Provide local subcontractors access to information necessary to prepare and formulate a subcontracting bid or proposal;
- d) Allow local subcontractors to meet with appropriate personnel of the vendor to discuss the vendor's requirements and
- e) Award subcontracts based on full and complete consideration of all submitted proposals/bids and in accordance with the vendor's stated objectives.

The term "subcontractor" means a business independent of a vendor to perform a portion of the contract.

The term "subcontract" means an agreement a vendor and a subcontractor to perform a portion of a contract between the vendor and the Trust

The term "first tier subcontractor" is defined as subcontractor having a direct subcontracting contractual relationship with the vendor, as evidenced through some form of written agreement.

#### **5. FLORIDA STATUTES ON PUBLIC ENTITY CRIMES (FORM A-7)**

Pursuant to Paragraph 2(a) of Section 287.133, Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal/bid for a contract to provide any goods or services to a public entity; may not submit a proposal/bid on a contract with a public entity for the construction or repair of a public building or public work; may not submit a proposal/bid on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and, may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for CATEGORY TWO (\$10,000.00) for a period of thirty-six (36) months from the date of being placed on the convicted vendor list. Attached is a Public Entity Crime Disclosure Affidavit that must be completed and notarized unless an Affidavit of Continued Compliance is applicable and is appropriately executed.

#### **6. INDIVIDUALS OR ENTITIES IN ARREARS TO THE COUNTY OR PUBLIC HEALTH TRUST (FORM A-8)**

Pursuant to Miami-Dade County Code § 2-8.1, no individual or entity who is in arrears under any individual contract, final non-appealable judgment, or lien with the County, or any of its agencies or instrumentalities, including the Public Health Trust, in an amount which exceeds \$25,000 for greater than 180 days, shall be allowed to receive any additional PHT contracts, purchase orders or extensions of PHT contracts until either the arrearage has been paid in full or the County or PHT has agreed in writing to a repayment schedule. Notwithstanding the above, the PHT may enter into or extend a contract or business transaction with any individuals or entities that are not current in their obligations to the County or PHT when the PHT determines it to be in the best interest of the PHT. Such action shall be subject to ratification by the Board. Failure to meet the terms and conditions of any obligation or repayment schedule shall constitute a default of the

subject contract and may be cause for suspension, termination and debarment, in accordance with the terms of the contract and the debarment procedures of the County or PHT. All contracts, business transactions and renewals thereof with the County or PHT to which this subsection applies, shall require the individual or entity seeking to transact business with the PHT to verify by affidavit that the individual or entity is current in its obligations to the County and PHT and is not otherwise in default of any County or PHT contract. Any contract or transaction entered into in violation of this subsection shall be voidable.

**7. DOMESTIC LEAVE (Form A-9)**

This is Prior to entering into any contract with the Trust, a firm desiring to do business with the Trust shall, as a condition of award, certify that it is in compliance with Miami-Dade County Code § 2-8.15 and Miami-Dade County's Domestic Leave Ordinance 11A-60. This Ordinance applies to employers that have, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during each of twenty (20) or more calendar work weeks in the current or preceding calendar year. In accordance with Resolution R-185-00, the obligation to provide domestic violence leave to employees shall be a contractual obligation. The Trust shall not enter into a contract with any firm that has not certified its compliance with the Domestic Leave Ordinance. Failure to comply with the requirements of Resolution R-185-00, as well as the Domestic Leave Ordinance, may result in the contract being declared void, the contract being terminated and/or the firm being debarred.

**8. MIAMI-DADE BUSINESS ENTITY AFFIDAVITS (FORM A-10)**

**Ownership Disclosure:** Pursuant to Miami-Dade County § 2-8.1 (d) (1), firms registered to do business with the Trust must fully disclose their legal name, physical address and ownership. Publicly Traded Corporations are exempt from this requirement, but must indicate by letter that it is a Publicly Traded Corporation and include the name of the stock exchange market and symbol where registered.

**Employment Disclosure:** Pursuant to Miami-Dade County § 2-8.1 (d) (2), firms contracting or transacting business with the Trust are required to submit additional contractor disclosure as to composition of work force, paid health insurance benefits, and existence of collective bargaining agreement and a current breakdown of the entity's work force and ownership as to race, national origin and gender. Publicly Traded Corporations who comply with the ownership disclosure requirements of this section are exempt from these requirements.

The Miami-Dade Business Entity Affidavit must be completed and notarized, unless an Affidavit of Continued Compliance is applicable and is appropriately executed.

**9. CONFLICT OF INTEREST**

Vendors shall be familiar and comply with all applicable conflict of interest legal requirements, including the Miami-Dade County Conflict of Interest and Code of Ethics ordinance, Section 2-11.1, Code of Miami-Dade County, as made applicable to the Trust by Section 25A-3c, Code of Miami-Dade County, and Florida's Code of Ethics for Public Officers, Chapter 112, Part III, Florida Statutes. The Trust will not contract or transact business with a vendor, and any contract with a vendor shall be void, if a conflict of interest under State or local laws occurs and neither an exemption nor opportunity to waive the conflict exists, or an opportunity to waive the conflict exists but the Trust does not waive it. If a conflict of interest is waivable, the Trust's Board of Trustees shall have the sole authority to waive the conflict.

**Employee Conflict of Interest:** Pursuant to to Miami-Dade County Code § 2-11.1(d), as amended by Ordinance 00-1, requires any PHT employee or any member of the employee's immediate family who has a controlling financial interest, direct or indirect, with The Public Health Trust or any person or agency acting for the Public Health Trust from competing or applying for any such contract as it pertains to this solicitation, must first request a conflict of interest opinion from the County's Ethic Commission prior to their or their immediate family member's entering into any contract or transacting any business through a firm, corporation, partnership or business entity in which the employee or any member of the employee's

immediate family has a controlling financial interest, direct or indirect, with the Public Health Trust or any person or agency acting for The Public Health Trust and that any such contract, agreement or business engagement entered in violation of this subsection, as amended, shall render this Agreement voidable. For additional information, please contact the Ethics Commission at 305 579-2594.

Willful failure to comply with this section or knowing disclosure of false information is subject to fine and imprisonment for up to 60 days pursuant to Miami-Dade County Code § 2-8.1 (d) (4).

## **10. LOBBYING ACTIVITIES**

Pursuant to Section 2-11.1(s), Code of Miami-Dade County, all Vendor Representatives, prior to engaging in any conversation or communication, verbal or written, with a County/JHS Employee or JHS Medical Staff Member for the purpose of selling, marketing or influencing a decision to purchase any product or service that shall require the expenditure of County/JHS funds, must first become "registered" with the County as a "lobbyist". Accordingly, a necessary condition to becoming qualified as a Vendor Representative at JHS is the completion of "Lobbyist Registration" with the County. The County Code prescribes that "Lobbying Registration" is administered by the Clerk of the Board of County Commissioners, and requires annual renewal of the registration and the filing of annual expenditure reports.

The following rules have been adopted by the Commission on Ethics and Public Trust to implement the current lobbyist registration requirements of the Conflict of Interest and Code of Ethics Ordinance.

### **Purpose and Scope of Lobbying Rules**

a) The following rules delineate the responsibilities of lobbyists and County personnel in implementing the requirements of the lobbying section of the Conflict of Interest and Code of Ethics ordinance. As used in this section, for matters related to contracting with the Public Health Trust, "County" means the Public Health Trust, "Board of County Commissioners" and "County Commission" means the Board of Trustees of the Public Health Trust and "County Manager" means the President of the Public Health Trust. All references to "Clerk" mean the Clerk of Miami-Dade County.

b) A lobbyist is any person, firm or corporation employed or retained by a principal that seeks to encourage the passage, defeat or modification of 1) any ordinance, resolution, action or decision of the County Commission; 2) any action, decision, or recommendation of the County Manager or any County board or committee; or 3) any action, decision, or recommendation of County personnel during the time period of the entire decision-making process on such action, decision or recommendation which foreseeably will be heard or reviewed by the County Commission or a County board or committee. "Lobbyist" specifically includes the principal as well as any employee whose normal scope of employment includes lobbying activities.

### **Exclusions**

a) Attorneys or other representatives retained or employed solely for the purpose of representing individuals, corporations or other entities during publicly noticed quasi-judicial proceedings where the law prohibits ex-parte communication. A quasi-judicial proceeding is a hearing before a County or municipal commission or board where the rights of particular persons or entities are determined and for which prior notice, the opportunity to be heard and the introduction and evaluation of evidence are required (e.g. Value Adjustment Board, Community Zoning Appeals Board, Equal Opportunity Board).

b) Expert witnesses who provide only scientific, technical or other specialized information or testimony in public meetings. An expert witness is a person duly and regularly engaged in the practice of a profession who holds a professional degree from a university or college and special training or experience, or a person who is possessed of special knowledge or skill about the subject.

c) A representative of a neighborhood association who appears without compensation or reimbursement, whether direct, indirect or contingent, to express support of or opposition to any item. A neighborhood

association is an organization of residential homeowners and tenants created to address quality of life issues in a defined neighborhood or community.

d) A representative of a not-for-profit community based organization for the purpose of requesting a grant, without special compensation or reimbursement for the appearance. A community based organization is a not-for-profit association or corporation organized under state or local law to engage in community development activities (including, but not limited to, housing and economic development activities) and has as its primary purpose the improvement of the physical, economic or social environment by addressing one or more of the critical needs of the area, with particular attention to the needs of people with low or moderate incomes.

e) Employees of a principal whose normal scope of employment does not include lobbying activities.

### **Examples of Lobbying Activities**

a) Lobbying activities include but are not limited to:

1) Meetings or communication with elected officials or staff regarding a particular solicitation or product (i.e. time frames for the solicitation, specifications, qualifications, etc.).

2) Meetings or communication with elected officials or staff to discuss issues regarding a prior or ongoing solicitation or contract when a resolution of the matter may require approval of the Board of County Commissioners, the County Manager and his or her designee or a County board or committee.

3) Meetings or communication with elected officials or staff regarding any matter where the lobbyist is seeking to influence a decision or recommendation of staff on any matter that will require action or decision by the Board of County Commissioners, the County Manager or any County board or committee

4) Meetings or communication with elected officials or staff regarding policy matters that may foreseeably before the Board of County Commissioners, the County Manager or any County board or committee.

### **Examples of Activities Not Constituting Lobbying**

a) Activities that do not constitute lobbying include but are not limited to the following:

1) Requests for information about procedures, forms, budgets or other requirements on behalf of another.

2) Appearances at meetings or communications with staff or an elected official at the department or elected official's request or a description of materials or services available in response to a departmental request.

3) Advices or services communicated to a department or an elected official who arise out of an existing contractual obligation to the county or municipality.

4) Meetings or communication to provide staff or elected officials with general information regarding a firm's background or expertise.

### **General Registration Requirements**

a) Every lobbyist must file an annual registration form with the Clerk at the time of initial registration and on or before January 15<sup>th</sup> of each year thereafter, along with an annual registration fee.

b) Every lobbyist must file a registration form with the Clerk of the Board for each client within five days of being retained by a principal or before conducting any lobbying activities, whichever comes first.

c) The principal must also submit a principal authorization form prior to any lobbying. The principal must identify whether the lobbyist is retained for a particular matter or may lobby on any matter regarding the principal.

d) Every lobbyist must file a Notice of Withdrawal when the representation ends. The lobbyist must file an expenditure statement for the preceding year.

### **Selection Committee Registration Requirements**

- a) Any person who appears as a representative for an individual or firm for an oral presentation before a County certification, evaluation, selection, technical review or similar committee shall list on an affidavit provided by the County, all individuals who may make a presentation. The affidavit shall be filed with the Clerk of Board at the time the response is submitted.
- b) The individual or firm must submit a revised affidavit for any additional team members with the Clerk of the Board at least 2 days prior to the oral presentation. Any person not listed on the revised affidavit or who is not a registered lobbyist will not be permitted to participate in the oral presentation.
- c) All additional team members, who are lobbyists, as defined herein, must file a principal authorization form (for the individual or entity) with the Clerk of the Board of County Commissioners prior to the oral presentation.

### **Not for Profit Registration Requirements**

- a) A lobbyist for a not-for-profit organization (unless lobbying for a community-based organization seeking grant funds) must register and file the required expenditure form. Upon request, the Clerk of the Board may waive the applicable registration fees.

### **Expenditure Reports**

- a) All registered lobbyists must file an expenditure report with the Clerk of the Board by July 1st of each year. The date of filing is the date that the report is received by the Clerk's office. b) A lobbyist must file a report for every principal and must list all expenditures in excess of twenty-five dollars (\$25.00) for the preceding calendar year. The form must be filed even if the lobbyist did not make any expenditure during the prior year.

### **Expenditure Categories**

- a) The lobbyist must report expenditures in the following categories: communications, entertainment, food and beverages, lodging, media advertising, publications and other. The information covered in each category is:

1) "Communications" means dissemination of information, including but not limited to the following means: audio-visual materials, signs, placards, buttons, promotional materials, or other display materials; together with any associated production services. This category does not include media advertising, publications or research,

2) "Entertainment" means amusement or recreation including but not limited to sporting, hunting, fishing, theatrical, artistic, cultural and musical activities or events.

3) "Food and Beverages" means meals, snacks or edible substances or liquids for drinking including services associated therewith.

4) "Lodging" means sleeping or living accommodations for an individual for one or more nights.

5) "Media advertising" means newspaper and magazine advertising, radio and television advertising and outdoor advertising including production services and copywriting services.

6) "Other" means any item or service which is not included in one of the specified categories; this category does not include any item or service which is not required by law to be reported.

7) "Publications" means mass-produced, printed materials including but not limited to magazines, newsletters, brochures or pamphlets, which expressly encourage to communicate with

agency officials or employees or to influence an agency with respect to a decision of the agency in the area of policy or procurement or which are designed to communicate with agency officials or employees

8) "Research" means obtaining information relating to a specific policy issue or procurement matter regardless of the form or medium in which such information is provided including but not limited to surveys, information services, periodicals and consultants or consultant services to gather data or statistics.

9) "Special Events" means large scale functions, including but not limited to receptions, banquets, dinners or fairs to which more than 250 persons are invited and for which the expenditures associated with hosting the function are negotiated with a catering service or facility at a single, set price or which include multiple expenditure categories.

10) "Travel" means transporting an individual from, one place to another, regardless of the means used.

b) Certain items such as communications, publications and research are office expenses if performed by the lobbyist or principal or their employees. If those functions are performed by independent contractors, other than the lobbyist or principal or an affiliate controlled by the principal, they are reportable under the appropriate expenditure category.

c) If an expense is incurred for a business purpose unrelated to lobbying and the product of that expense is later used for a lobbying purpose, the expenditure does not have to be reported.

### **Penalties for Late Filing**

a) A late fee of fifty dollars per day per report will automatically be assessed for any report filed after the due date. All fines must be paid to the Clerk of the Board of County Commissioners.

b) The Clerk of the Board of County Commissioners will notify all lobbyists who have failed to file by July 15<sup>th</sup> of each year that they are not in compliance with the ordinance and of the current fines assessed against the lobbyist.

c) A lobbyist is automatically suspended and may not lobby any employee, elected official or before any County board (including the Board of County Commissioners) if the lobbyist has not filed an expenditure report by September 1st of each year.

d) The Clerk of the Board of County Commissioners must provide the Ethics Commission with a report listing all lobbyists who have either failed to file disclosure reports or pay assessed fines by October 1st of each calendar year. The Ethics Commission will provide the list to the Commission Advocate who may initiate complaint proceedings against any lobbyist for failure to file an expenditure report and/or pay assessed fines.

### **Appeals**

a) Any lobbyist may appeal a fine and request a hearing before the Ethics Commission by filing an appeal with the Ethics Commission within fifteen days receipt of the Notice of Violation. Late fees will continue to accrue after an appeal unless the required forms are filed.

b) The lobbyist must mail or fax a letter to the Executive Director of the Ethics Commission stating the reasons for the appeal. The lobbyist must include in his or her notice of appeal any request for a hearing before the Ethics Commission. The lobbyist must attach any documentation or evidence for consideration by the Ethics Commission in making a determination on the appeal at the time the notice of appeal is filed.

c) The Ethics Commission may delegate determinations of appeals without a request for hearing to Commission staff. The staff may have the authority to waive fines in whole or part for good cause shown.

Any determinations by staff must be ratified by the Ethics Commission or a committee appointed by the Chair.

d) A hearing on an appeal under this ordinance may be heard by a committee appointed by the Chair or the Ethics Commission as a whole. The Ethics Commission may waive any fines, in whole or part, for good cause shown.

### **Contingency Fees**

a) After May 16, 2003, no person may, in whole or in part, pay, give or agree to pay or give a contingency fee to another person. No person may, in whole or in part, receive or agree to receive a contingency fee.

b) A contingency fee is a fee, bonus, commission or non-monetary benefit as compensation which is dependent on or in any way contingent upon the passage, defeat, or modification of: 1) any ordinance, resolution, action or decision of the County Commission; 2) any action, decision or recommendation of the County Manager or any County board or committee; or 3) any action, decision or recommendation of any County personnel during the time period of the entire decision-making process regarding such action, decision or recommendation which foreseeable will be heard or reviewed by the County Commission or a County board or committee.

### **Departmental Responsibilities**

a) All departments and agencies must maintain a visitor log for anyone seeking to do business with the department or agency or seeking administrative action from the department or agency. The log should include information regarding the name of the visitor, the staff person or persons visited and the purpose of the visit (i.e. name of matter or agenda item number).

b) All elected officials, board members and employees shall be diligent to ascertain whether persons appearing before them have registered as lobbyists. County personnel may check on a lobbyist's status through the Lobbyist Registration section of the Metronet or by calling the Clerk of the Board of County Commissioners. Elected officials, board members and employees may not knowingly permit a person who is not registered to lobby them regarding an issue.

### **Penalties for Lobbying Violations**

a) The Ethics Commission may prohibit any lobbyist who commits a lobbying violation from lobbying before the Board of County Commissioners or any committee, board or personnel of the Miami-Dade County for a period of:

- 1) ninety days following determination of the first violation;
- 2) one year following determination of the second violation and
- 3) five years from determination of the third violation.

b) Any lobbyist who commits a lobbying violation is also subject to a two hundred and fifty-dollar fine for the first violation and a five hundred-dollar fine for the second violation.

c) The County Manager or the Board of County Commissioners may void any contract where a lobbying violation has occurred.

For more information, please review Miami-Dade County Ethics Commission website at:  
[www.miamidade.gov/ethics/](http://www.miamidade.gov/ethics/)

## 11. LIVING WAGES FOR COUNTY SERVICE CONTRACTS (FORM A-12)

Pursuant to Miami-Dade County Code § 2-8.9, all Service Contractors and their subcontractors who enter into a contract pursuant to this RFP agree to pay the Living Wage required by Miami-Dade County's Ordinance 99-44, to all its employees providing Covered Services. The current Living Wage applied to this contract as of October 1, 2011 (if applicable) is \$11.70 per hour plus Health Benefits as described in the aforementioned ordinance or \$13.41 per hour without Health Benefits. The Living Wage required by this ordinance is subject to indexing as set-forth therein. The Living Wage will be annually indexed to inflation as defined by the Consumer Price Index calculated by the U.S. Department of Commerce as applied to the County of Miami-Dade. Such Health Benefits shall consist of payment of at least \$1.71 per hour towards the provision of healthcare benefits for employees and their dependents. Proof of the provision of Health Insurance must be submitted to the Trust to qualify for the wage rate for employees with health benefits. The Service Contractor shall also agree to produce all documents and records relating to payroll and compliance with this Ordinance prior to award of this proposal solicitation upon request either by the PHT or the County's Department of Purchasing Services, Bids & Contracts Administration.

The provisions in this Ordinance apply to all Service Contracts involving the expenditure of over \$100,000 per year for the following types of ("Covered Services") services:

- (i) Food preparation and/or distribution;
- (ii) Security services;
- (iii) Routine maintenance services such as custodial, cleaning, refuse removal, repair, refinishing, and recycling;
- (iv) Clerical or other non-supervisory office work, whether temporary or permanent;
- (v) Transportation and parking services including airport and seaport services;
- (vi) Printing and reproduction services; and,
- (vii) Landscaping, lawn, and/or agricultural services.

Any and all contracts for Covered Services shall be void, and no funds may be released, unless prior to entering any agreement pursuant to the RFP for a Service Contract, the Covered Employer certifies to the PHT's Procurement Management Department that it will pay each of its employees no less than the Living Wage. A copy of this certificate must be made available to the public upon request. The certificate, at a minimum, must include the following:

- (1) The name, address, and phone number of the employer, a local contact person, and the specific project for which the service contract is sought;
- (2) the amount of the contract and the applicable department the contract will serve;
- (3) a brief description of the project or service provided;
- (4) a statement of the wage levels for all employees; and,
- (5) a commitment to pay all employees a Living Wage.

If records reflect, that the Service Contractor is in violation of this Ordinance, the Trust has the right to sanction the Service Contractor to include but not limited to termination, fine and suspension.

**This Ordinance imposes various responsibilities that must be accomplished by the successful Proposer, such as record keeping, posting and reporting. Upon the award of a contract pursuant to this RFP, successful Proposers who are Covered Employers must comply with the requirements in this Ordinance. If records reflect that the Service Contractor is in violation of this Ordinance, the PHT and County each has the right to sanction the Service Contractor to include but not limited to termination, fine and suspension, and debarment (Form A-13).**

## 12. FLORIDA PROMPT PAYMENT/SHERMAN S. WINN PROMPT PAYMENT ORDINANCE

Pursuant to Florida Statutes, Section 218.74 and Section 2-8.1.4 of the Miami-Dade County Code, the time at which payment shall be due from the Trust shall be forty-five (45) days from receipt of a proper invoice. The time at which payment shall be due to small businesses shall be thirty (30) days from receipt of a proper invoice. Miami-Dade County, Florida, Section 2-8.1.4, Sherman S. Winn Prompt Payment Ordinance No. 94-

40, provides for expedited payments to small businesses by County agencies and the Trust; creates dispute resolution procedures for payment of County and Trust obligations; and requires the prime contractor to issue prompt payments, and have the same dispute resolution procedures as the County, for all small business subcontractors. Failure of the prime vendor to issue prompt payment to small businesses, or to adhere to its dispute resolution procedures, may be cause for suspension, termination, and debarment, in accordance with the terms of the County contract or Trust contract and debarment procedures of the County.

**13. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, PRIVACY REGULATION (HIPAA) (FORM A-13)**

Pursuant to the Health Insurance Portability and Accountability Act of 1996, Privacy Regulations ("HIPAA"), as a vendor you may be required to provide services that involve the use and disclosure of Protected Health Information. Any use of Protected Health Information that is not authorized by the Public Health Trust/Jackson Health System is prohibited. If you are defined as a "Business Associate" under the HIPAA regulations you are required to complete a PHT-HIPAA Business Associate Agreement and comply with related policies and procedures. As a Business Associate you may only use the Protected Health Information if it is necessary to perform contract obligations with the Public Health Trust/Jackson Health System, provided that such uses are permitted under the state and federal confidentiality laws. As a Business Associate you are required to comply with HIPAA and all federal and state laws. As a Business Associate you may only use the Protected Health Information to the extent permitted by the terms of the PHT-HIPAA Business Associate Agreement. Disclosure of Protected Health Information to third parties is strictly prohibited unless it is pursuant to the terms of the PHT-HIPAA Business Associate Agreement and authorization has first been provided in writing, the law requires the disclosures, and you have received from the third party written assurances regarding its confidential handling of such Protected Health Information. Any questions should be directed to the PHT/JHS Privacy Compliance Officer.

**14. MIAMI-DADE COUNTY INSPECTOR GENERAL REVIEW**

Pursuant to Miami-Dade County Code § 2-1076, the County has established the Office of the Inspector General (IG) which may, on a random basis, perform audits, inspections, and reviews of all County/Trust contracts. This random audit is separate and distinct from any other audit by the County. To pay for the functions of the Office of the Inspector General, any and all payments to be made to the Contractor under this contract will be assessed one quarter (1/4) of one (1) percent of the total amount of the payment, to be deducted from each progress payment as the same becomes due unless, as stated in the Special Conditions, this Contract is federally or state funded where federal or state law or regulations preclude such a charge. **The Contractor shall, in stating its agreed process, be mindful of this assessment, which will not be separately identified, calculated or adjusted in the proposal or bid form.** The audit cost shall also be included in all change orders and all contract renewals and extensions.

The Miami-Dade Office of Inspector General is authorized to investigate County affairs and empowered to review past, present and proposed County and Public Health Trust programs, accounts, records, contracts and transactions. In addition, the Inspector General has the power to subpoena witnesses, administer oaths, require the production of witnesses and monitor existing projects and programs. Monitoring of an existing project or program may include a report concerning whether the project is on time, within budget and in conformance with plans, specifications and applicable law. The Inspector General shall have the power to audit, investigate, monitor, oversee, inspect and review operations, activities, performance and procurement process including but not limited to project design, bid specifications, (bid/proposal) submittals, activities of the Contractor/ Vendor/ Consultant, its officers, agents and employees, lobbyists, County and Public Health Trust staff and elected officials to ensure compliance with contract specifications and to detect fraud and corruption.

Upon ten (10) days written notice to the Contractor shall make all requested records and documents available to the Inspector General for inspection and copying. The Inspector General shall have the right to inspect and copy all documents and records in the Contractor/Vendor/Consultant's possession, custody or control which in the Inspector General's sole judgment, pertain to performance of the contract, including, but

not limited to original estimate files, change order estimate files, worksheets, proposals and agreements from and with successful subcontractors and suppliers, all project-related correspondence, memoranda, instructions, financial documents, construction documents, (bid/proposal) and contract documents, back-change documents, all documents and records which involve cash, trade or volume discounts, insurance proceeds, rebates, or dividends received, payroll and personnel records and supporting documentation for the aforesaid documents and records.

The Contractor shall make available at its office at all reasonable times the records, materials, and other evidence regarding the acquisition (bid preparation) and performance of this contract, for examination, audit, or reproduction, until three (3) years after final payment under this contract or for any longer period required by statute or by other clauses of this contract. In addition:

1. If this contract is completely or partially terminated, the Contractor shall make available records relating to the work terminated until three (3) years after any resulting final termination settlement; and,
2. That the Contractor shall make available records relating to appeals or to litigation or the settlement of claims arising under or relating to this contract until such appeals, litigation, or claims are finally resolved.

The provisions in this section shall apply to the Contractor/Vendor/Consultant, its officers, agents, employees, subcontractors and suppliers. The Contractor/Vendor/Consultant shall incorporate the provisions in this section in all subcontracts and all other agreements executed by the Contractor/Vendor/Consultant in connection with the performance of this contract.

Nothing in this section shall impair any independent right to the County to conduct audits or investigative activities. The provisions of this section are neither intended nor shall they be construed to impose any liability on the County by the Contractor/Vendor/Consultant or third parties.

Exception: The above application of one quarter (1/4) of one percent fee assessment shall not apply to the following contracts: (a) IPSIG contracts; (b) contracts for legal services; (c) contracts for financial advisory services; (d) auditing contracts; (e) facility rentals and lease agreements; (f) concessions and other rental agreements; (g) insurance contracts; (h) revenue-generating contracts; (i) contracts where an IPSIG is assigned at the time the contract is approved by the Trust; (j) professional service agreements under \$1,000; (k) management agreements; (l) small purchase orders as defined in Miami-Dade County Administrative Order 3-2; (m) federal, state and local government-funded grants; and (n) interlocal agreements. Notwithstanding the foregoing, the Trust may authorize the inclusion of the fee assessment of one-quarter (1/4) of one percent in any exempted contract at the time of award.

Nothing contained above shall in any way limit the powers of the Inspector General to perform audits on all Trust contracts including, but not limited to, those contracts specifically exempted above.

## **15. User Access Program (UAP)**

- A. User Access Program: The Board of Trustees for the Public Health Trust (PHT) of Miami-Dade County approved a User Access Program (UAP) under Resolution No. PHT 5/10-030 as implemented by the CEO/President in the "Jackson Health System User Access Program" policy. This agreement is subject to a user access deduction under the PHT User Access Program (UAP) in the amount of two percent (2%). All PHT purchases under this agreement, and purchases made by any other organization or jurisdiction that may use the agreement, are subject to the two percent (2%) UAP deduction.

The vendor providing the goods or services under this agreement shall invoice the amount of the agreement price, and shall accept as payment thereof the contract price less the 2% UAP as full and complete payment for the goods and/or services specified on the invoice. The PHT shall retain the 2% UAP for use by the PHT to help defray the cost of PHT operations. Vendor participation in this program is mandatory.

- B. Vendor Compliance: If the Vendor fails to comply with this section, the Vendor may be considered in default by the Trust in accordance with the terms and conditions of this agreement.

**PUBLIC HEALTH TRUST / JACKSON HEALTH SYSTEM**  
**BUSINESS ENTITY REGISTRATION APPLICATION**

**1.A EMPLOYER ID NUMBER (EIN):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(If EIN number is not available)

**1B. NAME OF BUSINESS:** (This name will be used on purchase orders and checks issued to your company)

\_\_\_\_\_  
Name of Entity, Individual(s), Partners, or Corporation

\_\_\_\_\_  
Doing Business As (If same as above, leave blank)

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

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

**2. MAILING ADDRESS:** (If same as above, leave blank)

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

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

**3. OTHER AFFILIATE:**  Parent company  Subsidiary

\_\_\_\_\_  
Name of firm

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

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

**4. CONTACT PERSON:** (Bid Notices will be forwarded to the individual named here)

Mr.  Ms.  Mrs.

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
Title

**5. FIRM'S TELEPHONE NUMBER:**

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

( 8 0 0 ) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

e-mail: \_\_\_\_\_

**6. TYPE OF BUSINESS ORGANIZATION:**

Corporation-Incorporated in the State of \_\_\_\_\_  
 Publicly Traded Corporation

\_\_\_\_\_  
Stock Exchange Market of Registration

\_\_\_\_\_  
Symbol

Partnership  
 Sole Proprietorship (One Individual Owner)  
 Not-for-Profit Organization  
 Other (Specify): \_\_\_\_\_

**7. YEARS FIRM HAS BEEN IN PRESENT BUSINESS:**

Less than 1 yr.  1 to 5 yrs.  6 to 10 yrs.  10 +yrs.

**8. PRINCIPALS AND OWNERSHIP:** (Names, titles and % ownership if any. If Publicly Traded Corporation or owned by other corporation, use space for "other" below. Corporations must enter the names of its officers).

FIRST NAME	M.I.	LAST NAME	OWNERSHIP
_____	_____	_____	_____ %
Proprietor or Partner			
_____	_____	_____	_____ %
President			
_____	_____	_____	_____ %
VP			
_____	_____	_____	_____ %
Secretary			
_____	_____	_____	_____ %
Treasurer			
_____	_____	_____	_____ %
Other			
_____	_____	_____	_____ %
Other			
TOTAL .....			_____ %

**9. ARE ANY OF THE OWNERS OR PRINCIPALS IN THE FIRM OR THEIR IMMEDIATE FAMILY MEMBERS OF MIAMI-DADE COUNTY OR A PUBLIC HEALTH TRUST EMPLOYEE?\***

YES     NO

If "Yes", enter that person's name and Social Security Number. If more than one use separate sheet.

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

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number

**G. Minority business Certification by Miami-Dade County**

If you are not certified and wish to apply for certification, contact the Department of Business Development, 175 NW 1st Avenue, 28th Floor, Miami, Florida 33128. Phone: (305) 349-5960 or visit their website [www.miamidade.gov/dbd](http://www.miamidade.gov/dbd).

**11. TYPE OF BUSINESS:** (Indicate by checkmark and identify type of product and/or service)

- Manufacturer or Producer: \_\_\_\_\_
- Dealer or Distributor: \_\_\_\_\_
- Maintenance or Repair: \_\_\_\_\_
- Rental or Lease of: \_\_\_\_\_
- Construction Contractor: \_\_\_\_\_
- Professional Services: \_\_\_\_\_
- Other Services: \_\_\_\_\_

**10. OWNER IDENTIFICATION:** From information in item 8, check below all that apply describing the majority owner(s) of record (51% or more). Publicly Traded corporations checkmark item "E" only.

- A.  Black  
 White
- B.  Male  
 Female
- C.  Oriental
- D.  Haitian  
 American Indian  
 Aleut (Eskimo)

Other: \_\_\_\_\_

- E.  Publicly Traded Corporation
- F.  Physically Disabled

**12. TOTAL NUMBER OF EMPLOYEES:** \_\_\_\_\_

\*\*Section 2-11.1(d) of the Miami-Dade County Code provides that a County employee may not enter into any contract or transact any business through a firm, corporation, partnership or business entity in which he or any member of his immediate family has a controlling financial interest, direct or indirect, with Miami-Dade County or any person or agency acting for Miami-Dade County and any such contract, agreement or business engagement entered in violation of this subsection shall render the transaction voidable. For additional information, please contact the Ethics Commission hot line at 305-579-2593.

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

Employer Identification Number (EIN): \_\_\_\_\_

<b>PUBLIC HEALTH TRUST / JACKSON HEALTH SYSTEM COMMODITY CATALOG</b>
--

Check All Appropriate Boxes.

**200-00 SERVICES**

**201-00 PROFESSIONAL SERVICES**

201-05 Architects Services

201-15 Consultants Service

201-20 Transcribing Service

201-25 Testing Service

**203-00 DIAGNOSTIC SERVICES (outside Lab)**

**204-00 DIALYSIS SERVICES (outside Agency)**

204-01 For in-patients

204-02 For out-patients

**205-00 ORGAN ACQUISITION**

**221-00 COMMUNICATION**

221-01 Cable TV Service

221-05 Electronic Supplies

**234-00 MAINTENANCE CONTRACTS**

234-01 Nursery Plants

234-02 Nursery Supplies

234-05 Maintenance Instructional Equipment

234-10 Maintenance Medical Equipment

234-15 Maintenance Office Equipment

234-20 Maintenance Plant Equipment

**241-00 PRINTING**

241-05 Architectural Drawings Printing

241-10 Binding

241-15 Forms

241-20 Typesetting

241-25 Freelance Writing

**251-00 REPAIRS EQUIPMENT**

251-10 Repairs Medical Equipment

251-15 Repairs Office Equipment

251-20 Repairs Plant Equipment

251-25 Repairs Cryogenic Equipment

251-30 Automotive Repair

- \_\_\_ **252-00 SPECIAL SERVICES**
- \_\_\_ 252-05 Award Trophies
- \_\_\_ 252-10 Armored Car Service
- \_\_\_ 252-20 Exterminator Service
- \_\_\_ 252-25 Photographic
- \_\_\_ 252-30 Graphic Design Work
- \_\_\_ 252-35 Heavy Equipment Moving Service
- \_\_\_ 252-37 Lawn Maintenance
- \_\_\_ 252-39 Locksmith
- \_\_\_ 252-40 Microfilming
- \_\_\_ 252-45 Courier Service
- \_\_\_ 252-55 Plaques
- \_\_\_ 252-60 Preparation of Certificates
- \_\_\_ 252-61 Preparation of Diplomas
- \_\_\_ 252-62 Preparation of Film Strips
- \_\_\_ 252-63 Preparation of Slides
- \_\_\_ 252-65 Security Services
- \_\_\_ 252-70 Signs
- \_\_\_ 252-75 Travel Agency
- \_\_\_ 252-80 Vehicle Rental
- \_\_\_ 252-85 Waste Removal
- \_\_\_ 252-90 Window Cleaning Service

- \_\_\_ **255-00 JANITORIAL SERVICES**
- \_\_\_ 255-05 Cleaning of Apartments, etc.
- \_\_\_ 255-10 Laundry
- \_\_\_ 255-15 Draperies

\_\_\_ **256-00 ADVERTISING**

- \_\_\_ **262-00 TEMPORARY SERVICES**
- \_\_\_ 262-05 Clerical
- \_\_\_ 262-10 Unskilled Construction
- \_\_\_ 262-15 Skilled Construction

- \_\_\_ **272-00 RENT EQUIPMENT**
- \_\_\_ 272-05 Rent Medical Equipment
- \_\_\_ 272-15 Rent Office Equipment

\_\_\_ **275-00 THERAPEUTIC BED RENTALS**

**300-00 COMMODITIES**

\_\_\_ **301-00 FORMS**

- \_\_\_ **302-00 PUBLICATIONS**
- \_\_\_ 302-05 Crafts
- \_\_\_ 302-10 Videos & Film OB-GYN
- \_\_\_ 302-15 Books, Journals, Magazines
- \_\_\_ 302-20 Maps

\_\_\_ **311-00 AUTOMATIVE PARTS AND SUPPLIES**

\_\_\_ **314-00 EXPENDABLE TOOLS AND SUPPLIES**

\_\_\_ 314-05 Carpenter

\_\_\_ 314-10 Hardware

\_\_\_ 314-15 Plumbing

\_\_\_ 314-20 Painting

\_\_\_ **319-00 REPAIR PARTS OTHER THAN AUTOMOTIVE**

\_\_\_ 319-05 Pager Batteries

\_\_\_ 319-10 Parts Medical Equipment

\_\_\_ 319-15 Parts Office Equipment

\_\_\_ **321-00 CHEMICALS, CLEANING AND HOUSEKEEPING SUPPLIES**

\_\_\_ 321-05 Cleaning Chemicals and Fertilizers

\_\_\_ 321-10 Industrial Chemicals

\_\_\_ 321-15 Insecticides

\_\_\_ 321-20 Detergents/Germicidals

\_\_\_ 321-25 Floor/Finish Polish

\_\_\_ 321-35 Soap

\_\_\_ 321-50 Paper Towels & Toilet Tissue

\_\_\_ 321-55 Waste Can Liners

\_\_\_ **322-00 CLOTHING AND UNIFORMS**

\_\_\_ 322-05 Pajamas and Gowns

\_\_\_ 322-15 Scrub Dresses, Shirts, Pants

\_\_\_ 322-20 Shoe Covers

\_\_\_ 322-25 Lab Coats

\_\_\_ **323-00 LINEN AND BEDDING**

\_\_\_ 323-10 Disposable Linen and Bedding

\_\_\_ 323-15 Mattress

\_\_\_ 323-20 Sheets and Pillow Cases

\_\_\_ 323-25 Towels

\_\_\_ 323-30 Underpads

\_\_\_ **324-00 LAUNDRY SUPPLIES**

\_\_\_ 324-10 Laundry Soap

\_\_\_ **330-00 OFFICE AND ENGINEERING SUPPLIES**

\_\_\_ 330-05 Drafting Supplies

\_\_\_ 330-10 Office Supplies

\_\_\_ 330-12 Computer Supplies

\_\_\_ 330-20 Rubber Stamps

\_\_\_ 330-25 Paper

\_\_\_ 330-30 Labels

\_\_\_ 330-35 X-ray Jackets/Color-Non-Color Coded

\_\_\_ **331-00 CONSTRUCTION MATERIALS**

\_\_\_ 331-05 Air Conditioning Parts and Supplies

\_\_\_ 331-10 Construction Materials Building

- \_\_\_ 331-20 Construction Materials Electrical
- \_\_\_ 331-25 Construction Materials Plumbing
- \_\_\_ 331-30 Fixtures, Lithonia Fluorescent
- \_\_\_ 331-35 Bolts, Anchors and Fasteners
- \_\_\_ 331-40 Paint and Paint Supplies
- \_\_\_ 331-45 Tiles Ceiling and Floor

\_\_\_ **332-00 MAINTENANCE SUPPLIES**

\_\_\_ **344-00 FOOD AND BEVERAGES**

- \_\_\_ 344-05 Bakery Products Fresh, Pre-baked and Frozen
- \_\_\_ 344-10 Coffee, Fresh, Frozen, Freeze Dried
- \_\_\_ 344-15 Drinks, Soft, Gingerale, etc.
- \_\_\_ 344-20 Eggs, Fresh
- \_\_\_ 344-25 Frozen Convenience Foods
- \_\_\_ 344-30 Grocery Supplies
- \_\_\_ 344-35 Meat, Fish, Poultry and Cheese (fresh and frozen)
- \_\_\_ 344-40 Potato Chips and Snacks
- \_\_\_ 344-45 Prepared Salads, Fresh Fruit Juices, Fresh Fruit Slices
- \_\_\_ 344-50 Vending Machine Service
- \_\_\_ 344-55 Yogurt, Frozen

\_\_\_ **345-00 DIETARY SUPPLIES**

- \_\_\_ 345-05 Kitchen Utensils
- \_\_\_ 345-10 Plates, Cups, Knives, Forks, Spoons, Napkins, Trays, etc.

\_\_\_ **348-00 REAGENTS**

- \_\_\_ 348-05 Reagents-Control Chemicals
- \_\_\_ 348-15 Media and Reagents for Microbiology
- \_\_\_ 348-20 Test Kits
- \_\_\_ 348-25 Test Tubes, Slides

\_\_\_ **349-00 X-RAY AND IMAGE INTENSIFIER TUBES**

\_\_\_ **350-00 X-RAY AND PHOTOGRAPHIC FILM**

- \_\_\_ 349-15 X-ray Processing Solutions

\_\_\_ **351-00 MEDICAL AND SURGICAL SUPPLIES**

- \_\_\_ 351-02 Admission/Identification
- \_\_\_ 351-04 Airways
- \_\_\_ 351-05 Gases, Oxygen, Nitrous Oxide
- \_\_\_ 351-06 Anesthesia Supplies
- \_\_\_ 351-08 Applicators
- \_\_\_ 351-09 Bandages
- \_\_\_ 351-10 Commercial Gases Freon, Oxygen, Acetylene, Carbon Dioxide, Mixed  
Medical/Clinical Gases
- \_\_\_ 351-11 Blood Gas/Diagnostic
- \_\_\_ 351-12 Blood Pressure and ECG
- \_\_\_ 351-14 Cannula
- \_\_\_ 351-16 Canopies
- \_\_\_ 351-18 Catheters

- \_\_\_ 351-20 Dental Supplies
- \_\_\_ 351-22 Disposable Sets and Trays
- \_\_\_ 351-24 Drainage Accessories
- \_\_\_ 351-25 Dressings
- \_\_\_ 351-28 Electrosurgical Accessories
- \_\_\_ 351-30 Gloves
- \_\_\_ 351-32 Memodialysis Supplies
- \_\_\_ 351-34 Inhalation Therapy
- \_\_\_ 351-38 Manifolds
- \_\_\_ 351-40 Nebulizers/Humidifiers
- \_\_\_ 351-42 Operating Room Supplies
- \_\_\_ 351-44 Peritoneal Room Supplies
- \_\_\_ 351-46 Sterilizing Supplies
- \_\_\_ 351-48 Stopcocks and Adapters
- \_\_\_ 351-50 Suction Catheters
- \_\_\_ 351-52 Sutures
- \_\_\_ 351-54 Syringes and Needles
- \_\_\_ 351-56 Thermometers
- \_\_\_ 351-58 Trach Tubes
- \_\_\_ 351-60 Tubes and Tubing
- \_\_\_ 351-62 Urological Supplies
- \_\_\_ 351-64 Ventilators Circuits
- \_\_\_ 351-65 Guidewire

\_\_\_ **352-00 DRUGS**

- \_\_\_ 352-03 Anformation Coagulation Drugs
- \_\_\_ 352-06 Anti-infective Agents
- \_\_\_ 352-09 Anand Cough Preparations
- \_\_\_ 352-12 Automatic Drugs, Spasmoltic Agents, Syncathometric Adrenergic Agents and Skeletal Muscle Relaxants
- \_\_\_ 352-15 Avitene
- \_\_\_ 352-18 Bretyuim Tosylate
- \_\_\_ 352-21 Cardiovascular Drugs, Electrolyte, Calories, Water Balance, Agents and Solutions
- \_\_\_ 352-24 Central Nervous System Drugs
- \_\_\_ 352-27 Cepnalothien
- \_\_\_ 352-30 Diagnostic Agents
- \_\_\_ 352-33 Drugs, Red Book
- \_\_\_ 352-36 (Enzymes) Serums, Toxoics and Vaccines
- \_\_\_ 352-39 Eyes, Nose, Ear, and Throat Preparations
- \_\_\_ 352-42 Fluothane (Malothane)
- \_\_\_ 352-45 Gastrointestinal Drugs
- \_\_\_ 352-48 Hormones and Synthetic Substitutes
- \_\_\_ 352-51 Local Anesthetics
- \_\_\_ 352-54 Metronicazole
- \_\_\_ 352-57 Nitroglycerin Patch
- \_\_\_ 352-63 Providone Iodine Preparations
- \_\_\_ 352-66 Skin and Mucous Memorane Preparations
- \_\_\_ 352-69 Vitamins and Unclassified Therapeutic Agents

\_\_\_ **353-00 MEDICAL SOLUTIONS**

\_\_\_ **355-00 EXPANDABLE MEDICAL TOOLS AND APPLIANCES**

- \_\_\_ 355-05 Assistive Devices for Occupational Therapy
- \_\_\_ 355-10 Blades and Handles
- \_\_\_ 355-15 Chart Dividers
- \_\_\_ 355-20 Expendable Orthopedic Footwear, Tools and Apparatus for Occupational Therapy
- \_\_\_ 355-25 Orthotic Devices
- \_\_\_ 355-30 Orthopedic Accessories and Supplies
- \_\_\_ 355-35 Prosthetic Lab Supplies
- \_\_\_ 355-40 Respiratory Exercisers
- \_\_\_ 355-45 Restraints
- \_\_\_ 355-50 Surgical Instruments

\_\_\_ **356-00 RADIOACTIVE MATERIALS**

\_\_\_ **357-00 SPECIAL CATHETERS**

\_\_\_ **379-00 BLOOD**

\_\_\_ **380-00 SPECIAL SUPPLIES**

- \_\_\_ 380-10 Infant Formula
- \_\_\_ 380-15 Nurses
- \_\_\_ 380-20 I.D. System/Supplies
- \_\_\_ 380-25 Musical Instrument/Tubing/Tuning/Repair
- \_\_\_ 380-30 Pacemaker Supplies
- \_\_\_ 380-35 Pharmaceutical Supplies

**OTHER EXPENSES**

\_\_\_ **418-00 INSURANCE PREMIUMS**

\_\_\_ **419-00 INSURANCE EXTERNAL FOR EQUIPMENT**

\_\_\_ **501-00 MINOR CAPITAL (MOVEABLE UNDER \$500)**



# Form A-1

<b>VENDOR'S NAME (Name of firm, entity or organization):</b>	
<b>FEDERAL EMPLOYER IDENTIFICATION NUMBER:</b>	
<b>NAME AND TITLE OF VENDOR'S CONTACT PERSON:</b>	
Name: _____	Title: _____
<b>MAILING ADDRESS:</b>	
Street Address: _____	
City, State, Zip: _____	
<b>TELEPHONE:</b> ( _____ ) _____	<b>FAX:</b> ( _____ ) _____
<b>EMAIL:</b> _____	
<b>VENDOR'S ORGANIZATIONAL STRUCTURE:</b>	
____ Corporation    ____ Partnership    ____ Proprietorship    ____ Joint Venture	
____ Other (Explain): _____	
<b>IF CORPORATION,</b>	
Date Incorporated/Organized: _____	
State Incorporated/Organized: _____	
States registered in as foreign corporation: _____	
<b>VENDOR'S SERVICES OR BUSINESS ACTIVITIES OTHER THAN WHAT THIS SOLICITATION REQUESTS FOR:</b>	
<b>VENDOR'S AUTHORIZED SIGNATURE</b>	
Signed By: _____ Date: _____	
Print Name: _____ Title: _____	

**Form A-2 (PHT)**  
**AFFIDAVIT IDENTIFYING AUTHORIZED REPRESENTATIVE(S)**  
**FOR SELECTION COMMITTEE PROCEEDINGS (RFP PROCESS)**

Firm/Proposer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Telephone: (\_\_\_\_) \_\_\_\_\_  
 This RFP No.: \_\_\_\_\_

List all members of the Proposer's presentation team who may participate on your firm's behalf in Oral Presentations including negotiations under this RFP process:

NAME	TITLE	EMPLOYED BY	TEL. NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(ATTACH ADDITIONAL SHEET IF NECESSARY)

The individuals listed above are authorized by this Firm/Proposer to appear as its representative during Oral Presentations including negotiations before a Public Health Trust ("PHT") evaluation, selection, technical review or similar committee or subcommittee under the above-referenced RFP process.

For the sole purpose of said Oral Presentations including negotiations under this RFP process, the listed individuals shall not be required to pay any lobbyist registration fees.

Additional authorized representatives for Oral Presentations including negotiations under this RFP process shall be recognized upon submission, prior to the oral presentation, to the PHT Procurement Officer of another fully executed affidavit (this Form A-2 (PHT)).

Pursuant to Miami-Dade County Code § 2-11.1 (s) 5, unless he or she has been listed here, no individual shall appear before any PHT evaluation, selection, technical review or similar committee or subcommittee on behalf of a Firm/Proposer unless he or she is registered with the Clerk of the Board of County Commissioners and has paid all applicable fees as a registered lobbyist.

Other than for the purposes of this RFP process, individuals who wish to address the PHT Board of Trustees or a PHT committee or subcommittee concerning any action, decision or recommendation of PHT personnel must register with the Clerk of the Board of County Commissioners and pay all applicable fees as a registered lobbyist.

I do solemnly swear that all the foregoing facts are true and correct and I have read or am familiar with the provisions of Section 2-11.1 (s) 5 of the Code of Miami-Dade County as amended.

Signature of Authorized Representative of Firm/Proposer: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_,  
 by \_\_\_\_\_, a \_\_\_\_\_, who is personally known  
 (Individual, Officer, Partner or Agent) (Sole Proprietor, Corporation or Partnership)  
 to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
 (Signature of person taking acknowledgement)  
 \_\_\_\_\_  
 (Name of Acknowledger typed, printed or stamped)  
 \_\_\_\_\_ (Title or Rank) \_\_\_\_\_ (Serial Number, if any)

**Form A-4**

**DISABILITY NON-DISCRIMINATION AFFIDAVIT**

CONTRACT REFERENCE: \_\_\_\_\_

NAME OF FIRM, CORPORATION, OR ORGANIZATION: \_\_\_\_\_

AUTHORIZED AGENT COMPLETING AFFIDAVIT: \_\_\_\_\_

POSITION: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, being duly first sworn state:

***That the above named firm, corporation or organization is in compliance with and agrees 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 Americans with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101-12213 and 47 U.S.C. Sections 225 and 611 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 Rehabilitation Act of 1973, 29 U.S.C. Section 794

The Federal Transit Act, as amended 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN TO (or affirmed) before me on

\_\_\_\_\_  
(Date)

by \_\_\_\_\_ He/She is personally known to me or has  
(Affiant)

presented \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Type of Identification)

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Serial Number)

\_\_\_\_\_  
(Print or Stamp Name of Notary)

\_\_\_\_\_  
(Expiration Date)

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

Notary Seal  
(State)

# Form A-5

## LOCAL BUSINESS PREFERENCE

The evaluation of competitive solicitations is subject to Miami-Dade County Code § 2-8.5, which, except where contrary to federal or state law, or any other funding source requirements, provides that preference be given to local businesses. A local business, for the purposes of receiving the aforementioned preference above, shall be defined as a Proposer which meets all of the following:

1. Proposer has a valid occupational license, issued by Miami-Dade County at least one year prior to proposal submission that is appropriate for the goods, services or construction to be purchased.

**Proposer shall attach a copy of said occupational license(s) hereto. (Note: Current and past year licenses may need to be submitted as proof that Proposer has had the license at least one year prior to the proposal due date.)**

2. Proposer has a physical business address located within the limits of Miami-Dade County from which the Proposer operates or performs business. (Post Office Boxes are not verifiable and shall not be used for the purpose of establishing said physical address.)

**Proposer shall state its Miami-Dade County (or Broward County if applicable, see note below) physical business address \_\_\_\_\_**

3. Proposer contributes to the economic development and well-being of Miami-Dade County in a verifiable and measurable way. This may include but not be limited to the retention and expansion of employment opportunities and the support and increase in the County's tax base. To satisfy this requirement, the Proposer shall affirm in writing its compliance with any of the following objective criteria as of the proposal submission date:

Check box, if applicable:

- a) Proposer has at least ten (10) permanent full time employees, or part time employees equivalent to 10 FTE ("full-time equivalent" employees working 40 hours per week) that live in Miami-Dade County, or at least 25% of its employees that live in Miami-Dade County.
- b) Proposer contributes to the County's tax base by paying either real property taxes or tangible personal property taxes to Miami-Dade County.
- c) Proposer contributes to the economic development and well-being of Miami-Dade County by some other verifiable and measurable contribution by \_\_\_\_\_

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

**Proposer shall check the box if applicable and, if checking item "c", shall provide a written statement, above, defining how Proposer meets those criteria.**

By signing below, Proposer affirms that it meets the above criteria to qualify for Local Preference and has submitted the requested documents.

Note: At this time, there is an interlocal agreement in effect between Miami-Dade and Broward Counties until September 30, 2012. Therefore, a Proposer which meets the requirements of (1) and (2) above for Broward County shall be considered a local business for the purposes outlined herein.

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

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

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

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

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

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

I hereby certify that to the best of my knowledge and belief all the foregoing facts are true and correct.

Signature of Authorized Representative: \_\_\_\_\_

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

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

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

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

SUBSCRIBED AND SWORN TO (or affirmed) before me on \_\_\_\_\_,  
(Date)

by \_\_\_\_\_ He/She is personally known to me or has  
(Affiant)

presented \_\_\_\_\_ as identification.  
(Type of Identification)

\_\_\_\_\_  
(Signature of Notary) (Serial Number)

\_\_\_\_\_  
(Print or Stamp Name of Notary) (Expiration Date)

Notary Public \_\_\_\_\_  
(State)

Notary Seal

## Form A-6

### FAIR SUBCONTRACTING POLICIES

#### FAIR SUBCONTRACTING PRACTICES

Pursuant to Miami-Dade County § 2-8.8, the Proposer submits the following detailed statement of its policies and procedures for awarding subcontracts:

---

I hereby certify that the foregoing information is true, correct and complete.

Signature of Authorized Representative: \_\_\_\_\_

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

Firm Name: \_\_\_\_\_ Fed. ID No. \_\_\_\_\_

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

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

**FORM A-7**

**FLORIDA STATUTES ON PUBLIC ENTITY CRIMES**

The State of Florida has enacted a law that requires bidders 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 bidder nor contractor nor any officer, director, executive, partner, shareholder, employee, member or agent who is active in the management of the bidder or contractor nor any affiliate of the bidder or contractor shall have been convicted of a public entity crime subsequent to July 1, 1988.

**All vendors 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 bid submitted being considered non-responsive and therefore not considered for award.**

Bid 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 address of \_\_\_\_\_ (name of bidder or contractor) is \_\_\_\_\_.
2. My relationship to \_\_\_\_\_ (name of bidder 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 bidder or contractor nor any officer, director, executive, partner, shareholder, employee member or agent who is active in the management of the bidder or contractor nor any affiliate of the bidder 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 bidder or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the bidder or contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the bidder or contractor who is active in the management of the bidder or contractor or an affiliate of the bidder 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 same of the convicted person or affiliate to appear on the convicted vendor 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

**Form A-8**

**INDIVIDUALS AND ENTITIES ATTESTING BEING CURRENT  
IN THEIR OBLIGATIONS TO MIAMI-DADE COUNTY**  
(Ordinance 99-162 and Section 2-8.1 of the Code of Miami-Dade County)

I, \_\_\_\_\_, being first duly sworn, hereby state and certify that the following statement is true and correct:

That in compliance with Ordinance 99-162 and Section 2-8.1 of the Code of Miami-Dade County, \_\_\_\_\_ (Company Name), is not in arrears in any payment under a contract, promissory note or other loan document with Miami-Dade County, or any of its agencies or instrumentalities, including the Public Health Trust, either directly or indirectly through a firm, corporation, partnership or joint venture in which the individual or entity has a controlling financial interest as that term is defined in Section 2-11.1(b)(8) of the Code of the Miami-Dade County.

By: \_\_\_\_\_, 20\_\_\_\_  
Signature of Affiant Date

\_\_\_\_\_  
Printed Name of Affiant and Title Federal Identification Number

\_\_\_\_\_  
Printed Name of Firm  
\_\_\_\_\_  
Address of Firm

SUBSCRIBED AND SWORN TO (or affirmed) before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_. He/She is personally known to me or has presented \_\_\_\_\_ as identification.

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

\_\_\_\_\_  
Signature of Notary Serial Number

\_\_\_\_\_  
Print or Stamp Name of Notary Expiration Date

Notary Public – State of \_\_\_\_\_ Notary Seal

**Form A-9**

**MIAMI-DADE COUNTY  
DOMESTIC VIOLENCE LEAVE AFFIDAVIT  
(County Ordinance No 99-5 and Resolution No. R-185-00)**

I, \_\_\_\_\_, being first duly sworn state:  
Affiant

**That in compliance with Ordinance No. 99-5, Resolution No. R-185-00 and the Code of Miami-Dade County, Florida, the following information is provided and is in compliance with all items in the aforementioned legislation.**

As an employer having, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during each of twenty (20) or more calendar work weeks in the current or preceding calendar year, do hereby certify to be in compliance with the Domestic Leave Ordinance, codified at 11A-60 et. seq., of the Miami-Dade County Code, and that the obligation to provide domestic violence leave to employees shall be a contractual obligation.

By: \_\_\_\_\_ 200 \_\_\_\_  
Signature of Affiant Date

\_\_\_\_\_  
Printed Name of Affiant and Title  
\_\_\_\_\_/\_\_\_\_\_-  
Federal Employer Identification Number

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

\_\_\_\_\_  
Address of Firm

**SUBSCRIBED AND SWORN TO** (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_

He/She is personally known to me or has presented \_\_\_\_\_ as identification.  
Type of Identification

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Serial Number

\_\_\_\_\_  
Print or Stamp Name of Notary

\_\_\_\_\_  
Expiration Date

Notary Public – State of \_\_\_\_\_

**Notary Seal**

**Form A-10**  
**MIAMI-DADE BUSINESS ENTITY AFFIDAVITS**

I \_\_\_\_\_, being first duly sworn state:

The full legal name and business address of the person(s) or entity contracting or transacting business with Miami-Dade County are (Post Office addresses are not acceptable):

\_\_\_\_\_  
(Federal Employer Identification Number)  
(If none, Social Security Number)

\_\_\_\_\_  
(Name of Entity, individual (s), Partners or Corporation)

\_\_\_\_\_  
(Doing business as. If same as above, leave blank)

\_\_\_\_\_  
Street Address City State Zip Code

I. MIAMI-DADE COUNTY OWNERSHIP DISCLOSURE AFFIDAVIT (Sec-2-8.1 of the County Code)

If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are (post office addresses are not acceptable)

Full Legal Name	Address	Ownership
_____	_____	( %)
_____	_____	( %)
_____	_____	( %)
_____	_____	( %)

The full legal names and business address of any other individual (other than subcontractors, material men, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable beneficial or other-wise) in the contract or business transaction with Miami-Dade County or the Public Health Trust (Post Office addresses are not acceptable):

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

II. MIAMI-DADE COUNTY EMPLOYMENT DISCLOSURE AFFIDAVIT (County Ordinance No. 90-133, amending sect. 2.8-1; subsection (d) (2). The following information and attachments are provided and are in compliance with all items in the aforementioned Section:

Does your firm have a collective bargaining agreement with its employees?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your firm provide paid health care benefits for its employees?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Provide a current breakdown (number of persons) of your firm's work force and ownership as to race, national origin and gender:

Aleut (Eskimo): \_\_\_\_\_ M \_\_\_\_\_ F

American Indian: \_\_\_\_\_ M \_\_\_\_\_ F

Asian: \_\_\_\_\_ M \_\_\_\_\_ F

Black: \_\_\_\_\_ M \_\_\_\_\_ F

Hispanic: \_\_\_\_\_ M \_\_\_\_\_ F

White: \_\_\_\_\_ M \_\_\_\_\_ F

\_\_\_\_\_ : \_\_\_\_\_ M \_\_\_\_\_ F

\_\_\_\_\_ : \_\_\_\_\_ M \_\_\_\_\_ F

By: \_\_\_\_\_

(Signature of Affiant)

\_\_\_\_\_

(Date)

SUBSCRIBED AND SWORN TO (or affirmed) before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_ by \_\_\_\_\_ He/She is personally

known to me or has presented \_\_\_\_\_ as identification.

(Type of Identification)

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Serial Number)

\_\_\_\_\_  
(Print or Stamp of Notary)

\_\_\_\_\_  
(Expiration Date)

Notary Public-State of \_\_\_\_\_ Notary Seal

(State)

Form A-11

AFFIDAVIT OF CONTINUED COMPLIANCE

Before me, the undersigned authority, personally appeared \_\_\_\_\_

Name and Title

from \_\_\_\_\_ who, being by me first duly sworn, made the following statement: Entity

1. \_\_\_\_\_ is in compliance with the applicable provisions of the Miami-Dade Entity

County and Public Health Trust codes, ordinances and resolutions.

2. \_\_\_\_\_ previously filed the following affidavits with the Entity

Public Health Trust (within one year of submission of this affidavit):

TITLE OF AFFIDAVIT

DATE OF SUBMISSION

PHT RFP #

- Lobbyist Registration for Oral Presentation
Disability Nondiscrimination
Local Business Preference
Fair Subcontracting Policies
Florida Statutes on Public Entity Crimes
Individuals and Entities
Domestic Leave
Miami-Dade Business Entity
Continued Compliance
Living Wage

3. The information contained within the above-listed (or indicated) affidavits remains current and accurate.

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

SWORN TO AND SUBSCRIBED before me in the state and county first mentioned above on the \_\_\_\_ day of

\_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
Affiants's Name

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

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

NOTARY PUBLIC
MY COMMISSION EXPIRES

Notary Seal
(State)

**LIVING WAGE AFFIDAVIT  
(County Ordinance 99-44)**

I, being first duly sworn hereby state and certify that in compliance with County Ordinance 99-44 and Section 2-8.9 of the Miami-Dade County Code, by accepting award of this contract, the bidder or proposer agrees to pay the living wage required by County Ordinance 99-44 to all employees assigned to this contract. The bidder or proposer further understands that the current living wage applied to this contract is \$11.70 per hour plus health benefits as described in the ordinance, or \$13.41 per hour without health benefits.

By: \_\_\_\_\_ 20\_\_\_\_  
Signature of Affiant Date

\_\_\_\_\_  
Printed Name of Affiant and Tile Federal Employer Identification Number

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

\_\_\_\_\_  
Address of Firm

SUBSCRIBED AND SWORN TO (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

He/She is personally known to me or has presented \_\_\_\_\_ as identification.  
Type of identification

\_\_\_\_\_  
Signature of Notary Serial Number

\_\_\_\_\_  
Print or Stamp Name of Notary Expiration Date

Notary Public – State of \_\_\_\_\_

## Jackson Health System SUD Reprocessing Program

You and your company are hereby informed that the Public Health Trust has initiated a single use device (SUD) reprocessing program with Ascent Medical. The decision was made after careful consideration of scientific data and regulations, the safety record of the 3<sup>rd</sup> party reprocessing industry and the dramatic reduction in supply costs.

As a partner in our efforts to support our goal of providing excellent health care your assistance is anticipated and expected as we move on with this initiative. The administrations as well as physicians at the Public Health Trust are in full support.

Facts:

1. In June 2000 report by the general Accounting Office (GAO), "CDC experts said they were not aware of patient illnesses caused by SUD reuse in the last decade." In the four years since the FDA has developed and implemented a heightened program of oversight of reprocessing by increasing inspections or Reprocessors and hospitals.
2. With FDA guidelines and the MDUFMA Act of 2002 reprocessing is now codified in Federal Law and there is arguably more government regulatory oversights to assure the safety and effectiveness of reprocessing devices labeled by the manufacturer as "single-use" than almost any other type of medical device used on patients.
3. Because FDA requires the filing of scientific cleaning and sterilization validation data prior to allowing a reprocessor to process any device, one can make a strong justification that there is a greater level of assurance that the reprocessed single-use devices are not only clean and sterile and will not place patients in harms way, but their use could even reduce the risk to patients from malfunctioning products which happen frequently with new devices.
4. Ascent Medical is the Public Health Trust's selected vendor has been inspected by the FDA and has not received any deficiencies. Furthermore Ascent has received all appropriate 510K documentation for reprocessing medical devices that we have chosen to include in the initiative.

In order to meet our goals for success with this program, the Public Health Trust's expectations of you and your company are as follow:

1. Do not speak negatively to any physician, nurse or any employee about SUD reprocessing while on the grounds.
2. Do not distribute any negative materials about SUD reprocessing while on the hospital grounds. These include verbal, written, e mail or any other way of communication.

Any violation can result in your immediate and permanent expulsion from the facilities and trigger a re evaluation of products purchased from your company. If you have any questions about the intent of this notice please contact Supply Chain Management immediately. We appreciate your understanding of our need to control costs and provide superiors care, and look forward to you and your company's support of this initiative.

**VENDOR'S AUTHORIZED SIGNATURE**

*By my signature below, I certify that that the below named firm, corporation or organization, including all its employees and subcontractors, agrees to comply with the expectations set forth in this notice at all times while on-site at any Jackson Health System facility.*

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

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

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