



Vendor Application

Miami-Dade County Public Schools - Procurement Management Services

Interested vendors should fill out the Vendor Application Form and refer to the Procurement website, at <http://procurement.dadeschools.net>, for current solicitations. The completed Vendor Application Form should be e-mailed to vendors@dadeschools.net or mailed to the address listed below:

MIAMI-DADE COUNTY PUBLIC SCHOOLS
PROCUREMENT MANAGEMENT SERVICES
1450 N.E. 2nd Avenue, Suite 650
Miami, Florida 33132
Tel.: (305) 995-4288

To minimize delays in processing, please ensure the following documents are submitted along with your vendor application:

- Certification of Compliance 6465 - Commercial Anti-Discrimination In Business Operations and Practices (Required)
- IRS FORM W-9 (Required)
- Florida Division of Corporation' SUNBIZ website screen print showing active or applicable home state certification of registration to conduct business, as determined by the School Board* (Required)
- Latest County Business Tax Receipt (Required)
- Foreign Country of Concern Attestation (Required)
- Vendor Affidavit Regarding the Use of Coercion for Labor and Services (Required)
- Latest City Business Tax Receipt (Optional)

The SUNBIZ website (www.sunbiz.org), maintained by the Florida Division of Corporations, will be consulted to verify the active registration status of the business identified in the vendor application. Delays in processing may occur if the business name (or fictitious name, if any) does not match the information recorded with the Florida Division of Corporations. All applicants are required to submit a completed and signed IRS form W-9, proof of active status from SUNBIZ and the latest county business tax receipt.

The SAM website (www.sam.gov), maintained by the U.S. Federal government, will be consulted to ensure there are no related exclusion records in existence. An exclusion record identifies those parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits. Exclusions are also referred to as 'suspensions' and 'debarments.'

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<p>1A. TAXPAYER IDENTIFICATION (REQUIRED)</p> <p>_____</p> <p>(Registered taxpayer I.D. for the business entity - FEIN or SSN, matching federal tax return)</p> <hr/> <p>1B. BUSINESS INFORMATION (REQUIRED)</p> <p>_____</p> <p>Fictitious Name (Doing Business As, d.b.a., if any)</p> <p>_____</p> <p>Name (Business name matching federal tax return will be used to address purchase orders)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <hr/> <p>2. MAILING ADDRESS (OPTIONAL)</p> <p>(If same as section 1B, leave blank, otherwise will be used to address purchase orders)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <hr/> <p>3. INVOICE REMITTANCE ADDRESS (OPTIONAL)</p> <p>(If same as section 1B, leave blank. Must match your invoice remittance address. Will be used to address checks)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <hr/> <p>4. COMMUNICATION DETAILS (REQUIRED)</p> <p>_____</p> <p>Contact Person _____ Telephone Number _____</p> <p>_____</p> <p>E-Mail Address (Will be used to email purchase orders)</p> <p>_____</p> <p>800 Number _____ Fax Number _____</p> <hr/> <p>5. AFFILIATED COMPANIES (REQUIRED)</p> <p>_____</p> <p>Name of Affiliated Company</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>_____</p> <p>Telephone</p>	<p>6. TYPE OF BUSINESS (REQUIRED)</p> <p>Corporation State Incorporated _____</p> <p>Date Incorporated _____</p> <p>Partnership _____</p> <p>Sole Proprietorship (One individual owner) _____</p> <p>Non-Profit Organization _____</p> <p>Joint _____</p> <p>Other _____</p> <hr/> <p>7. LICENSES (OPTIONAL)</p> <p>_____</p> <p>Occupational License Number (Attach copy)</p> <p>_____</p> <p>Issued By</p> <p>_____</p> <p>Certificate of Competency (if applicable)</p> <p>_____</p> <p>Other Licenses</p> <hr/> <p>8. PRIMARY BUSINESS CLASSIFICATION (REQUIRED)</p> <p>Manufacturer/Producer _____ Dealer or Distributor _____</p> <p>General Contractor _____ Subcontractor _____</p> <p style="text-align: right;">(Type)</p> <p>Retailer _____ Broker _____</p> <p style="text-align: right;">(Type)</p> <p>Maintenance/Repair _____ Other _____</p> <p style="text-align: right;">(Type)</p> <p>Professional Services _____</p> <p style="text-align: right;">(Type)</p> <hr/> <p>9. INDUSTRY DESIGNATION</p> <p>_____</p> <hr/> <p>10. M-DCPS CERTIFICATION</p> <p>For information on becoming a certified Micro/Small, Minority/Women or Veteran Business Enterprise, please refer to:</p> <p style="text-align: center;">The Office of Education and Economic Access</p> <p>WEBSITE: oeea.dadeschools.net</p> <p>LINK: https://oeea.dadeschools.net/#!/fullWidth/273</p> <p>PHONE NUMBER: 305-995-1307</p>
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11. OWNERSHIP DISCLOSURE (REQUIRED)

If the contract or business transaction is with a corporation, partnership, sole proprietorship, or joint venture, the full legal name and business address shall be provided for each officer, director, and stockholder or owner, who holds, directly or indirectly, five percent (5%) or more of the stock or ownership. 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. Post Office addresses are not acceptable.

Name	Title	Gender	Stock Ownership

12. AGENT, REPRESENTATIVE OR EMPLOYEE AUTHORIZED TO TRANSACT BUSINESS ON BEHALF OF THE ENTITY/FIRM (REQUIRED)

Name _____	Title _____	Name _____	Title _____
Name of Company (if other than applicant) _____		Name of Company (if other than applicant) _____	
Street Address _____		Street Address _____	
City _____	State _____	Zip Code _____	City _____ State _____ Zip Code _____
Telephone Number _____		Telephone Number _____	

13. CATEGORY CODES (REQUIRED)

Using the Category Code List as a reference, please use the spaces below to specify up to 12 unique codes that identify the goods and/or services which your firm can supply. These codes will be used by the Procurement Department when alerting vendors regarding new opportunities to do business. Only the 12 unique codes specified on this application will be accepted, any additional codes submitted will not be honored. The Category Code List may be found at <http://procurement.dadeschools.net/pdf/categorycodes.pdf>

14. CONE OF SILENCE - BOARD POLICY 6325

The School Board of Miami-Dade County, Florida, enacts a Cone of Silence from issuance of a solicitation and shall terminate at the time the item is presented by the Superintendent to the appropriate Board committee immediately prior to the Board meeting at which the Board will award or approve a contract, reject all bids or responses, or take any other action that ends the solicitation and review process.

15. LOBBYISTS - BOARD POLICY 8150

School Board Policy 8150, delineates the policy regarding lobbyists. Pursuant to this rule, lobbyists shall complete, annually, a Lobbyist Registration Form, and pay the annual registration fee.

Pursuant to this rule, every person required to register shall list all individuals who may make a presentation when the person appears as a representative for an individual or firm for an oral presentation before a site administrator, or instructional personnel, or certification, evaluation, selection, technical review or similar oral presentation committee. This listing shall include the Clerk's form, the list of presenters, and the indication of fee receipt, prior to the oral presentation. No person shall appear before any employee or committee on behalf of any individual or firm, unless he or she has been listed as part of the firm's presentation team or unless he or she is registered with the Clerk's office and has paid all applicable fees.

16. DISCLOSURE OF EMPLOYMENT OF CURRENT AND FORMER SCHOOL BOARD EMPLOYEES - BOARD POLICY 6460

Pursuant to School Board Policy 6460 Business Code of Ethics, all bidders, proposers, consultants, vendors and contractors are required to disclose the names of any of their current and future employees who serve as agents, principals, subcontractors, employees, or consultants, to work on any agreement for the bidder, proposer, consultant, vendor, or contractor, and who are currently employed or have been employed by the School Board **within the last two (2) years**. Such disclosures will be in accordance with current School Board Policies, but will include, at a minimum, the names of former School Board employees, a list of the positions the employees held in the last two (2) years of their employment with the School Board, and the dates the employees held those positions. Written approval by the School Board for the use of current or former School Board employees (within the last two years) is mandatory prior to using funds obtained from any agreement to subsidize the current or former School Board employees services.

NAME	LIST OF POSITIONS	DATES EMPLOYEE HELD POSITION

All School Board Policies may be accessed at: <http://www.dadeschools.net/schoolboard/rules/>

17. ATTESTATION (REQUIRED)

Under penalties of perjury, I certify that:

- 1) The number shown on this vendor application is my correct taxpayer identification number (or I am waiting for a number to be issued to me) ;
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Vendor must cross out Item 2 above if he/she has been notified by the IRS that he/she is currently subject to backup withholding because of failure to report all interest and dividends on his/her tax return; and
- 3) I agree with The School Board of Miami-Dade County, Florida, Business Code of Ethics and agree to comply with this Code and all applicable School Board contracting and procurement policies and procedures (School Board Policy 6460).

Pursuant to School Board Policy 6460, which may be accessed at <http://www.dadeschools.net/schoolboard/rules/>, all bidders, proposers, consultants, and contractors are required to disclose the names of any of their employees who serve as agents or principals for the bidder, proposer or contractor, and who, within the last two years, have been or are employees of the School Board. Such disclosures will be in accordance with current School Board rules, but will include, at a minimum, the name of the former School Board employee, a list of the positions the employee held in the last two years of his or her employment with the School Board, and the dates the employee held those positions.

Pursuant to Florida State Statute 119.071 (5) (2) (a), you are being notified that Procurement Management Services is collecting your social security number or taxpayer identification number, inasmuch as the Internal Revenue Service requires that this information be obtained to report income paid to you.

CORPORATE SEAL (If appropriate)

Date: _____

Signature: _____

NOTE: Failure to complete the sections labeled REQUIRED on this application will result in processing delays.