

Miami-Dade County Public Schools

Minority, Women & Service-Disabled Veteran Business Enterprise Interlocal/Partnership Certification Recognition Application w/ The State of Florida & Southern Florida Minority Supplier Development Council

Miami-Dade County Public Schools
Minority, Women & Service-Disabled Veteran Business Enterprise
Interlocal/Partnership Certification Recognition Application

Instructions

The School Board of Miami-Dade County, Florida has a compelling interest to ensure that it is neither an active nor passive participant in private sector marketplace discrimination, and to promote equal opportunity for all eligible businesses to participate in its contracting activities. The Miami-Dade County Public School District (M-DCPS) Minority/Women Business Enterprise (M/WBE) Certification Program assists firms in their pursuit of contracting opportunities with the District, and the Office of Economic Opportunity is charged with approving participation in, as well as determining the availability of businesses to participate in the program. The Board also has the authority to honor valid minority business certifications granted by other agencies, if firms also meet the criteria of M-DCPS. In this regard, the District recognizes the certification of the State of Florida and Southern Florida Minority Supplier Development Council , as follows:

Certification Type	Certifying Agency
Minority Women Business Enterprise Certification	• State of Florida • Southern Florida Minority Supplier Development Council

Minority/Women Business Enterprise Program Eligible Designations

- African-American
- Asian-American
- Hispanic-American
- Native-American
- Service-Disabled Veteran
- Women

MAIL THE APPLICATION PACKAGE TO:

Miami-Dade County Public School District
Office of Economic Opportunity
1450 NE 2nd Avenue
Room 428
Miami, Florida 33132
Phone: (305) 995-1307
Fax (305) 523-0739
Email: oeo@dadeschools.net
Website: http://oeodadeschools.net

Clear Form

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Instructions (continued)

In order to conduct business with M-DCPS, the business must be registered as a vendor and prequalification status completed. Please go to the links below to find out how to register as a vendor and start the prequalification process.

1. **Vendor:**
   For Vendor Application please go to Purchasing: http://procurement.dadeschools.net/

2. **Prequalification:**
   Contractor Prequalification *(contractors only):* http://prequalification.dadeschools.net/forms.asp

CRITERIA:

- ☐ Employs 200 or fewer permanent full time employees and in conjunction with its affiliates, has a net worth of $5 million or less. For sole proprietorships, the $5 million net worth shall include both personal and business investments.
- ☐ It is owned and controlled by at least 51% minority person(s) who is a member of an insular group (African-American, Hispanic-American, Asian-American, Native-American, Woman and/or Service Disabled Veteran).
- ☐ Independently owned and operated business that is not dominant in its field of operation and is performing a commercially useful function.
- ☐ Has an actual place of business in Miami-Dade County for at least a year preceding the application.
- ☐ The business has been established for at least one year and the principals of the business have at least three years of relevant experience prior to forming or joining the business.
- ☐ The business has an occupational license and all required professional licenses and/or contractor qualifier licenses.
- ☐ The owner and/or qualifier of the business must have the required professional license(s) and contractor qualification license.

The attached M/WBE Affidavit is to be used only by a company that is currently certified by the **State of Florida and/or Southern Florida Minority Supplier Development Council.**

Along with the Affidavit, the following documents must be submitted:

1. Completed Affidavit (attached)
2. Copy of certificate issued by the State of Florida Department of Management Services (Office of Supplier Diversity) and/or Southern Florida Minority Supplier Development Council (SFMSDC).
3. Copies of all current Miami-Dade County and municipality Local Business Tax Receipts (formerly occupational license),
4. Copies of each individual, and the firm's state issued professional certifications.

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M-DCPS Vendor No._____
Please check if Pre-Qualified by M-DCPS: _____

1. Business Name _____
   (Please include fictitious name [dba], if applicable)
2. Business Street Address:_____
3. City_____State_____Zip Code_____
4. P.O.Box_____City_____State_____Zip Code_____
5. Business Phone: _____Fax:_____ Web Address _____
6. Contact Person _____Title_____
   Work Phone_____ Cell Phone_____E-mail _____
7. Indicate the type of certification issued to your business:
   a. _____State of Florida M/WBE Certification
   b. _____ Southern Florida Minority Supplier Development Council M/WBE Certification

8. Indicate minority designation you are applying for:
   _____ African-American
   _____ Asian-American
   _____Hispanic-American
   _____Native-American
   _____Service-Disabled Veteran
   _____Women

9. Federal Employment Identification Number (FEIN): _____

10. Miami-Dade County Tax Receipt (formerly the occupational license) expiration date _____

11. Date Business was established: _____

12. Business Organizational Structure:
    c. _____ Sole Proprietor
    d. _____ Corporation
    e. _____ General Partnership
    f. _____ Limited Liability Company (LLC)
    g. _____ Limited Liability Partnership (LLP)

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13. Business Industry and product(s)/service(s):

Industry	**Product(s)/Service(s)**

13. State the business' average gross revenue for the past three fiscal years:

Year 1 - 20___	**Year 2 – 20___**	**Year 3 – 20___**	**3- year average**
$	$	$	$

14. Number of Employees: _____

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AFFIDAVIT

_____(referred to as "undersigned") on behalf of _____(hereafter referred to as "Applicant") hereby declares that the statements contained in this application (hereafter referred to as "application")and all pertinent documentation in support of this Application is true and correct.

Applicant agrees to provide The School Board of Miami-Dade County, Florida (hereafter referred to as the "**Board**"), with current, complete and accurate information regarding this Application, or any projects or contracts, related to minority/women business enterprise programs.

The Undersigned acknowledges on behalf of the applicant, that it is ready, willing, and able to perform work for and will actively compete for contractual opportunities with the Board, as are within the Applicant's scope of business.

The Applicant understands that this Application and all pertinent documents and information are subject to the Florida Public Records Law, Chapter 119, F.S.

The Undersigned recognizes and acknowledges that statements contained in this application are true and that any material misrepresentation, herein, will be grounds for rejecting this Application. Furthermore, if the Board finds that any statement contained herein is not true or contains a material misrepresentation, the Board may not award the Applicant a project or may terminate an existing contract which the Board awarded to the Applicant based on statements in and information provided with this Application.

The undersigned acknowledges that he/she may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining, retaining or attempting to obtain certification, willfully make a false statement to an official or employee of a certifying jurisdiction for purpose of influencing the certification of an entity as an M/WBE, or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which is requesting certification. The Board's Office of Economic Opportunity (hereafter referred to OEO) has the exclusive right to determine the authenticity of all documents submitted for verification purposes, and to conduct inquiries regarding any company requesting certification through the OEO. An Applicant, its principal(s) and related parties who represents the status of a concern as an M/WBE, or that is a party to such misrepresentation to obtain business or contracts with the Board may be suspended from doing business with the Board for fourteen (14) months.

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The undersigned acknowledges that the term of certification is three (3) years. However, the Board reserves the right to re-evaluate the eligibility of the Applicant at any time. The undersigned further acknowledges that should the Board change the eligibility requirements for participation as an M/WBE during the three-year certification period, the Applicant must meet the new criteria in order for its certification to remain valid.

Applicant acknowledges that it is responsible for notifying the Board of any changes to its ownership and/or management within fifteen days of the changes occurring.

(Corporate Seal, if appropriate)

_____ _____

Business Enterprise Owner's Name and Title Signature Date

On this ____day of_____,20_____, personally appeared before me, the undersigned officer authorized to administer oaths_____(please print name)

known to be the person described in the foregoing affidavit, who acknowledged that he/she executed the same in the capacity stated and for the purposes therein contained>

INWITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public _____

My Commission Expires:_____