

Education
Mercedes Toural, Associate Superintendent

**SUBJECT: REQUEST FOR AUTHORIZATION FOR THE SUPERINTENDENT
TO ISSUE A REQUEST FOR PROPOSALS FROM AGENCIES TO
PROVIDE COST RECOVERY MEDICAID FEE-FOR-SERVICE,
EFFECTIVE JULY 1, 2003 THROUGH JUNE 30, 2004**

**COMMITTEE: ELEMENTARY AND SECONDARY EDUCATION AND SCHOOL
OPERATIONS**

Authorization is requested to issue a Request for Proposals (RFP) from agencies to provide cost recovery Medicaid Fee-For-Service. The Fee-For-Service Program currently reimburses the District for the following services to Individuals with Disabilities Education Act (IDEA) eligible students: speech therapy, physical therapy, occupational therapy, behavioral services, augmentative and/or communication services, nursing services, and transportation. The District seeks to continue obtaining reimbursement for these services and to obtain reimbursement for any other eligible services under the Florida Certified School Match Program.

The Florida Medicaid School Match Program reimburses school districts for services provided to Medicaid eligible students who are eligible for services under IDEA, Part B or C. Since 1998, the District has implemented procedures to obtain reimbursement through this program. The District received \$1,375,205 in cost recovery for the 2001-2002 fiscal year and paid \$300,000 in fees to Deloitte Consulting, L.P.

The purpose of this RFP is to establish a contract for services from July 1, 2003 through June 30, 2004. Approval will be requested to renew the contract for a maximum of two additional one-year periods, if the terms of the contract have been satisfactorily completed.

The selection of the cost recovery agent will be made by a committee on the basis of several factors including qualifications, ability to provide bilingual services, and fee. The proposed members of the selection committee are:

- the Assistant Superintendent of Curriculum Support & Innovative Programs or designee;
- the Assistant Superintendent of the Office of Exceptional Student Education and Student/Career Services;
- the Risk and Benefits Officer of the Office of Risk and Benefits Management or designee;

- a region director for Exceptional Student Education;
- a representative from the Division of Business Development and Assistance;
- a representative from the Department of Transportation;
- a representative from the Bureau of Procurement and Materials Management;
- a representative from the Office of Budget Management;
- a representative from the Office of Information Technology;
- a representative from School Operations; and
- a representative from the United Teachers of Dade.

The estimated timeline for implementation is as follows:

Procurement Contract Review Committee	February 6, 2003
Request Board approval to issue RFP and approval of a Selection Committee	February 12, 2003
Mailing of RFP	February 18, 2003
Opening of Proposals	March 25, 2003
Evaluations completed by Selection Committee	April 14, 2003
Contract Award.....	May 14, 2003

The appropriation for this item will be included in the 2003-2004 Tentative Budget to be recommended for adoption in July 2003 under Fund 0100, Function 5217, Program 6845, Object 5310, Location 9731.

RECOMMENDED: That The School Board of Miami-Dade County, Florida:

1. authorize the Superintendent to issue a Request for Proposals from agencies to provide cost recovery Medicaid Fee-For-Service, from July 1, 2003 through June 30, 2004; and
2. approve the selection committee to evaluate proposals submitted.

The appropriation for this item will be included in the 2003-2004 Tentative Budget to be recommended for adoption in July 2003.

RKF:ccb

REQUEST FOR PROPOSALS #092-CC10

REQUEST FOR PROPOSAL FOR COST RECOVERY AGENT
MEDICAID FEE-FOR-SERVICE PROGRAM

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

PROPOSAL RETURN DATE

March 25, 2003

RFP #092-CC10

REQUEST FOR PROPOSALS #092-CC10
REQUEST FOR PROPOSAL FOR COST RECOVERY AGENT
MEDICAID FEE-FOR-SERVICE PROGRAM

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

I. NAME AND ADDRESS OF REQUESTOR

Miami-Dade County Public Schools
Office of Exceptional Student Education and Student/Career Services
1500 Biscayne Boulevard, Suite 407
Miami, Florida 33132

II. PURPOSE OF REQUEST FOR PROPOSALS

The School Board of Miami-Dade County, Florida, hereinafter referred to as "School Board", is seeking to engage a cost recovery agent, hereinafter referred to as the "agent" with expertise in the Florida Certified School Match Program, who will implement procedures for obtaining reimbursement for services provided to Medicaid eligible students who are also eligible under the Individuals with Disabilities Education Act (IDEA).

III. INSTRUCTIONS FOR SUBMISSION OF PROPOSALS

Nine copies of this proposal, one of which must be an original, must be received by 2:00 p.m.(Eastern Standard Time) March 25, 2003, at:

The School Board of Miami-Dade County, Florida
Bid Clerk, Division of Procurement Management
1450 NE Second Avenue, Room #352
Miami, Florida 33132

The proposal must be submitted in a sealed envelope or box marked "PROPOSAL FOR COST RECOVERY AGENT MEDICAID FEE-FOR-SERVICE PROGRAM".

It is anticipated that a proposal(s) may be presented to the School Board for acceptance on or about May 14, 2003. If accepted, notification to the successful proposer(s) will be on or after May 15, 2003. The School Board reserves the right to reject any and all proposals.

IV. DESCRIPTION OF THE PROGRAM AND SCOPE OF SERVICES

Miami-Dade County Public Schools (M-DCPS) has a student enrollment of more than 370,000 students with approximately 11% of the total student population (41,000) identified as disabled. The 1997 Florida Legislature revised state statutes to authorize the Florida Medicaid program to develop a new School Match Program category of services termed "school-based services" and to seek federal approval to reimburse school districts for services provided to Medicaid eligible students that are eligible for services under the Individuals with Disabilities Education Act (IDEA), Part B or C. Since that time, the District has developed and implemented procedures to obtain reimbursement through this program.

The Fee-For-Service program currently reimburses the district for the following services to IDEA eligible students: speech therapy, physical therapy, occupational therapy, behavioral services, nursing services, augmentative and alternative communication devices, and transportation. The District seeks to continue obtaining reimbursement for these services and to obtain reimbursement for any other eligible services under the Florida Certified School Match Program.

The scope of services includes, but is not limited to, the following:

- A. the maintenance and refinement of procedures to determine, identify and verify Medicaid eligibility of students, to review records, provide claim documentation, submission, and monitoring;
- B. the maintenance of an electronic tracking system to monitor students receiving therapy or services and payments billed and received;
- C. the training of staff and eligible providers, including contracted providers, which includes, but is not limited to, formal and informal presentations and provision of written or electronic materials (e.g., procedures manuals and computer aided instruction);
- D. the processing of Fee-For-Service claims, which includes, but is not limited to, claim calculations, claim documentation, submission and resolution;
- E. assistance with audits and/or reviews that may be conducted by local, state or federal agencies responsible for the Medicaid program;
- F. the periodic submission of reports to the School Board detailing types of reimbursable therapies and services, number of School Board service providers, and number of reimbursable claims;

- G. the monitoring and assessing of the School Board's Fee-For-Service program, ensuring maximum reimbursement within state and federal auditing guidelines;
- H. the assistance in negotiations with state and federal Medicaid agencies relating to reimbursable services, credentialing, and access to Medicaid eligibility information and data transfer;
- I. developing and providing training for School Board administrators regarding the overview and benefits of School Board's Fee-For-Service program;
- J. developing and providing training for School Board provider groups, to include the overview, benefits, specific procedures, and documentation required to implement the Fee-For-Service program; and
- K. tracking of licensure of all providers associated with programs to determine which providers meet eligibility requirements to claim reimbursement.

V. REQUIRED INFORMATION TO BE SUBMITTED BY PROPOSERS

Proposers must possess the following minimum qualifications to be considered for the provision of the above-referenced services and submit the information listed below:

- A. **Curriculum Vitae or Resume.** Submit curriculum vitae or resume specifically addressing the proposer's experience in the area of Medicaid reimbursement, particularly in the area of claims for school-based services. Proposer must have a minimum of three years experience with Medicaid cost recovery and provide evidence of at least one successful project implementation with a school district of more than 75,000 students.
- B. **Authorized Representative for the Agency.** If proposer is an agency, give the name(s) of the person(s) who will be authorized to make presentations for the agency, his/her title(s), address(es), telephone number(s), and copy(ies) of his/her vitae/resume.
- C. **Description of Services.** Proposer is to describe, point by point, the methods utilized to accomplish the scope of services described within Section IV, DESCRIPTION AND SCOPE OF SERVICES.

- D. **Assistance during Initial Design and Implementation.** Each proposer shall be required to indicate that he/she is are willing to provide a full time staff member to assist in the design and implementation of the Medicaid Fee for Service Program.
- E. **Location and Administrative Organization of Agency.** Give the location of the proposer's office, and if an agency, provide the number of partners, managers, supervisors, and other professional staff.
- F. **Record of awarded projects.** Submit a list of projects that this proposer/agency has undertaken and the status of the projects.
- G. **Quality of Prior Work (Technical and Written).** Submit an example of previous work. List experience in Medicaid billing for school-based services.
- H. **References.** Provide the names of three major institutions that have contracted with the proposer for professional services and/or employers for which the proposer has performed said services as part of his/her job description. Please include name of contact person, title of contact person, institution, and telephone number.
- I. **Costs for Services.** Proposer must disclose how payments will be assessed for services rendered. Indicate specific information including additional information the proposer thinks is related to cost.
- J. **Financial Statements.** Each proposer shall submit both a current financial statement and a financial statement for the immediately preceding fiscal year. The statements shall be certified by an independent Certified Public Accountant and prepared in accordance with United States Generally Accepted Accounting Principles, including the basic financial statements and the required disclosures. For the purposes of this provision, a current financial statement shall be the most recent fiscal year-ending statement. Financial statements dated more than six months prior to the commencement of services for the School Board must be accompanied by (1) a certification by an owner, partner, or corporate officer that there has been no material adverse change since the date of the fiscal year-ending statement and (2) an interim financial statement less than six months old.

VI. TERMS OF CONTRACT

The purpose of this Request for Proposals (RFP) is to establish a contract for services from July 1, 2003 through June 30, 2004. The contract may, by mutual agreement between the School Board and the awardee upon final School Board approval, be renewable for a maximum of two additional one-year periods. The School Board, through the Bureau of Procurement and Materials Management, shall, if considering to renew, request a letter of intent to renew from the awardee

prior to the end of the current contract period. The awardee will be notified when the recommendation has been acted upon by the School Board.

The School Board, by law, must reserve the right to cancel the contract at the end of the year of the contract term or fiscal year, as well as in the event the services rendered do not comply with the provisions of the proposal and/or the quality of service is found to be undesirable.

If selected, the proposer shall agree to hold harmless, indemnify and defend the indemnitees (as hereinafter defined) against any claim, action, loss, damage, injury, liability, cost or expense of whatsoever kind or nature including, but not by way of limitation, attorneys' fees and court costs arising out of bodily injury or damage to tangible property arising out of or incidental to the performance of the services of this RFP by or on behalf of the proposer, excluding only the sole negligence or culpability of the indemnitee. The following shall be deemed to be indemnitees: The School Board of Miami-Dade County, Florida, and its members, officers and employees.

VII. EVALUATION OF PROPOSALS

Proposals will be evaluated by representatives of the District in order to ascertain which proposal best meets the needs of the School Board. The evaluation process will include, but not be limited to, the following:

- A. emphasis on the background, qualifications, experience and/or expertise in the area of Medicaid reimbursement for school-based services;
- B. at least three years of documented experience in preparing and submitting claims for Medicaid reimbursement for school-based services and at least one successful project implementation with a school district of more than 75,000 students;
- C. efficiency of method proposed to accomplish the scope of services described within Section IV, DESCRIPTION OF AND SCOPE OF SERVICES;
- D. responsiveness of the proposal in clearly stating an understanding of the work to be performed and the ability to perform the service;
- E. ability to perform the service in the most effective way;
- F. ability to establish administrative procedures and other pertinent components of a package for Medicaid reimbursable services;
- G. Minority/Women Business Enterprise (M/WBE) participation;
- H. Affirmative Action Employment Breakdown; and

I. completeness of proposal.

The School Board reserves the right to reject any and all proposals submitted, or any phase thereof. The School Board retains the right to waive irregularities in proposals that are submitted. When the final selection is made, professional services agreements acceptable to the School Board Attorney may be entered into with the successful proposer. No debriefing or discussion will be held with unsuccessful firms. The information contained in this proposal is supplied as an aid to the proposer in determining whether it will be able to supply the services which may be required by the School Board.

A selection committee will review all proposals received and may interview a short list of proposers. Any firm not present for the interview session, if held, will be automatically disqualified.

The selection committee will consist of the following members:

- the Assistant Superintendent of Curriculum Support & Innovation Programs or designee;
- the Assistant Superintendent of the Office of Exceptional Student Education and Student/Career Services;
- the Risk and Benefits Officer of the Office of Risk and Benefits Management or designee;
- a region director of Exceptional Student Education;
- a representative from the Division of Business Development and Assistance;
- a representative from the Department of Transportation;
- a representative from the Bureau of Procurement and Materials Management;
- a representative from the Office of Budget Management;
- a representative from the Office of Information Technology;
- a representative from School Operations; and
- a representative from the United Teachers of Dade.

If, due to illness or other unforeseen circumstances, any member of the selection committee is unable to participate, the Assistant Superintendent, Exceptional Student Education and Student/Career Services, shall appoint a replacement. If a replacement is needed, all efforts will be made to assure that ethnic and gender representation is maintained.

VIII. AFFIRMATIVE ACTION REQUIREMENTS AND M/WBE PARTICIPATION

A. Equal Employment Opportunity

It is the policy of the School Board that no person will be denied access,

employment, training, or promotion on the basis of gender, race, color, religion, ethnic or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, or disability, and that merit principles will be followed. Each proposer is required to indicate its equal employment policy and provide a detailed breakdown by ethnicity, gender, and occupational categories of its work force. See Attachment A - **Affirmative Action Employment Breakdown**.

B. Minority/Women Business Enterprises (M/WBE) Participation

The School Board has an active Minority/Women Business Enterprises (M/WBE) Program to increase contracting opportunities for M/WBEs. In keeping with this policy, if a minority firm, which is woman, or African American-owned and operated, is to perform a scope of work, provide documentation to substantiate the M/WBE and its staff's experience in providing this type of service. All M/WBEs must be certified by the Division of Business Development and Assistance prior to contract award. See Attachment B - **M/WBE Certification Application**.

C. Quarterly reports documenting efforts undertaken by the proposer to maintain the stipulated M/WBE participation will be required. The reports shall include the names of firms, contact persons and expenditures paid each quarter, and shall be submitted to the Director, Division of Business Development and Assistance, 1450 N.E. 2nd Avenue, Room 456, Miami, Florida 33132.

IX. IMPLEMENTATION SCHEDULE

The planned schedule for implementation of proposals for the provision of Medicaid Fee-For-Service reimbursement, is as follows:

Procurement Contract Review Committee.....	February 6, 2003
Request School Board approval to issue RFP and approval of Selection Committee.....	February 12, 2003
Mailing of RFP.....	February 18, 2003
Opening of Proposals.....	March 25, 2003
Evaluation completed by Selection Committee.....	April 14, 2003
Contract Award.....	May 14, 2003

X. ADDITIONAL INFORMATION

Any additional information with respect to the Request for Proposals may be obtained from:

Ms. Barbara Jones, Supervisor
Bureau of Procurement and Materials Management
Miami-Dade County Public Schools
1450 NE Second Avenue, Room 356
Miami, Florida 33132
Telephone: 305 995-2348

Any additional information regarding proposal specifications may be obtained from:

Mr. Ronald K. Felton, Assistant Superintendent
Office of Exceptional Student Education & Student/Career Services
Miami-Dade County Public Schools
1500 Biscayne Boulevard, Suite 407
Miami, Florida 33132
Telephone: 305 995-1721

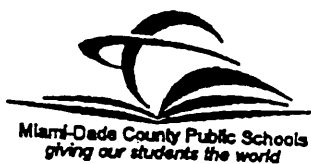
ATTACHMENT A

AFFIRMATIVE ACTION EMPLOYMENT BREAKDOWN



<u>Occupational Category</u>	<u>Gender</u>		<u>Race/Ancstry</u>				<u>Am. Ind./</u> <u>Alaska</u> <u>Native</u>
	<u>Male</u>	<u>Female</u>	<u>Non-</u> <u>Hispanic</u> <u>White</u>	<u>Non-</u> <u>Hispanic</u> <u>Black</u>	<u>Hispanic</u>	<u>Asian</u>	
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ATTACHMENT B



For office use only:
Date received: _____
Reviewer: _____
M/WBE Code: _____
Date Approved: _____
Vendor #: _____

M/WBE CERTIFICATION APPLICATION

(Please Print/Type)

Certification Category Requested: () African American () Woman
() Hispanic

1. Business Name _____ President's/Owner's Name _____
() Telephone number _____ () Fax number _____ E-Mail Address _____
Business street address _____
Business mailing address _____

2. **LEGAL STRUCTURE:** (Check one and indicate the date the business was established)

() Sole proprietor	_____	() Joint Venture	_____
	Date		Date
() Partnership	_____	() Corporation	_____
	Date	Non-profit	Date
() For Profit Corporation	_____		
	Date		

3. **CERTIFICATIONS:** Indicate if this business shares common officers, owners, directors or management personnel with another business that has received, been denied, or had its certification revoked as an MBE/DBE/WBE or SBA 8(a) Certified Contractor. Indicate the name of the certifying authority, as well as the date and type of determination (certification/denial/revocation).

<u>Agency Name</u>	<u>Determination</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **OWNERSHIP:**

a. Identify the proprietor, each partner, or stockholder by name, as well as his/her citizenship (c) or (r) residency status, gender, ethnic group, and percentage of ownership.

<u>Name</u>	<u>Owner/ shareholder</u>	<u>Resident or *U.S. Citizen</u>	<u>Gender</u>	<u>Ethnicity</u>	<u>% Owned</u>	<u>Years Owned</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

b. If the business is a corporation, please indicate the following:

1. The number of shares authorized: _____
2. The number shares issued: _____
3. Are there any stock option agreements? Yes No
If yes, please provide a copy of each agreement.

5. **OPERATIONAL CONTROL:** Provide the name, title, race/ethnicity, and gender of each individual (including owners and non-owners) with the primary responsibility for the following:

	<u>Name and title</u>	<u>Race/ethnicity/ gender</u>
a. Check signing	_____	_____
	_____	_____

	<u>Name and title</u>	<u>Race/ethnicity/ gender</u>
b. Payroll signing		
c. Signing, or guaranteeing loans		
d. Acquiring lines of credit		
e. Acquiring surety bonding and insurance		
f. Purchasing major equipment/services		
g. Signing contracts/change orders/payment requisitions		
h. Estimating		
i. Qualifying the company for professional/trade license(s)		
j. Marketing/sales		
k. Hiring and firing managerial employees		
l. Hiring and firing non-management employees		
m. Supervising field/operations		
n. Supervising office personnel		

6. **PERSONNEL:** Identify the number of individuals, including owners, that are currently employed by the business in the following areas:

Please use the following to classify women/minority persons: AM-African American male, AF-African American female, HM-Hispanic male, HF-Hispanic female, WM-Non Hispanic White male, WF-Non Hispanic White female.

- a. Management _____
- b. Administrative/clerical _____
- c. Professional/technical _____
- d. Craftsperson/laborers _____

Total Number
of Employees

AM	AF	HM	HF	WM	WF

e. Provide a copy of the business affirmative action statement, if one is available.

7. **BUSINESS RELATIONSHIPS:** Provide the requested information for each of the following:

a. Bonding Company: _____
 Address: _____
 Agent name: _____ Phone number: _____
 Single Contract Limit: _____ Aggregate Limit: _____

b. Bank(s) Name(s): _____
 Branch: _____
 Contact person: _____ Phone number: _____
 Credit limit: _____

c. Identify the company's/creditors including banks and the amount of money owed to:

<u>Creditor</u>	<u>Loan Guarantor(s)</u>	<u>Address & telephone</u>	<u>Loan Amount</u>

d. Insurance company: _____
 Type of insurance: _____ Insurance limits: _____

e. List the business' three largest contracts or jobs.

<u>Contract/job type</u>	<u>Contact person</u>	<u>Telephone number</u>	<u>Contract amount</u>	<u>Bonded (Yes/No)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. **EQUIPMENT:** List the type and value of major equipment that is owned (O) or leased (L) by the business.

<u>Equipment</u>	<u>O/L</u>	<u>Value (\$ amount)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. **M/WBE JOINT VENTURE** - Joint ventures must provide a copy of the joint venture agreement.

M/WBE CERTIFICATION APPLICATION

AFFIDAVIT

STATE OF _____:

COUNTY OF _____: SS

I hereby declare and affirm that I am the _____ (Title)
of: _____ (Firm)

That I am duly authorized to execute the foregoing M/WBE Certification Application, and that the contents of said documents are complete, true and correct to the best of my knowledge and belief. I hereby certify that the documents include all material information necessary to identify the true and lawful owners of the subject business enterprise. Further, the undersigned is notified of their responsibility to submit an updated Minority/Woman Business Enterprise Certification Application whenever a change occurs in ownership, management or control of the company. Any M/WBE applicant, certified M/WBE principal(s) and all related parties, who misrepresents the status of any concern as an M/WBE, or is a party to such misrepresentation to obtain business or contracts with the School Board under the Business Development and Assistance Program, will be suspended from doing business with the School Board for fourteen (14) months.

(Corporate Seal), if appropriate

Minority/Woman Owner's Signature

On this _____ day of _____, 20 ____, personally appeared before me, the undersigned officer authorized to administer oaths: _____ 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.

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

Notary Public

My Commission Expires: _____

SEAL

**M/WBE
Certification Check List**

Please attach copies, not originals, of all applicable items. Incomplete applications cannot be processed, and failure to submit the documents will delay or result in termination of the application process.

Please check if documents are attached:

1. M/WBE certifications from other public agencies.
2. M/WBE Certification Application Affidavit (Page 6 of Application).
3. Miami-Dade County Public Schools Vendor Application.
4. Lease/purchase agreement for the business' facilities.
5. Current professional/business license(s).
6. Proof of citizenship or permanent resident status.
7. Resumes for owners and key personnel.
8. Lease/purchase agreements for major business equipment.
9. Most current application for bonding, if applicable.
10. Management agreement(s).
11. Loan agreement(s) or promissory note(s).
12. Birth certificate, drivers license, passport or any other document which substantiates the ethnicity/race/gender of owners, officers and directors.

***If any of the aforementioned documents are not available, please provide a written notarized statement that information is not available.**

13. Sole Proprietor - Submit all of the above items, as applicable and the following:
 - U.S. IRS 1040-C Schedule.
 - Fictitious name affidavit, if applicable.

14. Partnerships - Submit all of the above items, and the following:

- Partnership agreement(s).
- U.S. IRS 1065, with schedules.
- Profit sharing agreements.

15. Corporations - Submit all of the above items, and the following:

- Articles of Incorporation, with amendments.
- By-Laws, with amendments.
- The most current U.S. IRS Corporate Tax Return 1120 or 1120s, with all schedules.
- All issued and cancelled stock certificates (front & back).
- Minutes of the first shareholders' meeting.
- Minutes of the first board of directors' meeting.
- Minutes of meetings at which the current board of directors and officers were elected or appointed.
- Stock transfer ledger.
- Most current annual report filed with the Secretary of State.
- Profit sharing agreement(s).
- Agreements affecting management, control or rights of any stockholder(s).

16. Joint venture agreement(s).

17. Certificate(s) of insurance.

18. Sub-contractual agreement(s).

NOTE: If after filing this application, there is any significant change in the information submitted herein, you must inform the Division of Business Development and Assistance of the change, or the company may be denied certification.

Certified companies must inform the Division of Business Development and Assistance of any changes in the information contained herein, which formed the basis of certification. Failure to do so may result in denial, revocation or suspension of certification.

COMPLETE APPLICATION, INCLUDING VENDOR APPLICATION AND CATEGORY OF GOODS AND SERVICES LIST, SHOULD BE RETURNED TO:

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DIVISION OF BUSINESS DEVELOPMENT AND ASSISTANCE
1450 N.E. 2ND AVENUE, ROOM 456
MIAMI, FL 33132**
