

Mercedes Toural, Chief Education Officer
and Deputy Superintendent of Schools

SUBJECT: REQUEST AUTHORIZATION TO ISSUE A REQUEST FOR PROPOSALS FROM QUALIFIED HEALTH AGENCIES/ PROFESSIONALS TO PROVIDE ON-SITE HEALTH SERVICES TO STUDENTS ATTENDING COPE CENTER NORTH, FOR THE 2003-2004 SCHOOL YEAR

COMMITTEE: EDUCATION AND SCHOOL OPERATIONS

Authorization is sought to issue a Request for Proposals (RFP) allowing qualified health agencies/professionals to provide on-site comprehensive health services to approximately 280 teen parents, in grades 6-12, and their babies/toddlers, at COPE (Continuing Opportunities for Purposeful Education) Center North. The Request for Proposals will be issued in an amount not to exceed \$77,000.

The Miami-Dade County Public Schools has been providing on-site comprehensive services for students at COPE Center North since 1997. These services include primary health care for infants and toddlers, physical examinations, and therapeutic management for pregnant and parenting teens, prenatal care and management, parenting education counseling, high-risk assessment and referrals, and pre-conception education for the prevention of pregnancy and diseases.

A committee will determine the selection of the health agencies/professionals based on experience, qualifications, fees, and the capacity to deliver services. The selection committee will be comprised of the following members:

- a representative from the Office of Alternative Education and Dropout Prevention Programs;
- a representative from the Alternative Education Advisory Committee;
- a representative from the United Teachers of Dade;
- a representative from the Division of Procurement Management (non voting);
- a representative from the Division of Business Development and Assistance;
- a school principal; and
- an educational specialist from the Office of Alternative Education and Dropout Prevention Programs.

Once the RFP has been approved, it will be sent to various health agencies/professionals.

B-23

The estimated timeline for implementation is as follows:

- Procurement Contract Review Committee.....April 17, 2003
- Request Board approval to issue RFP and approval
Of Selection Committee.....June 18, 2003
- Mailing of RFP.....June 19, 2003
- Opening of Proposals.....July 10, 2003
- Evaluations completed by Selection Committee.....July 18, 2003
- Contract Award.....August 20, 2003

Funds necessary for implementing this program will be provided yearly by the General Fund Budget.

The appropriations for this item will be included in the General Fund of the 2003-2004 Tentative Budget to be recommended for adoption in July 2003 under Fund 0100, Object 5310, Location 8121, Program 6049, and Function 5120.

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

1. authorize the Superintendent to issue a Request for Proposals from qualified health agencies/professionals to provide on-site health services to students at COPE Center North, in an amount not to exceed \$77,000, for the 2003-2004 school year; and
2. approve the establishment of a selection committee to evaluate the submitted proposals.

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

GMK/CR/SG:zr

REQUEST FOR PROPOSALS NO. 149-CC10

HEALTH AGENCIES/PROFESSIONALS TO PROVIDE
ON-SITE HEALTH SERVICES TO STUDENTS ATTENDING
COPE CENTER NORTH FOR THE 2003-2004 SCHOOL YEAR

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

I. NAME AND ADDRESS OF REQUESTER

Miami-Dade County Public Schools
Office of Alternative Education and Dropout Prevention Programs
1500 Biscayne Boulevard, Suite 325
Miami, Florida 33132

II. PURPOSE OF REQUEST FOR PROPOSALS

The purpose of this Request for Proposals (RFP) is to obtain health agencies/professionals to provide on-site comprehensive health services to approximately 280 teen parents and their babies/toddlers at COPE Center North. The teen parents are in grades 6-12.

III. INSTRUCTIONS FOR SUBMISSION OF PROPOSALS

Ten copies of the proposal, one of which must be an original, must be received by 2:00 P.M., Eastern Standard Time, July 10, 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 responsibility for submitting this proposal to the district on or before the stated date and time will be solely and strictly the responsibility of the proposer. The district will in no way be responsible for delays caused by the United States Postal Service or any other delivery service or caused by any other occurrence. The proposal package must contain all items requested. Failure to submit all the items requested may render the proposal non-responsive. The proposal must be signed by an officer of the firm legally authorized to conduct business in its name. The proposal must be submitted in a sealed envelope or box marked "HEALTH AGENCIES/PROFESSIONALS TO PROVIDE ON-SITE HEALTH SERVICES TO STUDENTS ATTENDING COPE CENTER NORTH FOR THE 2003-2004 SCHOOL YEAR."

It is anticipated that the proposals may be presented to the School Board for acceptance on or about August 20, 2003. If accepted, notification to the successful proposer(s) will be on or after August 20, 2003. The School Board reserves the right to reject any and all proposals.

IV. OWNER/AGENCY PROVIDED SERVICES

Proposers are notified that the School Board hereby reserves the right to provide, in whole or in part, the services described in this RFP. In the event the School Board chooses to provide services, adjustments may be required to the proposer's contracts in order to appropriately provide on-site medical services for approximately 280 students attending COPE Center North.

V. DESCRIPTION OF THE EXISTING PROGRAM

COPE Center North has a student enrollment of approximately 280 students in grades 6-12. COPE Center North is an alternative teen parent school designed to provide instructional, medical, social, and recreational services to meet the profoundly complex problems faced by many of the students who attend the Center.

The provider and/or agency will co-locate the medical staff at the school in the space allocated for the services. The co-located staff will consist of an Advanced Registered Nurse Practitioner (ARNP), an Obstetrician, and a Pediatrician.

The service provider and/or agency will agree to provide the following:

A. Health Services

Physical examination and therapeutic management including breast and pelvic examinations, lab test (e.g., Hemoglobin, Hematocrit, Rapid Plasma Reagin, Gonococcus smear, Ua, etc.), and specialty tests (Ultrasound, Glucose Tolerance Test, etc.);

Preconception education for prevention of pregnancy and diseases;

Parental care, and management;

Parenting education and counseling;

Health maintenance and disease prevention education;

High risk assessment and referrals; and

Primary health care and health maintenance for infants and toddlers.

B. The services will be provided on-site at COPE Center North unless special equipment or medical specialists are needed for the performance of specialty tests or specialty visits, in which cases the students and/or the children will be referred for the service.

C. The pharmaceutical supplies that are necessary for the provision of the services.

D. Professional liability insurance coverage with limits of liability not less than \$1,000,000 per aggregate covering all of its actions as well as actions of the employees. Such evidence of insurance shall be provided to the School Board on a valid certificate of insurance.

The provider and/or agency will indemnify, hold harmless and defend the School Board against any and all claims, liabilities, judgements, damages, suits, losses, actions and causes of action which arise during the term of this contract, including personal injury or property damage claim, liability, including attorneys fees, which arise out of their negligent performance or non-performance of the contract provisions herein.

VI. REQUIRED INFORMATION TO BE SUBMITTED

The proposer must submit the information listed below:

- A. **Curriculum Vita or Resume.** Submit curriculum vita or resume specifically addressing the provider's experience in medical services.
- B. **Authorized Representative for the Agency.** If provider is an agency, give the names of the persons who will be authorized to make presentations for the agency, their titles, addresses, telephone numbers, and copies of their vitae/resumes.
- C. **Location and Administrative Organization of Agency.** Give the location of the provider's office, and if an agency, provide the number of partners, managers, supervisors, and other professional staff.
- D. **Record of awarded projects.** Submit a list of medical services that the provider or agency has provided on-site at schools.
- E. **Quality of Work.** Submit a brief description of the design for provision of medical services on-site at the school.
- F. **Reference.** Provide years of experience in co-locating staff and providing services on-site at schools.
- G. The signature of the person empowered to submit the proposal.
- H. **Affirmative Action.** Each proposer shall be required to indicate its equal employment policy and provide a detailed breakdown of its work force by ethnicity, gender, and occupational categories.
- I. **Minority/Women Business Enterprise (M/WBE) Participation.** Each proposer will be required to state its Minority/Women Business Enterprise utilization. If a minority firm which is woman-owned and operated, or African American owned and operated, is used in conjunction with the scope of work, the firm is to indicate the scope of the minority firm's work, experience in the type of services required, and experience of staff that will participate. All Minority/Women firms must be certified by the Division of Business Development and Assistance prior to contract award.
- J. **Costs for Services.** Proposer must detail ways to bill Medicaid for Medicaid reimbursable services provided to Medicaid eligible students, and seek payment for third party billing. Additionally, proposers should detail cost to perform the identified services.
- K. **Evidence of security clearance.** Since M-DCPS is a public agency which serves children and adolescents, all employees and contracted personnel must have a security clearance to insure that individuals with criminal records involving moral turpitude do not have contact with students. Professionals who are proposed to provide services shall comply with security clearance procedures prescribed by M-DCPS; see Attachment A - **Security Clearance Procedures for Miami-Dade County Public Schools.**

VII. EVALUATION OF PROPOSALS

Proposals will be evaluated by representatives of the school 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 providing comprehensive health services to teens and teen parents at school sites.
- B. Responsiveness of the proposal in clearly stating an understanding of the work to be performed and the ability to perform the services.
- C. Ability to perform the service in the most cost effective manner.
- D. Ability to demonstrate an effective plan for co-locating the medical staff.
- E. Minority/Women Business Enterprise (M/WBE) participation.
- F. Affirmative Action.
- G. Completeness of proposal.
- H. Cost.

The school district reserves the right to reject any and all proposals submitted, or any phase thereof. The school district 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.

The evaluation of proposers will be made on or about July 18, 2003, by a committee on the basis of qualifications and the proposed program. The proposed members of the selection committee are:

- a representative from the Office of Alternative Education and Dropout Prevention Programs;
- a representative from the Alternative Education Advisory Committee;
- a representative from United Teachers of Dade;
- a representative from the Division of Procurement Management;
- a representative from the Division of Business Development and Assistance;
- a school principal; and
- an educational specialist from the Office of Alternative Education and Dropout Prevention Programs.

VIII. TERMS OF CONTRACT

The purpose of this RFP is to establish a contract with agencies that can provide health services to approximately 280 students attending COPE Center North. The term of the contract shall be for one year from date of award, and may, by mutual agreement between the School Board and the awardee upon final School Board approval, be renewable for up to three (3) additional one-year periods, and if needed, 90 days beyond the expiration date of the current contract period. The Board, through Procurement Management Services, may, 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. Renewal will be dependent upon funding availability and the need for on-site health services, as determined by the Office of Alternative Education and Dropout Prevention Programs.

Payments for services will be made monthly upon review and approval of the Agencies Attendance Forms by the Office of Alternative Education and Dropout Prevention Programs. All financial records pertinent to the on-site health services are to be maintained in the office of the proposer for a period of five (5) years and will be made available to the School Board and its designee for audit purposes.

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, or 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.

The proposer shall comply with all municipal, state and federal statutes prohibiting discrimination. If selected, the proposer shall agree to hold harmless, indemnify and defend indemnities (as hereafter defined) against any claim, action, loss, damage, injury, liability, cost or expense of whatsoever kind of nature including, but not by way of limitation, attorney's fees and court costs arising out of bodily injury or damage to tangible property arising out of or incident to the performance of the services of this RFP or on the proposer, whether or not due or caused in part by the negligence or other culpability or the indemnity, excluding only the sole negligence or culpability of the indemnity. The following shall be deemed to the indemnities: The School Board of Miami-Dade County, Florida, and its members, officers and employees.

IX. AFFIRMATIVE ACTION REQUIREMENTS AND MINORITY/WOMEN BUSINESS ENTERPRISE (M/WBE) PARTICIPATION

A. Equal Employment Opportunity

It is policy of the School Board that no one person will be denied access, employment, training, or promotion on the basis of gender, race, color, religion, ethnic, or national origin, political belief, marital status, age, sexual orientation, social and family background, linguistic preference, or disability, and that merit principles will be followed.

Each firm shall be required to indicate its equal employment policy and provide a detailed breakdown by ethnicity, gender, and occupational categories of its work force (See Attachment B - Affirmative Action Employment Breakdown).

B. Minority/Women's Business Enterprise (M/WBE) Participation

The School Board has an active M/WBE program to increase the level of M/WBE participation to the maximum percentage of the total expenditures in order to achieve its M/WBE participation.

In keeping with this policy, each firm will be required to state its M/WBE utilization. If a minority firm, which is woman-owned and operated, or African American-owned and operated, is utilized in conjunction with the scope of work, the firm is to indicate the scope of the minority firm's work, experience in this type of required services, and experience of staff who will participate. All Minority/Women firms must be certified by the Division of Business Development and Assistance prior to contract award (See Attachment C - M/WBE Certification Application).

A quarterly report documenting efforts undertaken by the proposer to maintain the stated M/WBE participation will be required. The report shall include the names of firms, contact persons, and expenditures paid to date. The report shall be submitted to the Division of Business Development and Assistance, 1450 NE Second Avenue, Room 456, Miami, Florida, 33132.

X. MEDICAID FUNDS

The proposer is herein advised and must contractually agree that is aggregate reimbursement from the School Board will be reduced by Medicaid funds, if any are received by proposer for services provided to eligible Medicaid recipients, pursuant to their individual education plans. The proposer is required to notify the district as a part of this RFP whether the proposer intends to access any Medicaid funds. The proposer agrees to provide the School Board with reasonable documentation on a quarterly basis in order to reconcile any such Medicaid receipts.

XI. IMPLEMENTATION SCHEDULE

The planned scheduled for implementation of proposals for on-site health services is as follows:

Procurement Contract Review Committee	April 17, 2003
Request Board approval to issue RFPs and approval of Selection Committee	June 18, 2003
Mailing of RFPs	June 19, 2003
Opening of Proposals	July 10, 2003
Evaluation Completed	July 18, 2003
Contract Award	August 20, 2003

XII. ADDITIONAL INFORMATION

Any additional information with respect to the RFP may be obtained from:

Ms. Barbara Jones, CPPB, Director
Division of Procurement Management
Miami-Dade County Public Schools
1450 NE Second Avenue, Suite 356
Miami, Florida 33132
Telephone (305) 995-2348

Any additional information regarding proposal specifications may be obtained from:

Ms. Adora Obi Nweze, District Director
Office of Alternative Education and Dropout Prevention Programs
1500 Biscayne Boulevard, Suite 225
Miami, Florida 33132
Telephone (305) 995-1708

or

Ms. Zandra Rucker, Director
Office of Alternative Education and Dropout Prevention Programs
Miami-Dade County Public Schools
1500 Biscayne Boulevard, Suite 325
Miami, Florida 33132
Telephone (305) 995-7662

ATTACHMENT A

SECURITY CLEARANCE PROCEDURES FOR MIAMI-DADE COUNTY PUBLIC SCHOOLS

Pursuant to Section 231.02, Florida Statutes, it is the intent of the School Board to ensure that individuals with criminal records involving moral turpitude do not have contact with students in the district.

Applicants who will be awarded a contract must comply with the following M-DCPS procedures for security clearance, prior to conducting any evaluations. (The Restricted Personal Data form and the Affidavit of Good Moral Character will be sent to proposers selected for a contract who have not previously submitted evidence of security clearance to work with children/adolescents, as referenced above.)

1. Restricted Personal Data form [FM-3505 Rev. (2-97)]

One item on this form asks an applicant if she/he has ever been convicted, fined, imprisoned, or placed on probation in a criminal proceeding. If the applicant responds affirmatively, the date, location, penalty/disposition for each offense must be specified, and the form is sent to M-DCPS Special Investigative Unit for a local law enforcement check.

2. Affidavit of Good Moral Character

3. Fingerprint Card

- a. The M-DCPS Fingerprinting Department completes necessary information on the fingerprint card.
- b. The applicant must pay \$62 or current fee for processing (money order for \$52.00 and \$10.00 in cash).
- c. The applicant is fingerprinted.
- d. The fingerprint card is submitted to the Florida Department of Law Enforcement (FDLE) which completes a state check for criminal activity. FDLE submits the card to the Federal Bureau of Investigation (FBI) which completes a national check for criminal activity.

If it is subsequently found that the applicant/proposer has been convicted of a crime involving moral turpitude, the contractual agreement will not be executed or, if the contractual agreement has already been initiated, it will be terminated.

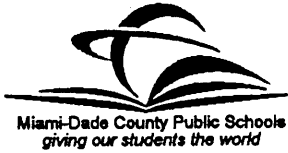
ATTACHMENT B



AFFIRMATIVE ACTION EMPLOYMENT BREAKDOWN

Occupational Category	Gender		Race/Ancstry			Am. Ind./
	Male	Female	Non- Hispanic White	Non- Hispanic Black	Hispanic	Alaska Native

ATTACHMENT C



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 _____ Date () Joint Venture _____ Date

() Partnership _____ Date () Corporation 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 _____

	Name and title	Race/ethnicity/ gender
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.

- Total Number
of Employees
- a. Management _____
 - b. Administrative/clerical _____
 - c. Professional/technical _____
 - d. Craftsperson/laborers _____

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 11 20 or 1 120s, with all schedules.
- All issued and canceled 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
