**ATTACHMENT D**

**RFP FORMS & CERTIFICATES**

**RFP No. 2025-027-SS**

**Instructions: Proposer to fill out the checklist below and submit each of the requested forms/documents in the order listed below.**

1. **Proposer Acknowledgement Form:**

Proposer to notarize, complete and submit City Provided Proposer Acknowledgement Form.

City provided Proposer Acknowledgement Form notarized and submitted

1. **Drug Free Form:**

City provided Drug Free Form submitted Yes  No

1. **Proposer Certification Regarding Scrutinized Companies**

City provided form signed and submitted Yes  No

1. **Organizational Type:**
2. If Proposer is a corporation, provide certification from the applicable State verifying Proposer's corporate status and good standing.

Submitted as Attachment

1. In the case of sole proprietorship or partnership, detail all owners or partners.

Submitted as Attachment  or Type/Provide Response here: Click or tap here to enter text.

1. **Business Tax Receipt:**

Proposer is to submit a copy or proof of Business Tax Receipt (Formerly Known as Occupational License) from Entity where business is located, if applicable in City, State, County.

Submitted as Attachment  or Type/Provide Response here: Click or tap here to enter text.

1. **Sample Insurance Certificates**

Provide proof of ability to obtain the levels of insurance in areas of Commercial General Liability, Workers’ Compensation, and Business Auto, Professional Liability/Errors & Omissions as identified in the RFP.

Submitted as Attachment

1. **State of Florida Professional Licenses for the Proposer**

Submitted as Attachment

1. **State of Florida Professional Licenses for the Outside Firms / Subconsultants**

Submitted as Attachment

1. **City Addendums (as applicable)**

All addenda issued by the City must be individually acknowledged in the “Attributes” tab of the eSourcing Portal and will be part of the submitted Proposal.

1. **Electronic Submittal – Validation of Company Name in eSourcing Portal**

Any Proposer submitting an electronic RFP response: Proposer confirms that their Company Profile matches the Federal ID Number and name of Proposer as submitted in your uploaded RFP response and Proposer Acknowledgement Form. By clicking on the RESPONSE SUBMISSION tab in the eSourcing Portal, Proposer can review their profile name. To check your supplier’s name in the eSourcing Portal:

1. Click on the RESPONSE tab in the eSourcing Portal

2. Review your Profile

3. Any necessary Company Name changes require an email request from the user with administrative rights within the eSourcing Portal to the Buyer with the Name to be updated, supported by verifying documentation (Sunbiz, Articles of Incorporation, W-9, etc.)

Confirmed, validation of Company Name in eSourcing Portal matches Proposer Acknowledgement Form

**PROPOSER ACKNOWLEDGMENT**

**RFP No. 2025-027-SS**

**This form must be signed in the presence of a Notary Public or other officer authorized to administer oaths and submitted with the RFP package on the specified RFP opening date. The undersigned Proposer certifies that this Proposal package is submitted in accordance with the specifications in its entirety and with full understanding of the conditions governing this Proposal. Proposer must submit proof that their firm name as “Individual”, “Partner” or “Corporation” is registered with their State of origin.**

ACKNOWLEDGEMENT IF REDACTED VERSION OF RFP WAS ELECTED TO BE SUBMITTED: YES  NO   
(No, Not submitted)

**Name of Proposer**: Click or tap here to enter text.

(Firm Name as Registered with their State of origin)

Federal I.D. No.: Click or tap here to enter text.

Above Proposer is: () Corporation () Limited Liability Corporation

() Sole Proprietorship () Partnership/Joint Venture

Business Address:

Street Address : Click or tap here to enter text.

(P.O. Box Address is not permitted)

City, State, Zip: Click or tap here to enter text.

**Mailing Address**: () check if same as Business Address above

Street Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Business Phone No: Click or tap here to enter text.

Business Fax No.: Click or tap here to enter text.

**Authorized Signer:**

Name of Authorized Signer: Click or tap here to enter text.

Title of Authorized Signer: Click or tap here to enter text.

President or other Authorized Officer/Member/Manager

Email for Authorized Signer: Click or tap here to enter text.

***Authorized Written Signature:*** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Notary:

STATE OF:Click or tap here to enter text.  COUNTY OF Click or tap here to enter text.

*The foregoing instrument was acknowledged before me by means of*       *physical presence or*       *online notarization this*       *day of*      *, 20*     *, by*      *, who is personally known to me (or who has produced*       *as identification).*

NOTARY PUBLIC SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY NAME: Click or tap here to enter text.

Commission Number: Click or tap here to enter text. My Commission Expires: Click or tap here to enter text.

|  |
| --- |
| **DRUG-FREE WORKPLACE FORM**  **RFP No. 2025-027-SS** |

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies

that Click or tap here to enter text. does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).

4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

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

Proposer's Signature

Click or tap here to enter text.

Date

**RFP NO. 2025-027-SS**

**Proposer Certification Regarding**

**Scrutinized Companies**

Proposer Name: Click or tap here to enter text.

Proposer FEIN: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Proposer acknowledges that Section 287.135, Florida Statutes, prohibits the City from contracting for goods or services of any amount with companies that are on the Scrutinized Companies that Boycott Israel List (contained in Section 215.4725, Florida Statutes) or are engaged in a boycott of Israel, and from contracting for goods or services of $1 Million or more with companies that are on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List (contained in Section 215.473, Florida Statutes), or is engaged in business operations in Cuba or Syria.

As the person authorized to sign on behalf of the Proposer, I hereby certify that the Proposer is not on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel, that the Proposer is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and that the Proposer is not engaged in business operations in Cuba or Syria. On behalf of Proposer, I acknowledge and understand that, pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the Proposer to civil penalties, attorney’s fees, and/or costs, and other damages or relief, as allowed by law. I further understand that the City may terminate a contract if the City determines that the Proposer submitted a false certification.

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

\*Signature of Authorized Representative

Click or tap here to enter text.

\*Name and Title of Authorized Representative

Telephone Number of Authorized Representative: Click or tap here to enter text.

Email Address of Authorized Representative: Click or tap here to enter text.

\*This individual must have the authority to bind the Proposer.