



Memorial Healthcare System

BID FORM PACKET

SIGNATURE AUTHORIZATION FORM

This Signature Authorization Form must be signed by an individual who has authority to bind the Bidder to the bid, proposal, or reply submitted pursuant to the competitive solicitation. By signing below, the Bidder: (1) certifies that all responses, data, and information contained in the Bidder's bid, proposal, or reply are true and accurate; (2) acknowledges that all information, documents, and responses submitted by the Bidder under this competitive solicitation are considered a public record as defined in § 119.011(12), Florida Statutes (Florida's Public Records Law); (3) understands and agrees that any modifications made by the Bidder to any terms of the competitive solicitation or Memorial's General Terms and Conditions are null and void and without force and effect; and (4) agrees to adhere to the requirements of the competitive solicitation, be bound by Section IV. (Memorial's General Terms and Conditions) of the competitive solicitation if awarded a contract, and use Memorial's contract template when entering into a final contract.

Competitive Solicitation Name

Bid No.

Company Name

Street Address

City

State

Zip Code

Telephone No.

Email Address

Authorized Signature*

Date

Print Name

Title

CONTRACTING MAIN CONTACT (if different from above): This person will receive all communications regarding the competitive solicitation process, including addenda, scoring meeting notifications, etc.

Name

Title

Telephone No.

Email Address

* Submission of this Signature Authorization Form is subject to the Handwritten and Digital Signatures section of the competitive solicitation, may be done electronically, via electronic signature, or handwritten signature, and shall be binding on the Bidder.

REFERENCES

Company Name

Competitive Solicitation Name

Competitive Solicitation Number

Reference No. 1:

Firm/Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Email: _____

Dates and Type of Service(s) Provided: _____

Reference No. 2:

Firm/Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Email: _____

Dates and Type of Service(s) Provided: _____

Reference No. 3:

Firm/Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Email: _____

Dates and Type of Service(s) Provided: _____

ADDENDA ACKNOWLEDGEMENT FORM

Company Name

Competitive Solicitation Name

Competitive Solicitation Number

Complete below as applicable.

Addendum #1 Dated _____

Addendum #2 Dated _____

Addendum #3 Dated _____

Addendum #4 Dated _____

Addendum #5 Dated _____

Addendum #6 Dated _____

Addendum #7 Dated _____

Addendum #8 Dated _____

Addendum #9 Dated _____

Addendum #10 Dated _____

Additional Addenda (please attach additional pages as necessary)

No Addendum was received in connection with this solicitation.

Print Name: _____ **Title:** _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Authorized Signature*: _____ **Date:** _____

All addenda issued for a competitive solicitation must be acknowledged by each Bidder via this Addenda Acknowledgement Form. If addenda are issued for a competitive solicitation, a Bidder's failure to submit the Addenda Acknowledgement Form may result in rejection of the Bidder's bid, proposal, or reply.

* Submission of this Addenda Acknowledgement Form is subject to the Handwritten and Digital Signatures section of the competitive solicitation, may be done electronically, via electronic signature, or handwritten signature, and shall be binding on the Bidder.

VENDOR CERTIFICATION REGARDING PUBLIC ENTITY CRIMES AND SCRUTINIZED COMPANIES

Bid Name: _____ **Bid No:** _____

Vendor Name: _____ **Vendor FEIN:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone No:** _____

Email Address: _____

Convicted Vendors: Section 287.133(2)(a), Florida Statutes, prohibits a person (as defined under § 287.133(1)(e), Fla. Stat.) or affiliate (as defined under § 287.133(1)(a), Fla. Stat.) who has been placed on the Convicted Vendor List (maintained by the Florida Department of Management Services pursuant to § 287.133(3)(d), Fla. Stat.) following a conviction for a public entity crime (as defined under § 287.133(1)(g), Fla. Stat.) from submitting a bid, proposal, or reply on a contract with a public entity (as defined under § 287.133(1)(f), Fla. Stat.): (i) to provide any goods or services to the public entity; (ii) for the construction or repair of a public building or public work; or (iii) for leases of real property with a public entity. Section 287.133(2)(a), Florida Statutes, further prohibits a person or affiliate who has been placed on the Convicted Vendor List following a conviction for a public entity crime from being awarded or performing work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity and from transacting business with any public entity in excess of the threshold amount provided in § 287.017, Fla. Stat., for CATEGORY TWO for a period of thirty-six (36) months following the date of being placed on the Convicted Vendor List.

Scrutinized Companies: Section 287.135(2)(a), Florida Statutes, prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of any amount if, at the time of contracting or renewal, the company is on the Scrutinized Companies or Other Entities that Boycott Israel List, created pursuant to § 215.4725, Florida Statutes, or is engaged in a boycott of Israel. Section 287.135(2)(b), Florida Statutes, further prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services over one million dollars (\$1,000,000) if, at the time of contracting or renewal, the company is on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in Iran Terrorism Sectors List, both created pursuant to § 215.473, Florida Statutes, or the company is engaged in business operations in Cuba or Syria.

Certification: Accordingly, I hereby certify, on behalf of myself and the Vendor, that neither I, the Vendor, nor any person or affiliate of the Vendor have been convicted of a public entity crime or placed on the Convicted Vendor List following a conviction for a public entity crime, and I and the Vendor are authorized to submit a bid, proposal, or reply to this solicitation and to contract with Memorial Healthcare System. I further certify that the Vendor has not been placed on the Scrutinized Companies or Other Entities that Boycott Israel List, is not currently engaged in the boycott of Israel, and, if the amount of the contract is One Million Dollars (\$1,000,000.00) or more, I hereby certify that the Vendor has not been placed on the Scrutinized Companies with Activities in Sudan List and the Scrutinized Companies with Activities in Iran Terrorism Sectors List, and the Vendor has not engaged in any business operations in Cuba or Syria. I understand that pursuant to § 287.135, Fla. Stat., the submission of a false certification may subject the Vendor to civil penalties, attorney’s fees, and/or costs, and that any contract with Memorial Healthcare System for goods or services of any amount may be terminated at the option of Memorial Healthcare System if the Vendor (i) is found to have submitted a false certification, (ii) has been placed on any of the foregoing lists, (iii) is engaged in a boycott of Israel, or (iv) has engaged in any business operations in Cuba or Syria.

* Signature of Authorized Representative

Date

* Print Name of Authorized Representative

* Title of Authorized Representative

* This individual must have the authority to bind the Vendor.

* Submission of this Vendor Certification Regarding Public Entity Crimes and Scrutinized Companies form is subject to the Handwritten and Digital Signatures section of the competitive solicitation, may be done electronically, via electronic signature, or handwritten signature, and shall be binding on the Bidder.

**FOREIGN COUNTRY OF CONCERN ATTESTATION
(PUR 1355)**

This form must be completed by an officer or representative of an entity submitting a bid, proposal, or reply to, or entering into, renewing, or extending, a contract with a Governmental Entity which would grant the entity access to an individual's Personal Identifying Information. Capitalized terms used herein have the definitions ascribed in Rule 60A-1.020, F.A.C.

_____ (Name of Entity) is not owned by the government of a Foreign Country of Concern, is not organized under the laws of nor has its Principal Place of Business in a Foreign Country of Concern, and the government of a Foreign Country of Concern does not have a Controlling Interest in the entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Printed Name: _____

Title: _____

* Signature: _____

Date: _____

* Submission of this Foreign Country of Concern Attestation (PUR 1355) is subject to the Handwritten and Digital Signatures section of the competitive solicitation, may be done electronically or via electronic signature, and shall be binding on the Bidder.

ATTESTATION OF PRINCIPAL PLACE OF BUSINESS AND WRITTEN LEGAL OPINION UNDER § 287.084 OF THE FLORIDA STATUTES

Bid Solicitation Name and Number: _____

Name of Business: _____

State Where Principal Place of Business Located: _____

Signature*: _____ Date: _____

Print Name: _____ Title: _____

INSTRUCTIONS FOR FILLING OUT THIS FORM:

Principal Place of Business in Florida: If your principal place of business is located within the State of Florida, provide the information as indicated above and return this form with your bid response. No further action is required.

Principal Place of Business Outside of Florida:

- **Procurement of Services or Real Property:** If this bid solicitation is for the procurement of services or real property, provide the information as indicated above and return this form with your bid response. No further action is required.
- **Procurement of Goods or Personal Property:** If this bid solicitation is for the procurement of goods or personal property and your principal place of business is located outside of the State of Florida, the below sections must be completed by an attorney licensed within the state where your principal place of business is located and returned with your bid response. Failure to comply may be considered non-responsive to the terms of the bid solicitation.

OPINION OF OUT-OF-STATE BIDDER'S ATTORNEY ON BIDDING PREFERENCES:

(To be completed by the Attorney Licensed in the Bidder's Foreign State)

NOTICE: Section 287.084(2), Fla. Stat., provides that "[a] vendor whose principal place of business is outside [the State of Florida] must accompany any written bid, proposal, or reply documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state [or political subdivision thereof] to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts." See also § 287.084(1), Fla. Stat. Accordingly, please provide a written legal opinion by completing the below regarding state or political subdivision preferences (as applicable).

LEGAL OPINION ABOUT STATE BIDDING PREFERENCES

(Please Select One)

The Bidder's principal place of business is in the State of _____ and it is my legal opinion that the laws of that state **do not grant a preference** in the letting of any or all public contracts to business entities whose principal place of business are in that state.

The Bidder's principal place of business is in the State of _____ and it is my legal opinion that the laws of that state **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal place of business are in that state (please describe applicable preference(s) and identify applicable state law(s)):

LEGAL OPINION ABOUT POLITICAL SUBDIVISION BIDDING PREFERENCES

(Please Select One)

The Bidder's principal place of business is in the political subdivision of _____ and it is my legal opinion that the laws of that political subdivision **do not grant a preference** in the letting of any or all public contracts to business entities whose principal place of business are in that political subdivision.

The Bidder's principal place of business is in the political subdivision of _____ and it is my legal opinion that the laws that of that political subdivision **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal place of business are in that political subdivision (please describe applicable preference(s) and identify applicable authority granting the preference(s)):

[LICENSED ATTORNEY CERTIFICATION ON FOLLOWING PAGE]

ATTESTATION OF PRINCIPAL PLACE OF BUSINESS AND WRITTEN LEGAL OPINION UNDER § 287.084 OF THE FLORIDA STATUTES (CONT.)

Certification from Licensed Attorney

Signature of Out-of-State Bidder's Attorney*: _____ Date: _____

Printed Name of Out-of-State Bidder's Attorney: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Email: _____

State(s) of Bar Admission & Bar Number: _____

* Submission of this Attestation of Principal Place of Business and Written Legal Opinion Under § 287.084 of the Florida Statutes is subject to the Handwritten and Digital Signatures section of the competitive solicitation, may be done electronically, via electronic signature, or handwritten signature, and shall be binding on the signatory(ies).

TIE-BREAKER ELIGIBILITY CERTIFICATION FORM

Competitive Solicitation Name **Bid No.**

Company Name

Street Address

City **State** **Zip Code**

When two or more bids, proposals, or replies are equal with respect to price, quality, and service, Chapter 287, Florida Statutes, grants tie-breaking preferences to Bidders who certify that they meet specific eligibility criteria. This form shall be utilized by Memorial in the event of a tie to determine which Bidder will be awarded a contract under the competitive solicitation. If it is discovered that any information provided in this form is false or misleading, in addition to any other remedies applicable under Florida law, Memorial reserves the right to terminate the awarded contract and hold the awarded Bidder liable for any costs associated with re-procuring the goods or services under the competitive solicitation. By submitting this form, the Bidder acknowledges and agrees to the foregoing and hereby certifies that the below preferences do or do not apply to the Bidder:

Yes	No	Applicable Certification
<input type="checkbox"/>	<input type="checkbox"/>	Drug-Free Workplace Programs: This bid, proposal, or reply is being submitted by a business that has implemented a drug-free workplace program in accordance with § 287.087, Florida Statutes, and the business will continue to make a good faith effort to maintain a drug-free workplace through the implementation of § 287.087, Florida Statutes.
<input type="checkbox"/>	<input type="checkbox"/>	Commodities Manufactured, Grown, or Produced in Florida: The commodities (as defined in § 287.012(5), Florida Statutes) that will be furnished to Memorial under this bid, proposal, or reply will be commodities that are manufactured, grown, or produced in Florida consistent with the provisions of § 287.087, Florida Statutes.

By signing below, the Authorized Representative on behalf of the Bidder hereby certifies that the above-submitted information is true and accurate to the best of the Authorized Representative’s knowledge, information, and belief.

Authorized Signature*

Date

Print Name

Title

* Submission of this Tie-Breaker Eligibility Certification Form is subject to the Handwritten and Digital Signatures section of the competitive solicitation, may be done electronically, via electronic signature, or handwritten signature, and shall be binding on the signatory(ies).