



# **CITY OF HOMESTEAD**

## **General Services**

### **Procurement & Contract Services**

#### **Division**

**Office Address:** 450 S.E. 6 Avenue, Homestead, FL 33030  
(305) 224-4620 / Fax: (305) 224-4639

**Mailing Address:** 790 North Homestead Boulevard, Homestead, FL  
33030

### ***Doing Business with the City of Homestead***

**Welcome** to the City of Homestead's Procurement & Contract Services Division. We realize that for many of you, Procurement & Contract Services is your initial contact with the City. This guide has been prepared to acquaint you with the City's policies and procedures in an effort to make your business and visits with us pleasant and mutually beneficial.

#### ***Procurement & Contract Service's Role***

Our responsibilities are dictated by Code and include the acquisition of materials, supplies, equipment and services for all City departments, including Utilities and Police Departments. We strive to acquire the quality, quantity and delivery required by departments at the least overall cost to the City.

The City operates a centralized Procurement & Contract Services Division and we ask that when calling on the City, you make Procurement & Contract Services your first point of contact. We will arrange contacts for you with various departments when appropriate. Unauthorized visits to individual departments are discouraged and may be counterproductive.

#### ***Interviews / Appointments***

Though not required, appointments are preferred and will help you to complete your business with a minimum of lost opportunity. We suggest that initial visits be somewhat general, giving us an introduction to you and product lines. Subsequent visits are ideal opportunities to explain in detail a single item or service that you provide. Line cards, catalogs and price lists are always helpful.

#### ***Vendor / Bidder List***

The Procurement & Contract Services Division maintains a list of prospective vendors and bidders classified by commodity or service. You may be placed on this list by completing the City's vendor application and commodity listing detailing the items or services that you provide. To assure that you are included under all of the appropriate categories, we ask that you be specific about the items or services that you provide. The City provides three ways to obtain a vendor application:

- 1) Attached with this document
- 2) By visiting our web site at [www.cityofhomestead.com](http://www.cityofhomestead.com)

### ***Quotations***

It is the policy of the Procurement & Contract Services Division to seek quotations, whenever possible, within the scope of efficient operation. In the normal course of events, we will seek at least one verbal or written quotation for material or services up to \$2,500.00; two written quotations on \$2,500.00 – \$7,500.00; and three written quotations for \$7,500.00 – \$25,000.00. \$25,000.00 - \$35,000.00 three written quotes must be obtained and brought before the City Council for approval. These figures are to be considered as a “*rule of thumb*” only and not a hard and fast rule. They are affected by such things as time factor, single source items, previous purchase information, etc.

### ***Bids***

All Bids and information can be found for review and downloading on our web site.

Public sealed bids are required for any item whose price exceeds \$35,000.00 and must be submitted in accordance with the terms of the Invitation to Bid.

The Procurement & Contract Services Division has been authorized by the City Council to utilize bids awarded by Metropolitan Dade County, State of Florida and the Federal Government (GSA) without the requirement of local bidding.

All sealed bids advertised to be received by the City shall be opened and read publicly. All bids received after the posted opening date and time shall be returned, unopened, to the bidder submitting same.

Vendors are invited to attend bid openings. Upon submission of the bid tabulation and recommendation to the City Council, the City Council shall either award, reject or refer for additional review the bid tabulation and recommendation.

### ***Purchase Authorizations***

All purchases made on behalf of the City must be supported by an authorized Purchase Order. **Under no circumstances should a vendor fill an order for any City department without a Purchase Order number.**

Initial acknowledgement of the above statements on Purchase Authorization: \_\_\_\_\_

***Taxes***

The City of Homestead is exempt from all federal excise and state sales taxes. Exemption certificates will be executed by the Finance Department upon written request by the vendor.

***Invoices / Payments***

All invoices must be addressed to:

City of Homestead  
790 North Homestead Boulevard  
Homestead, FL 33030-6299

Invoices must indicate the department who received the material and the Purchase Order number. Invoices without Purchase Order numbers will be returned to the vendor and will unnecessarily delay payment.

Packing slips and / or delivery receipts must accompany every delivery and will be used to verify invoices. The City makes payments against properly documented invoices in a maximum of thirty (30) days.

***Samples***

Samples may be requested by the City for the purpose of product evaluation. All samples should be submitted to the Procurement & Contract Services Division unless we instruct otherwise. Samples should be clearly marked "*Sample*" and be clearly labeled with complete instructions for use. It is understood that samples will be provided at no charge to the City.



**NOTIFICATION OF SOCIAL SECURITY NUMBER  
COLLECTION AND USAGE**

In compliance with Florida Statutes §119.071(5), the City of Homestead Procurement & Contracts Division collects and uses your Social Security number only for the following purposes in performance of the City's duties and responsibilities.

Your Social Security number is used for legitimate employment business purposes in compliance with:

- Completing a Vendor Application in lieu of a FEIN.

**NOTIFICATION**

Providing a Social Security number in lieu of a FEIN is a condition of becoming a vendor with the City of Homestead.

The City may disclose Social Security numbers to another agency or governmental entity if such disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The City may not deny a commercial entity engaged in the performance of a commercial activity access to Social Security numbers, provided the Social Security numbers will be used only in the performance of a commercial activity, and provided the commercial entity makes a written request for the Social Security numbers.

I understand the above information and have been given a copy of this document.

\_\_\_\_\_  
Company Name (Print)

\_\_\_\_\_  
Authorized Representative Name  
(Print)

\_\_\_\_\_  
Authorized Representative Name  
(Signature)

\_\_\_\_\_  
Date



# CITY OF HOMESTEAD

## Vendor Application

Mailing Address:

790 N. Homestead Blvd.  
Homestead, Florida 33030

Remit to: Buyer I

(305) 224-4620  
Fax: (305) 224-4639

Procurement & Contract Services

450 S.E. 6 Avenue  
Homestead, Florida 33030

Business Name: \_\_\_\_\_

Order Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pay to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different)

Bid Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website URL: \_\_\_\_\_

PO Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_ Date Business Established: \_\_\_\_\_

Business is:  Corporation  Proprietorship  Partnership  Other: \_\_\_\_\_

Primary business classification (check all that apply):

Retailer  Wholesaler  Manufacturer  Services  Prime Contractor  Sub Contractor

Do you accept Visa cards as a form of payment?  Yes  No

Do you give prompt payment discounts?  Yes, Percentage of discount \_\_\_\_\_% Term \_\_\_\_\_  
 No

**All applicants are required to provide a copy of your applicable Local Business Tax Receipt (formerly known as Occupational License) as well as your Workman's Compensation Insurance Certificate.**

Please see the enclosed commodity list to properly identify the commodities and/or services, which your firm provides. Please mail completed Vendor Application to the mailing address above. The undersigned does hereby certify that the foregoing and subsequent statements (including Business Entity Disclosure form) are true and correct.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE COMMODITY LIST TO PROPERLY IDENTIFY THE COMMODITIES  
AND/OR SERVICES WHICH YOUR FIRM PROVIDES**

#	DESCRIPTION	#	DESCRIPTION
005	Abrasives	287	Electronic Components
010	Acoustical Tile, Insulating Material	290	Energy Collecting Equipment
015	Copy Machine Supplies	295	Elevators
031	Air Conditioning & Heating	300	Embossing / Engraving
045	Appliances, Household	305	Engineering Equipment
050	Art Equipment & Supplies	310	Envelopes, Plain, Printed
052	Art Objects	315	Epoxy Based Formulas
053	Automobile Leasing	320	Fasteners, Fastening Devices
055	Auto & Truck Accessories	330	Fencing
056	Bus Accessories	340	Fire Protection Equipment / Supplies
060	Auto & Truck Maintenance Items	345	First Aid & Safety Equipment
062	Bus Maintenance Items	350	Flags, Poles, Banners, Accessories
065	Auto Bodies & Accessories	360	Floor Covering, Installed
070	Auto Major Transportation	365	Floor Maintenance Machine, Parts
075	Auto Shop Equipment & Supplies	390	Food, Perishable
080	Badges & Other Identification Equipment	395	Forms, Continuous Computer
085	Bags, Bagging Ties, Erosion	400	Foundry Casting Equipment
095	Razors, Blades, Etc.	405	Fuel, Oil, Grease & Lubes
100	Barrels, Drums, Kegs, Cartons	415	Furniture, Lab, Special
105	Bearings (Except Wheel)	420	Furniture, Non-Office
120	Boats, Motors & Marine Supplies	425	Furniture, Office
125	Bookbinding & Book Supply	430	Welding Equipment
135	Bricks & Clay Products	440	Glass & Glazing Supplies
140	Brushes, Brooms & Mops	445	Tools, Hand (Not Classified)
145	Brushes (Not Classified)	450	Hardware and Allied Items
150	Builders' Supplies	460	Hoses, All Kinds
155	Buildings, Fabricated	485	Janitorial Supplies
175	Chemical Lab Equipment & Supplies	490	Laboratory Equipment & Accessories
190	Chemicals, Commercial, Bulk	515	Lawn Equipment
192	Cleaning Composition /Solvents	525	Library Mach. & Supplies
195	Clocks	540	Lumber, Woods, Sidings
200	Clothing & Apparel	545	Machinery & Heavy Hardware
205	Computers, Dp & Word Proc.	550	Markers, Plaques, Signs
210	Concrete & Corrgtd. Metals	555	Marking Devices
220	Contrl, Indica, Record Instr	560	Material Handling Equipment
225	Cooler, Drinking Water	570	Metals, Bars, Plates, Rods
232	Crafts, General	575	Microfiche, Microfilm
265	Drapes, Curtains, Upholstery	595	Nursery Stock & Supplies
275	Foods, Staple, Edible	600	Office Machines & Accessories
280	Electrical Cables & Wires	610	Office Supplies, Paper/Ribbons
285	Electrical Equip & Supply	615	Office Supplies
286	Electric Power Plant Equip.	920	Dp Processing & Software
620	Office Supplies, Inks, Leads	924	Educational Services
625	Safety Equipment	630	Paints, Coating, Wallpaper

#	DESCRIPTION	#	DESCRIPTION
635	Painting Equipment & Acc.	932	Financial Services
640	Paper & Plastic-Disposable	945	Library Services
650	Park, Playground, Swimming	947	Miscellaneous Services
655	Photographic Equipment	955	Construction & Related
670	Plumbing Equipment	958	Real/Property Rental
673	Pipe, Fittings & Valves	960	Grounds & Park Services
675	Poisons: Agricul & Industrial	962	Recycling Services
680	Police Equipment & Supply	965	Security, Fire/Safety Services
695	Printing & Silk Screening	990	Purchase Of Surplus Material
715	Publication/Audiovisual		
720	Pumps & Accessories		
725	Radio & Telecommunication		
730	Television Equipment		Please list below any other service or commodity
735	Rags, Shop Towels, Wiping		
740	Refrigeration Equipment		
745	Road & Highway Materials		
755	Road/Highway Equipment		
770	Roofing Materials		
785	School & Higher Education		
790	Seed, Sod, Soil & Inoculant		
800	Shoes And Boots		
803	Sound Systems & Accessory		
805	Sporting & Athletic Equip		
830	Tanks		
832	Tape		
855	Theatrical Equipment		
863	Tires And Tubes		
870	Venetian Blinds Etc		
880	Visual Education Equipment		
885	Water Treating Chemicals		
890	Water / Sewage Treatment Equip		
895	Welding Equipment/Supply		
905	Aircraft		
910	Building Maintenance/Repair		
915	Communication / Media Services		
925	Equipment & Repair		
930	Equipment Rental		

**CITY OF HOMESTEAD  
BUSINESS ENTITY STATEMENT  
(VENDOR/BIDDER DISCLOSURE)**

Bidder or Vendor hereby recognizes and certifies that no elected official, board member, or employee of the City of Homestead (the "City") shall have a financial interest directly or indirectly in this transaction or any compensation to be paid under or through this transaction, and further, that no City employee, nor any elected or appointed officer (including City board members) of the City, nor any spouse, parent or child of such employee or elected or appointed officer of the City, may be a partner, officer, director or proprietor of Bidder or Vendor, and further, that no such City employee or elected or appointed officer, or the spouse, parent or child of any of them, alone or in combination, may have a material interest in the Vendor or Bidder. Material interest means direct or indirect ownership of more than 5% of the total assets or capital stock of the Vendor or Bidder. Any exception to these above described restrictions must be expressly provided by applicable law or ordinance and be confirmed in writing by City. Further, Bidder or Vendor recognizes that with respect to this transaction or bid, if any Bidder or Vendor violates or is a party to a violation of the ethics ordinances or rules of the City, the provisions of Miami-Dade County Code Section 2-11.1, as applicable to City, or the provisions of Chapter 112, part III, Fla. Stat., the Code of Ethics for Public Officers and Employees, such Bidder or Vendor may be disqualified from furnishing the goods or services for which the bid or proposal is submitted and may be further disqualified from submitting any future bids or proposals for goods or services to City. Bidder or Vendor must complete and execute the Business Entity Affidavit form. The terms "Bidder" or "Vendor," as used herein, include any person or entity making a proposal herein to City or providing goods or services to City.



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

By: \_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_, he/she is personally known to me or has presented  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Type of Identification

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_ At Large  
(Signature)

\_\_\_\_\_  
Print or Stamp Name of Notary

\_\_\_\_\_  
Serial Number

My Commission Expires: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER  
RESPONSIBILITY MATTERS  
PRIMARY COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
  
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

## INSTRUCTIONS FOR CERTIFICATION

- 1 By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
- 2 The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3 The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
- 4 The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5 The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
- 6 The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
- 7 The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 8 A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
- 9 Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 10 Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

**SMALL BUSINESS ENTERPRISE  
PARTICIPATION**

For the City’s information, if your company is currently certified or recognized as a Small Business Enterprise or a Women or Minority Owned Enterprise by a State or local government, please provide a copy of your certification as well as enter the certification number and the expiration date in spaces provided below. In addition please provide a breakdown of your company’s workforce composition in the section provided below.

Business Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

**Work Force Composition Information**

Number of Women Employed \_\_\_\_\_ %

Number of Men Employed \_\_\_\_\_ %

Total Employed \_\_\_\_\_ %

-----

American Indian / Native Alaskan \_\_\_\_\_ %

Asian \_\_\_\_\_ %

Black (Not Hispanic) \_\_\_\_\_ %

White (Not Hispanic) \_\_\_\_\_ %

Hispanic or Latino	_____ %
Native Hawaii / Pacific Islander	_____ %
Two or more races	_____ %
Total	_____ %

Date \_\_\_\_\_

By \_\_\_\_\_

Signature of Authorized Representative

\_\_\_\_\_  
Name and Title of Authorized Representative

**Please note that providing the information in this section is purely voluntary and that such information or the failure to provide such information will not disqualify an entity from serving as a vendor.**

### SECTION (3) PARTICIPATION

For the City's information, if your company is currently certified or recognized as a Section (3) business by a State or local government, please provide a copy of your certification as well as enter the certification number and the expiration date in spaces provided below.

To be a Section 3 business concern, your business must:

a) Be at least 51% owned by Section 3 residents

OR

b) At least 30% of its permanent full-time employees are:

i) currently Section 3 residents\*

OR

ii) were Section 3 residents\* within first 3 years of employment

OR

c) Will at least 25% (dollar value) of construction subcontracts (No material/supplies/equipment vendors unless they are also installing same) be to businesses meeting (a) or (b) above?

Business Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

Signature of Authorized Representative

\_\_\_\_\_  
Name and Title of Authorized Representative

**Please note that providing the information in this section is purely voluntary and that such information or the failure to provide such information will not disqualify an entity from serving as a vendor.**



## Checklist

Vendor Name:

Please be sure to include the following before submitting:

- Entity statement fully completed, signed and notarized
- Local Business Tax Receipt /State license
- Social Security Consent Form
- State Registration [can be found on [www.sunbiz.org](http://www.sunbiz.org) for Florida entities]
- Workman's Compensation Insurance [if applicable]
- W9 form completed
- Certificate of Debarment
- Small Business Enterprise Participation
- Section (3) Participation

Note:

**City of Homestead based entities must provide a Homestead Local Business Tax Receipt.**

Use the following link to download and print the W9 form:

<http://www.cityofhomestead.com/pdf/W-9%20Form.pdf>

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### For official Use Only

- New Vendor #: \_\_\_\_\_
- Vendor Update #: \_\_\_\_\_
- Entity Statement reviewed and cross-checked
- Excluded Parties List Systems Verification ([epls.gov](http://epls.gov))