

CERTIFICATE OF AUTHORIZATION

Madison County, Florida

To Be Included in the Respondent's Response Package

Respondent/Entity Legal Name: _____

Entity Type: ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Other:

State of Formation or Organization: _____

Principal Business Address: _____

The undersigned certifies that the above-named entity is duly organized, validly existing, and authorized to conduct business in the State of Florida to the extent required by applicable law. The entity hereby authorizes the individual identified below to prepare, execute, submit, and, when necessary, clarify or supplement the entity's response to Madison County, Florida, for the **CR14 Roadway Resurfacing** Request for Proposals.

The authorized representative is empowered to make representations and certifications on behalf of the entity, acknowledge and accept the requirements of the solicitation, and bind the entity with respect to its response and any resulting negotiations, subject to the entity's governing documents and applicable law.

The undersigned further certifies that this authorization was approved in accordance with the entity's governing documents and remains in full force and effect as of the date signed below. Madison County may rely upon this Certificate of Authorization unless the County receives written notice of its revocation from an individual with authority to revoke it.

Authorized Representative

Name: _____ **Title:** _____

Email: _____ **Telephone:** _____

Execution by Entity

Entity Legal Name: _____

By (Signature): _____ **Date:** _____

Printed Name: _____

Title: _____

Attest/Witness Signature: _____ **Date:** _____

Printed Name and Title: _____

Corporate Seal, if applicable:

Notary Acknowledgment

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on _____, 20____, by _____, as _____ of _____, on behalf of the entity. The individual ☐ is personally known to me or ☐ produced _____ as identification.

Notary Public Signature: _____

Printed Name: _____ **Commission No.:** _____

My Commission Expires: _____

Notary Seal:

INSURANCE

By signing below, the Proposer is stating that they fully understand the insurance requirements for the project and if awarded the proposal will provide all insurance coverage as required in the RFP.

The requirements are as follows:

- Proposer is insured with a company licensed to do business in the State of Florida
- The insurance company is rated A VIII or better by A.M. Best Rating Company (Workers Compensation, General and Automobile policies)
- The Madison County BOCC will be named as an additional insured for general and automobile liability
- The certificate will contain a 30-day written notice of cancellation and a 10-day written notice of non-payment
- The General Liability and Worker's Compensation policies will contain waiver of subrogation in favor of the Madison County BOCC

Company Name

Proposer (signature)

CONFLICTS OF INTEREST

By signing below, the Proposer states that they fully understand the requirements, as outlined in 2 CFR 200.319(b) that prohibits contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurements. If the Proposer developed or drafted specifications, requirements, statements of work, or invitations for bids or requests for proposals for the work outlined in this RFP, the Proposer may not be considered for work under this RFP.

The Proposer hereby attests and certifies that they did not participate in the development or drafting of this RFP.

The Proposer understands and is committed to declaring any real or perceived conflicts of interest to the Madison County BOCC

The Proposer understands that in the event of a conflict of interest, either actual or perceived the Madison County BOCC staff and/or members of the:

- Publicly declare the conflict,
- Abstain from any participation in the said procurement(s), including drafting RFP, proposal evaluation, ranking, voting on, or awarding, and
- Member of the Madison County BOCC Council shall complete Form 8B.

Company Name

Proposer (signature)

Date

**SWORN STATEMENT PURSUANT TO
FLORIDA STATUTES SECTION 287.133(3)(a) ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____
[print name of the public entity]
by _____ for _____
[print individual's name and title]

[print name of entity submitting sworn statement]

whose business address is _____

and its Federal Employer Identification Number (FEIN) or Social Security Number (SSN)

of the individual signing this sworn statement is _____.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid/qualifications proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision or any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

- A predecessor or successor of a person convicted of a public entity crime; or

- An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate.

The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [indicate which statement applies]

_____Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attached is a copy of the final order]

E-VERIFY RESPONSIBILITY

By signing below, the Proposer/Vendor states that they fully understand the E-Verify requirements outlined in (Section 448.095 Florida Statute and under Executive Order 11-116) and for the project and if awarded the Proposer will provide all E-Verify documentation as required in the RFP.

As a condition precedent to entering into an Agreement, and in compliance with Section 448.095, Fla. Stat., the Proposer/Vendor, and its subcontractors, shall register with and use the E-Verify system to verify work authorization status of all employees hired after January 1, 2021.

a. The Proposer/Vendor shall provide the Madison County BOCC and require each of its subcontractors to provide the Proposer/Vendor, with an affidavit (Exhibit B) stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. The Proposer/Vendor shall maintain a copy of the subcontractor's affidavit as part of and pursuant to the records retention requirements of its Agreement with the Madison County BOCC.

b. The Madison County BOCC, Proposer/Vendor, or any subcontractor who has a good faith belief that a person or entity with which it is contracting has knowingly violated Section 448.09(1), Fla. Stat. or the provisions of this section shall terminate the contract with the person or entity.

c. The Madison County BOCC, upon good faith belief that a subcontractor knowingly violated the provisions of this section, but the Proposer/Vendor otherwise complied shall promptly notify the Proposer/Vendor and the Proposer/Vendor shall immediately terminate the contract with the subcontractor.

d. A contract terminated under the provisions of this section is not a breach of contract and may not be considered such. Any contract termination under the provisions of this section may be challenged pursuant to Section 448.095(2)(d), Fla. Stat. the Proposer/Vendor acknowledges that upon termination of this Agreement by the Madison County BOCC for a violation of this section by Proposer/Vendor, the Proposer/Vendor Administrator may not be awarded a public contract for at least one (1) year. The Proposer/Vendor further acknowledges that they are liable for any additional costs incurred by the Madison County BOCC as a result of termination of any contract for a violation of this section.

e. Subcontracts. The Proposer/Vendor or subcontractor shall insert in any subcontracts the clauses set forth in this section, including this subsection, requiring the subcontractors to include these clauses in any lower tier subcontracts. The Proposer/Vendor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in this section.

Company Name

Proposer (signature)

Date

SAM.GOV REGISTRATION - DEBARMENT AND SUSPENSION

By signing below, the Proposer states that they fully understand the requirement that they must be registered with the System for Award Management (SAM.GOV). The Proposer additionally understands and acknowledges they are ineligible for contracting under this RFP if their names, and or parties are listed as debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority.

Additionally, the Proposer understands they may be precluded from award of contracting under this RFP if they deemed by the evaluation committee to not be a responsible vendor based on their work history, references, other problems, such as completing projects in a timely manner or failures to implement their work on past projects as outlined in those scopes of work for such projects.

Company Name

Proposer (signature)

Date

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies:

That _____ 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 employee(s) 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 programs, 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 proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the Terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of United States 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

Date

INDEMNIFICATION

To the fullest extent permitted by laws and regulations, and in consideration of the amount stated on any Purchase Order, the Grant Administrator shall defend, indemnify, and hold harmless the Madison County BOCC, its officers, directors, agents, guests, invitees, and employees from and against all liabilities, damages, losses, and costs, direct, indirect, or consequential (including but not limited to reasonable fees and charges of the grant administrators, attorneys, and other professionals and court and arbitration costs) to the extent arising out of or resulting from any acts of negligence, recklessness or intentional wrongful misconduct in the performance of the work by the Grant Administrator, any Subcontractor, or any person or organization directly or indirectly employed by any of them to perform or furnish any of the work or anyone for whose acts any of them may be liable.

In any and all claims against the Madison County BOCC, or any of its officers, directors, agents, or employees by any employee of the Grant Administrator, any Subcontractor, any person or organization directly or indirectly employed by any of them to perform or furnish any of the work or anyone for whose acts any of them may be liable, this indemnification obligation shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for the Grant Administrator or any Subcontractor or other person or organization under workers' or workmen's compensation acts, disability benefit acts, or other employee benefit acts, nor shall this indemnification obligation be limited in any way by any limitation on the amount or type of insurance coverage provided by the Madison County BOCC, the Grant Administrator, or any of his Subcontractors. To the extent this Indemnification conflicts with any provision of Florida Law or Statute, this indemnification shall be deemed to be amended in such manner as to be consistent with such Law or Statute.

Subrogation: The Grant Administrator and his Subcontractors agree by entering into this contract to a Waiver of Subrogation for each required policy herein. When required by the insurer or should a policy condition not permit Grant Administrator or Subcontractor to enter into a pre-loss agreement to waive subrogation without an endorsement, then Grant Administrator or Subcontractor agrees to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which includes a condition specifically prohibiting such endorsement, or voids coverage should Grant Administrator or Subcontractor enter into such an agreement on a pre-loss basis.

Release of Liability: Acceptance of the Grant Administrator of the last payment shall be a release to the Madison County BOCC and every officer and agent thereof, from all claims and liability hereunder for anything done or furnished for, or relating to the work, or for any act or neglect of the Madison County BOCC or of any person relating to or affecting the work.

Savings Clause: The parties agree that to the extent the written terms of this Indemnification conflict with any provisions of Florida laws or statutes, in particular Sections 725.06 and 725.08 of the Florida Statutes, the written terms of this indemnification shall be deemed by any court of competent jurisdiction to be modified in such a manner as to be in full and complete compliance with all such laws or statutes and to contain such limiting conditions, or limitations of liability, or to not contain any unenforceable, or prohibited term or terms, such that this Indemnification shall be enforceable in accordance with and to the greatest extent permitted by Florida Law.

BY: _____
Signature of Owner or Officer

DATE: _____ ATTEST: _____
Corporate Secretary or Witness

Organization Phone Number

STATE OF: _____

COUNTY OF: _____

The foregoing instrument was acknowledged before me this ____ day _____
of 20____ by _____, of
_____(Company Name).

He/She is personally known to me or has produced _____ as
identification, and did ____/did not ____ take an oath.

Signature of Notary

Printed Name of Notary

(Seal)

My Commission Expires: _____

MADISON COUNTY, FLORIDA

LITIGATION DISCLOSURE FORM

For Entities Responding to a Request for Proposals (RFP)

Complete this form and include it with the entity's proposal. If additional space is needed, attach clearly labeled continuation pages. The County may request supporting documentation or clarification.

1. Solicitation Information

RFP Number _____

RFP Title _____

Proposal Due Date _____

2. Responding Entity

Legal Name _____

Business Address _____

**Entity Type / State of
Organization** _____

**Authorized
Representative** _____

Title _____

Telephone / Email _____

3. Litigation and Claims Disclosure

For purposes of this form, “entity” includes the responding entity and any predecessor entity whose liabilities the responding entity has assumed. Check one response for each question.

A. Is the entity presently a party to any pending civil, administrative, arbitration, or other legal proceeding that may materially affect its ability to perform the proposed contract?

☐ No ☐ Yes — provide details below.

B. During the past five (5) years, has the entity been a party to any concluded civil, administrative, arbitration, or other legal proceeding arising from the same or substantially similar services as those requested in this RFP?

☐ No ☐ Yes — provide details below.

C. During the past five (5) years, has any governmental entity terminated for default, suspended, debarred, or formally sanctioned the entity in connection with a public contract?

☐ No ☐ Yes — provide details below.

D. Are there any known claims, investigations, judgments, orders, settlement obligations, or other legal matters not disclosed above that may materially affect the entity’s financial condition or ability to perform the proposed contract?

☐ No ☐ Yes — provide details below.

A “Yes” response does not automatically disqualify an entity. Provide sufficient information for the County to evaluate the matter.

4. Details of Each Matter

Complete one entry for each matter. Attach additional copies of this section if necessary.

Case / Matter Name _____

Case / Docket Number _____

Court / Agency / Forum _____

Parties _____

Date Filed / Initiated	
Status / Disposition Date	
Nature of Matter and Allegations	
Outcome, Judgment, Settlement, or Relief	
Amount Claimed / Paid, if applicable	
Effect on Ability to Perform	
Contact for Verification	

5. Certification

The undersigned, being authorized to act for the entity identified above, certifies that the information provided in this Litigation Disclosure Form and any attachments is true, complete, and accurate to the best of the undersigned's knowledge after reasonable inquiry. The undersigned understands that a material omission or misrepresentation may be grounds for rejection of the proposal, termination of any resulting contract, or other remedies available to Madison County, Florida.

Authorized Signature	Date
Printed Name	Title
Entity Legal Name	

6. Notary Acknowledgment

State of _____

County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence
or ☐ online notarization, this ____ day of _____, 20____, by

_____, as

_____ of

_____, who is ☐ personally known to me or ☐
produced _____ as identification.

Signature of Notary Public

Printed, Typed, or Stamped Name of Notary

Commission Number: _____

My Commission Expires: _____

Notary Seal:

County use only: Review this form together with the applicable RFP, procurement requirements, and any requested supporting materials.