FORM “A-4”  

QUESTIONNAIRE INSTRUCTIONS

PROJECT:

OWNER: CITY OF NORTH MIAMI

BIDDER:

INSTRUCTIONS

A. All questions are to be answered in full, without exception. If copies of other documents will answer the question completely, they may be attached and clearly labeled. If additional space is needed, additional pages may be attached and clearly labeled.

B. The City of North Miami shall be entitled to contact each and every person/company listed in response to this questionnaire. The Bidder, by completing this questionnaire, expressly agrees that any information concerning the Bidder in possession of said entities may be made available to the City.

C. Only complete and accurate information shall be provided by the Bidder. The Bidder hereby warrants that, to the best of its knowledge and belief, the responses contained herein are true, accurate, and complete. The Bidder also acknowledges that the City is relying on the truth and accuracy of the responses contained herein. If it is later discovered that any material information given in response to a questions was provided by the Bidder, knowing it was false, it shall constitute grounds for immediate disqualification, termination, or rescission by the City of any subsequent agreement between the City and the Bidder.

D. If there are any questions concerning the completion of this form, the Bidder is encouraged to contact the Purchasing Department via email at purchasing@northmiamifl.gov or via phone: (305) 895-9886.
Bidder’s Name: ____________________________________________________

Principal Office Address: ________________________________________
________________________________________________________________
________________________________________________________________

Official Representative: _________________________________________

Individual
Partnership (Circle One)
Corporation

If a Corporation, answer this:

When Incorporated: _____________________________________________

In what State: __________________________________________________

If Foreign Corporation:

Date of Registration with
Florida Secretary of State: ________________________________________

Name of Resident Agent: _________________________________________

Address of Resident Agent: _______________________________________

President’s Name: _______________________________________________

Vice President’s Name: ___________________________________________

Treasurer’s Name: _______________________________________________

Members of Board of Directors:

If a Partnership:

Date of Organization: ____________________________________________

General or Limited Partnership*: ________________________________
Name and Address of Each Partner:

Name                      Address

1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________

*Designate general partners in Limited Partnership

1. Number of years of relevant experience in operating similar business: ___

2. Have any similar agreements held by Bidder for a similar project to the proposed project ever been canceled?
   
   Yes ( )   No ( )
   
   If yes, give details on a separate sheet.

3. Has the Bidder or any principals of the applicant organization failed to qualify as a responsible Bidder, refused to enter into a contract after an award has been made, failed to complete a contract during the past five (5) years, or been declared to be in default in any contract in the last five (5) years?
   
   If yes, please explain:

4. Has the Bidder or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?
   
   If yes, give date, court jurisdiction, action taken, and any other explanation deemed necessary.

5. Person or persons interested in the proposal and Questionnaire Form _____ (have) _______ (have not) been convicted by a Federal, State, County or Municipal Court of any violation of law, other than traffic violations. To include stockholders over ten percent (10%). (Strike our inappropriate words).

   Explain any convictions on a separate sheet.

6. Lawsuits (any) pending or completed involving the corporation, partnership or individuals with more than ten percent (10%) interest:

   A. List all pending lawsuits:
B. List all judgments from lawsuits in the last five years:

C. List any criminal violations and/or convictions of the Bidder and/or any of its principals:

7. Conflicts of Interest. The following relationships are the only potential, actual or perceived conflicts of interest in connection with this proposal: (If none, so state).

The Bidder understands that information contained in this Questionnaire will be relied upon by the City of North Miami in awarding the proposed Agreement and such information is warranted by the Bidder to be true. The undersigned Bidder agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the Bidder, as may be required by the City Manager.

The Bidder further understands that the information contained in this questionnaire may be confirmed through a background investigation conducted by the City of North Miami Police Department. By submitting this questionnaire, the Bidder agrees to cooperate with this investigation, including but not necessarily limited to fingerprinting and providing information for credit check.
I certify that the information and responses provided on this Questionnaire are true, accurate and complete. The Owner of the Project or its representatives may contact any entity or reference listed in this Questionnaire. Each entity or reference may make any information concerning the Contractor available to the Owner.

Dated_________________, 20__

CONSULTANT:

________________________________________
________________________________________

By_____________________________________
Its_____________________________________

Sworn to and subscribed before me this ______ day of __________________, 20__

_____________________________________
Notary Public

My Commission Expires:

_____________________________________