



VENDOR PREFERENCE CERTIFICATION

The Town of Miami Lakes Procurement Ordinance 26-350, sections 13 and 18, establishes preference provisions for business entities located within the Town's boundaries, as well as for veteran-owned businesses and agencies designated under Florida's Unique Abilities Partner Program. To qualify, vendors must meet the eligibility requirements for the applicable preference, and their bid or proposal must satisfy the thresholds set forth in the Procurement Ordinance.

Details on these requirements and thresholds can be found by visiting the Town's Procurement webpage at:

<https://www.miamilakes-fl.gov/departments/procurement/>

By completing the information required below and submitting this form, the business entity certifies that it meets the requirements for local preference and/or veteran-owned business as stipulated in the Procurement Ordinance 26-350. **This form must be submitted with the business entities' bid in response to a solicitation. If the form is not submitted by the date and time the bid is due, it will not be considered. If the form is left blank, the Town will deem that the proposer is not claiming a vendor preference.**

Solicitation Number: _____ Title: _____

Mark each of the following preferences as applicable:

- NOT** claiming Vendor Preference.
- Local Business:** The business entity possesses a current business tax receipt, no. _____ and certificate of use, no. _____, issued at least six (6) months prior to the issuance of the solicitation and affirms that services shall be provided solely from the place of business **located in the Town of Miami Lakes**. Also, at least ten percent (10%) of the Bidder's/Proposer's workforce must reside in Town of Miami Lakes prior the issuance of the solicitation. If the business entity has multiple places of business, the goods or services shall be provided solely from the place of business located in the Town of Miami Lakes.
- Certified Veteran Business Enterprise:** A small business, independently owned and controlled/operated by a veteran domiciled in Florida and listed in the federal database of veteran owned at least six (6) months prior to the issuance of the solicitation.
- Certified service-disabled veteran business enterprise:** Independently owned and operated business by a service-disabled veteran who is a permanent resident of Florida, domiciled in the State of Florida, and certified by the Florida Department of Management Services as a service-disabled veteran business enterprise. The certification must have been issued at least six (6) months prior to the issuance of the solicitation.
- Florida Unique Abilities Partner:** An independently owned and operated business, domiciled in Florida, that has been designated by the State of Florida to be a Florida Unique Abilities Partner. The certification must have been issued at least six (6) months prior to the issuance of the solicitation.



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Vendors seeking to claim a preference must submit valid supporting documentation, such as state-issued certifications, with their submittal demonstrating that they meet the applicable eligibility requirements and that such documentation is current and not expired. At the Town’s discretion, additional information and/or documentation may be requested to verify a business’s eligibility for the vendor’s preference.

This certification is submitted with full knowledge that should the Town determine that any of the information provided proves to be false, the business entities’ bid/response may be rejected, and the business entity may be excluded from bidding on future solicitation for a period of up to three (3) years.

Name of Business Entity: _____

Address: _____

Tax ID/FEIN/SSN: _____

Contact Name: _____ Title: _____

Phone No.: _____ E-Mail: _____

Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____ 20____, by _____ who is personally known to me or has produced _____ as identification and who did/did not take an oath.

My Commission Expires: _____

NOTARY PUBLIC:

Type, Print or Stamp Name

Signature of Notary
State of Florida

Date