

**CONTACT INFORMATION FORM**

IN ACCORDANCE WITH AD-21-01 titled “Solid Waste, Recycling, HHW, Bulk & Yard Waste Collection Services” attached hereto as a part hereof, the undersigned submits the following:

A) Contact Information

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through www.bidsync.com as part of the bidder's submittal. The vendor must provide their pricing through the designated lines items listed on the BidSync website.

COMPANY INFORMATION:

COMPANY: _____

STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PRIMARY CONTACT FOR THE PROJECT:

NAME: _____ TITLE: _____

E-MAIL: _____

TELEPHONE: _____ FAX: _____

AUTHORIZED APPROVER:

NAME: _____ TITLE: _____

E-MAIL: _____

TELEPHONE: _____ FAX: _____

SIGNATURE: _____

**B) Proposal Checklist**

Did you submit the following items, as stated in section 1.5 “Proposal Submission” of the bid package?

Title Page	Yes _____
Table of Contents	Yes _____
Letter of Interest	Yes _____

Did you make sure to submit the following items, as stated in section 1.5.1 “Proposal Requirements” of the bid package?

Tab 1 - Firm’s Understanding and Approach to the Work	Yes _____
Tab 2 - Qualifications and Experience of Vendor	Yes _____
Tab 3 - References	Yes _____
Tab 4 – Equipment Availability and Capability	Yes _____
Tab 5 – Financial Capability	Yes _____
Tab 6 – Pricing Structure	Yes _____
Tab 7 – Green Initiative	Yes _____
Tab 8 – Other Completed Documents	Yes _____
Tab 7 – Green Initiative	Yes _____
Tab 7 – Green Initiative	Yes _____

Did you make sure to update the following documents found under the “Vendor Registration” group of “Qualifications” on the BidSync website for the City of Pembroke Pines?

Vendor Information Form	Yes _____
Form W-9 (Rev. October 2018)	Yes _____
Sworn Statement on Public Entity Crimes Form	Yes _____
Local Vendor Preference Certification	Yes _____



Local Business Tax Receipts	Yes_____
Veteran Owned Small Business Preference Certification	Yes_____
Equal Benefits Certification Form	Yes_____
Vendor Drug-Free Workplace Certification Form	Yes_____
Scrutinized Company Certification	Yes_____
E-Verify System Certification Statement	Yes_____