

**ATTACHMENT I – TIE BREAKING CERTIFICATIONS**

RFP #10629

All proposals are subject to the terms of the following section of this solicitation, which, in case of a tie, shall have the order of precedence listed below.

Respondents are encouraged to check the appropriate “True” box(es) next to the designation that applies to its organization. More than one designation may apply, and therefore more than one box may be checked.

TRUE	DESIGNATION
<input type="checkbox"/>	<p><b>(a) Drug Free Workplace</b>                      Per F.S. 287.087: Preference to businesses with drug-free workplace programs.—Whenever two or more bids, proposals, or replies that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid, proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, a business shall comply with all requirements as dictated by Statute.                      Completion of “Attachment K – Drug-Free Workplace Certification” is required if this box is checked “True.”</p>
<input type="checkbox"/>	<p><b>(b) Certified Minority Business Enterprise (CMBE)*</b>                      Per F.S. 287.057(11): If two equal responses to a solicitation or a request for quote are received and one response is from a certified minority business enterprise, the agency shall enter into a contract with the certified minority business enterprise.                      By checking the “True” box in the Tie-Breaking Certification and signing the same, I hereby certify that my organization is a Certified Minority Business Enterprise in accordance with s. 287.0943, F.S.</p>
<input type="checkbox"/>	<p><b>(c) Service Disabled Veteran’s Business Enterprise*</b>                      Per F.S. 295.187(4):                      (a) A state agency, when considering two or more bids, proposals, or replies for the procurement of commodities or contractual services, at least one of which is from a certified veteran business enterprise, which are equal with respect to all relevant considerations, including price, quality, and service, shall award such procurement or contract to the certified veteran business enterprise.                      (b) Notwithstanding s. 287.057(11), if a veteran business enterprise entitled to the vendor preference under this section and one or more businesses entitled to this preference or another vendor preference provided by law submit bids, proposals, or replies for procurement of commodities or contractual services which are equal with respect to all relevant considerations, including price, quality, and service, the state agency shall award the procurement or contract to the business having the smallest net worth.                      By checking the “True” box in the Tie-Breaking Certifications and signing the same, I hereby certify that my organization is a Service Disabled Veterans Business Enterprise in accordance with s. 295.187, F.S.</p>
<input type="checkbox"/>	<p><b>(d) Florida Business</b>                      By checking the “True” box in the Tie-Breaking Certifications and signing the same, I hereby certify that my organization’s principal place of business is located within Florida in accordance with s. 287.084, F.S.</p>

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<input type="checkbox"/>	<p><b>(e) Foreign Manufacturer with a Factory in Florida</b> By checking the “True” box in the Tie-Breaking Certifications and signing the same, I hereby certify that my manufacturing organization has 287.092.</p>
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\*If the “True” box is checked for designations (b) or (c), the Respondent must provide their net worth amount here:

Net Worth: \_\_\_\_\_

**In the event of tie, the Respondents shall be required to provide documentation supporting the certifications for which it has marked “True.”**

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

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

Company Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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