

### Miracle Recreation Equipment Company

Bid Contact **Connie Brown** Address **878 E. Highway 60**  
**[Connieb@miracleofsouthflorida.com](mailto:Connieb@miracleofsouthflorida.com)** **Monett, MO 65708**  
**Ph 954-520-4523**  
**Fax 954-987-0976**

Bid Notes **Square Foot Pricing provided for all surfacing is based on a 6' fall height**

Item #	Line Item Notes	Unit Price	Qty/Unit	Total Price	Attch.	Docs
10C-54B-1-01	Supplier Product Code:	First Offer -	1 / each		Y	Y
			Lot Total			
			Supplier Total			<b>\$0.00</b>

**Miracle Recreation Equipment Company**

Item: ..

**Attachments**

Scott Craft NPSI.JPG

Miracle Tax Cert.pdf

Kurt Francis NPSI.JPG

*National Recreation and Park Association  
National Playground Safety Institute*

Let it be known that

**SCOTT A CRAFT**

*has met the requirements set forth by the  
National Playground Safety Institute  
and is hereby granted certification as a*

*Certified Playground Safety Inspector*

7/12/2007

Date Certified

9963-0810

Certification Number

8/1/2010

Expiration Date

*Kam... S. ...*  
Chairperson, NPSI Executive Committee

*John A. Thamer*  
NRPA Executive Director



08115 11/03/09



**Certificate of Registration**

DR-11  
R. 01/10

Issued Pursuant to Chapter 212, Florida Statutes

78-8012464675-2	08/01/72	01/01/94	MONTHLY
Certificate Number	Registration Effective Date	Opening Date	Filing Frequency

This certifies that

MIRACLE RECREATION EQUIPMENT COMPANY  
HWY 60 & BIRDLE LN  
GRINNELL IA 50112-0275

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.

**POST THIS CERTIFICATE IN A CONSPICUOUS PLACE**

**THIS IS YOUR SALES & USE TAX CERTIFICATE OF REGISTRATION**  
(DETACH AND POST IN A CONSPICUOUS PLACE)



**REFER TO THE BACK OF THIS SECTION FOR  
SPECIFIC INFORMATION REGARDING YOUR  
COUNTY'S TAX RATES.**

**THIS IS YOUR ANNUAL RESALE CERTIFICATE FOR SALES TAX**  
Note: New dealers who register after mid-October are issued annual resale certificates that expire on December 31 of the following year.  
**These certificates are valid immediately.**



DR-11R R 10/09



**2010 Florida Annual Resale Certificate for Sales Tax**

DR-13  
R. 01/10

**THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2010**

<u>Business Name and Location Address</u>	<u>Registration Effective Date</u>	<u>Certificate Number</u>
MIRACLE RECREATION EQUIPMENT COMPANY HWY 60 & BIRDLE LN GRINNELL IA 50112-0275	08/01/72	78-8012464675-2

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased on or after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property
- Resale of services.
- Re-rental as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding or processing

This certificate cannot be reassigned or transferred. This certificate can only be used by the active registered dealer or its authorized employees. Misuse of this *Annual Resale Certificate* will subject the user to penalties as provided by law. **Use signed photocopy for resale purposes.**

Presented to: \_\_\_\_\_ (Insert name of seller on photocopy) (date)  
Presented by: \_\_\_\_\_ Authorized Signature (Purchaser) (date)



Supplier: **Miracle Recreation Equipment Company**

<p><b>SCHOOL DISTRICT OF PALM BEACH COUNTY PURCHASING DEPARTMENT 3300 Forest Hill Boulevard, Suite A-323 West Palm Beach, FL 33406-5813</b></p>	
<p><b>INVITATION TO BID Bidder Acknowledgement</b></p>	
<p><b>Vendor Name: Miracle Recreation Equipment Company</b></p>	
<p><b>Vendor Mailing Address:</b> 878 E Highway 60 Monett, MO 65708</p>	
<p><b>Area Code/Telephone Number: 417-235-6917</b></p>	
<p><b>Toll-Free Telephone Number: 800-523-4202</b></p>	
<p><b>Fax Number: 417-235-3551</b></p>	
<p><b>Vendor E-Mail Address: JimPef@miraclerec.com</b></p>	
<p><b>Vendor Web Address: www.miracle-recreation.com</b></p>	
<p><b>FEID No. of SS #: 43-1595099</b></p>	
<p><b>Terms:</b> <b>Net 30 Days</b></p>	<p><b>Delivery 30 calendar Days after receipt of order:</b></p>
<p style="text-align: center;"><b><u>ANTI-COLLUSION</u></b></p> <p>By electronically submitting your bid, the bidder certifies that they have not divulged, discussed or compared their bid with other bidders and have not colluded with any other bidder or parties to a bid whatever. No premiums, rebates or gratuities permitted either with, prior to, or after any delivery of material. Any such violation will result in the cancellation and/or return of materials (as applicable) and the removal from the bid lists for the School District of Palm Beach County, Florida.</p> <p><b>Jim Pefferman</b> Name of Company Representative Submitting Bid</p> <p><b>Vice President</b> Title of Company Representative Submitting Bid</p> <p><b>4/6/2010</b> Date</p>	



Surfacing – Poured In Place or Artificial Turf – No type of loose fill or square tiles will be accepted for new or replacement playgrounds.

For ADA compliance, surfacing must meet current ASTM & CPSC specifications for determination of accessibility to surface systems under and around playground equipment and outdoor fitness equipment.

- Upload or add in "Vendor Notes", a price table for surfacing product if pricing is based on thickness and color options.  
This price sheet may not contain any other terms and/or conditions and your company name must be clearly stated.
- Price must be stated per square foot and must include all materials, adhesives or sub-bases and already be discounted.

\*\*If you need assistance uploading documents, contact BidSync for assistance @ 800-990-9339 ext 1. Allow sufficient time to complete all uploads.

List type of surfacing/Mfg:

<b>Artificial Turf / Southeast Surfacing &amp; Recreation LLC</b>	<b>\$ 14.00</b>	per sq. ft.
<b>Poured In Place / Southeast Surfacing &amp; Recreation LLC</b>	<b>\$ 12.00</b>	per sq. ft.
<b>Artificial Turf / Synthetic Turf International</b>	<b>\$ 14.00</b>	per sq. ft.

**Item 4.**

Surfacing installation charge if not included above in Item 3 **\$ 2.00** per sq. ft.

**Item 5. Provide Engineered Wood Fiber**  YES  NO

To be used to replace engineered wood fiber on existing playgrounds. Engineered wood fiber will be ordered by and shipped to the District's Facilities Department and price stated must include shipping and unloading at our facility. Orders will be placed in bulk and do not require installation. State firm prices below:

Less than 5 Cubic Yards	<b>\$ No Bid</b> per cubic yards
5 – 20 Cubic Yards	<b>\$ No Bid</b> per cubic yards
Greater than 20 Cubic Yard	<b>\$ 40.00</b> per cubic yards

**Item 6. Outdoor Fitness Equipment**

List Manufacturer	Fixed Percentage Discount off List Price	Minimum Order Amount (If applicable)
<b>Miracle Recreation Equipment Company</b>	<b>10 %</b>	<b>\$</b>
	%	\$
	%	\$

NOTE: If additional space is needed, bidder may upload additional manufacturers to be considered on a separate page with your company's name clearly stated.

\*\*If you need assistance uploading documents, contact BidSync for assistance @ 800-990-9339 ext 1. Allow sufficient time to complete all uploads.

**Item 7. Installation of Outdoor Fitness Equipment**

Installation of Outdoor Fitness Equipment, to be based on a firm fixed percentage of the equipment cost (the total after discount has been taken but before freight has been added).

Fixed Percentage Discount		40 %
<p>NOTE:</p> <ul style="list-style-type: none"> <li>- If bidding to only supply outdoor fitness equipment, you must list your certified installer below <b>AND</b></li> <li>- Your certified installer <u>must</u> complete and submit a bid for installation <b>and</b> be awarded a contract in order for you to participate in this section of the bid</li> </ul>		
Certified Installer's Company Name:	(if other than self)	
<p>Submit Certificate showing certification (Per Special Condition M, Certification For Installers) <b>**Upload with bid response to BidSync</b></p>		
<b>Site Preparation:</b>		
<p>Provide firm prices for the following line items. Prices must be submitted in the same unit of measure as listed below:</p>		
<b>Item 8.</b>		
Dig-out/ Excavation Price must include removal and disposal	\$ 1.50 per sq. ft.	
<b>Item 9.</b>		
Sand Price must include delivery and placement	\$ 75.00 per cubic yard	
<b>Item 10.</b>		
Concrete curb - Provide and install 6" Wide X 12" Deep for Synthetic Turf 4" Wide X 2" High raised curb integral with monolithic slab on grade for poured in place surface	\$ 13.00 per linear ft.	
<b>Item 11.</b>		
Recycled playcurb borders Provide and install	\$ 13.00 per linear ft.	
<b>Item 12.</b>		
4" thick concrete surface ( poured in place) Concrete shall contain wire mesh or fiber mesh Includes concrete for sidewalks	\$ 7.00 per sq. ft.	
<b>Item 13.</b>		
Aluminum ADA approved handrails Provide and install	\$ No Bid per linear ft.	
<b>Item 14.</b>		
Clean Fill Delivered and graded	\$ 40.00 per cubic yard	
<b>Item 15.</b>		
Provide Utility Locates	\$ No Bid each	
<b>Item 16.</b>		
Provide 4 signed sealed engineered drawings	\$ \$950.00 per job	
<b>Additional Items As Required:</b>		
<p>Vendors may be required to provide quotations for optional items such as, but not limited to:</p> <ul style="list-style-type: none"> <li>- removal and/or relocation of existing playground equipment</li> <li>- replacement parts for playground components</li> <li>- tree trimming or removal</li> <li>- excavation/demucking for sites where rock or muck is found</li> <li>- provide and lay sod in area surrounding playground where sand was (sod replacement for site restoration shall be done at no charge to the District)</li> </ul>		

<b>Item 17. Provide Maintenance for Surfacing</b>		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<p>If marking "Yes" above to provide maintenance, bidders are requested to enter type of surfacing, maintenance requirements and cost in the space below or upload as a separate document to BidSync with your bid response.                  Refer to Bid Specifications for Maintenance.                  **If you need assistance uploading documents, contact BidSync for assistance @ 800-990-9339 ext 1.                  Allow sufficient time to complete all uploads.</p>			
Bidder can provide maintenance for PIP surfacing	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Bidder can provide maintenance for artificial turf surfacing	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Bidder can provide repairs to PIP surfacing	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Bidder can provide repairs to artificial turf surfacing	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<p><b>Section II</b> – The purpose and intent of this section is to establish a pool of pre-qualified vendors to furnish and install shade structures and fitness trails as requested at various locations throughout the District in accordance with the terms, specifications, District Master Specs and conditions set forth in this bid.                  All awarded vendors will be contacted to attend a mandatory site inspection/pre-bid meeting whenever there is a project. All quotes must provide cost for labor, materials and installation.                  There will be no additional charge for consultation or troubleshooting on any project.  <b>To become an awarded vendor for this section of the bid to provide either shade structures or fitness trails, you must mark an "X" or entering the word "YES" in the space below.</b></p>			
<b>Item 18. Provide Shade Structures</b>		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Manufacturer:	<b>Shade Systems, Inc</b>		
Installer if other than self:			
<b>Item 19. Install Shade Structure</b>		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<p>NOTE:                  - If bidding to only supply Shade Structures, you must list your certified installer below  <b>AND</b>                  - Your certified installer must complete and submit a bid for installation <b>and</b> be awarded a contract in order for you to participate in this section of the bid.</p>			
Certified Installer's Company Name:	(if other than self)		
Submit Certificate showing certification (Per Special Condition M, Certification For Installers) <b>**Upload with bid response to BidSync</b>			
<b>Item 20. Provide Fitness Trails</b>		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Manufacturer:	<b>Miracle Recreation Equipment Company</b>		
Installer if other than self:			
<b>Item 21. Install Fitness Trail Equipment &amp; Surfacing</b>		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<p>NOTE:                  - If bidding to only supply Fitness Trails, you must list your certified installer below  <b>AND</b>                  - Your certified installer <u>must</u> complete and submit a bid for installation <b>and</b> be awarded a contract in order for you to participate in this section of the bid.</p>			
Certified Installer's Company Name:	(if other than self)		
Submit Certificate showing certification (Per Special Condition M, Certification For Installers) <b>**Upload</b>			

**with bid response to BidSync**

Supplier: **Miracle Recreation Equipment Company**

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**10C-54B- SALES REPRESENTATIVE**

Per Special Conditions "Q "

Vendor Name:	<b>Miracle Recreation Equipment Company</b>
Sales Representative:	<b>Miracle of South Florida, Connie Brown</b>
Cell Phone Number:	<b>954-520-4523</b>
Office Telephone Number:	<b>954-367-3057</b>
Email Address:	<b>Connieb@miracleofsouthflorida.com</b>
Fax Number:	<b>954-987-0976</b>

**Supplier: Miracle Recreation Equipment Company**

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**10C-54B– REFERENCES**

Per Special Conditions "K "

**This information will be used in the evaluation of this bid.**

**If bidding to supply Playground Equipment, Outdoor Fitness Equipment, Shade Structures, or Fitness Trails, bidder is required to complete this document and upload it to BidSync with bid response.**

**REFERENCES:** List five (5) different projects where the equipment, shade structure or fitness trails you are bidding on has been installed for at least one year but not longer than 5 years,, either in Palm Beach County, Broward or Martin County, that representatives from the School District may visit to inspect for quality of equipment and installation. These can either be a school (**other than those in our District**) or public park. Bidder should notify the contact person for each location that we will be contacting them to schedule a site inspection and/or to request a verbal reference regarding the quality of the equipment and overall satisfaction with your performance on the project.

If a bidder fails to provide all information or if the site inspection or the reference is not satisfactory, the bidder may be considered non-responsive and the bid may be rejected.

<b>YOUR COMPANY NAME: Miracle Recreation Equipment Company</b>	
<b>Submitted By: Connie Brown</b>	
<b>List of Projects</b>	
<b>Reference No. 1</b>	
<b>Agency Name</b>	<b>City of Plantation</b>
Project Location: (complete address)	<b>5555 Palm Tree Road Plantation, FL 33317</b>
Contact Person:	<b>Sharon Kent</b>
Telephone No.:	<b>954-452-2512</b>
Project Description: (playground, shade structure or fitness trail)	<b>Playground</b>
Contract Dollar Amount:	<b>\$105,000.00</b>
Completion date of project:	<b>4/1/2010</b>
<b>Reference No. 2</b>	
<b>Agency Name</b>	<b>Pine Crest Preparatory School</b>
Project Location: (complete address)	<b>1501 NE 62nd Street Fort Lauderdale, FL 33334</b>
Contact Person:	<b>Christine Khachane</b>
Telephone No.:	<b>954-492-4144</b>
Project Description: (playground, shade structure or fitness trail)	<b>Playground, Turf, Shade, Fitness</b>

Contract Dollar Amount:	<b>\$158,000.00</b>
Completion date of project:	<b>11/1/2009</b>
<b>Reference No. 3</b>	
<b>Agency Name</b>	<b>St. Elizabeth School</b>
Project Location: (complete address)	<b>901 NE 33rd Street Pompano Beach, FL 33064</b>
Contact Person:	<b>Craig Mousseau</b>
Telephone No.:	<b>954-942-2161</b>
Project Description: (playground, shade structure or fitness trail)	<b>Playground, Turf</b>
Contract Dollar Amount:	<b>\$40,000.00</b>
Completion date of project:	<b>9/1/2009</b>
<b>Reference No. 4</b>	
<b>Agency Name</b>	<b>Pinewood Elementary School</b>
Project Location: (complete address)	<b>5200 SE Willoughby Blvd Stuart, FL 34997</b>
Contact Person:	<b>Brenda Watkins</b>
Telephone No.:	
Project Description: (playground, shade structure or fitness trail)	<b>Playground, Turf</b>
Contract Dollar Amount:	<b>\$45,000.00</b>
Completion date of project:	<b>8/1/2009</b>
<b>Reference No. 5</b>	
<b>Agency Name</b>	<b>Good Shepherd School</b>
Project Location: (complete address)	<b>402 Seabrook Road Tequesta, FL 33469</b>
Contact Person:	<b>Christine Vanderwesthizen</b>
Telephone No.:	<b>561-746-5507</b>
Project Description: (playground, shade structure or fitness trail)	<b>Playground, Turf</b>
Contract Dollar Amount:	<b>\$25,000.00</b>
Completion date of project:	<b>9/1/2009</b>

Supplier: **Miracle Recreation Equipment Company**

**SCHOOL DISTRICT OF PALM BEACH COUNTY  
PURCHASING DEPARTMENT**

**10C-54B - EARLY PAYMENT TERMS**

Per Special Conditions

**VENDOR NAME: Miracle Recreation Equipment Company**

If vendor chooses not to participate in Early Payment Terms please acknowledge by placing N/A here • **N/A.**

<p><b>EARLY PAYMENT:</b> Specify terms and discount for early payment. Check which terms you will be willing to provide for the duration of this contract to the School District. <b>(please choose one or mark N/A above)</b></p>
<p><input type="checkbox"/> 0.5% 10 net 30 *</p>
<p><input type="checkbox"/> 0.75% 5 net 30 *</p>

\* Upon receipt of invoice by the School District of Palm Beach County Accounts Payable Department.

Supplier: **Miracle Recreation Equipment Company**

**U. S. DEPARTMENT OF AGRICULTURE**

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**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS**

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

**(Before Completing Certification, Read Instructions on Reverse)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this proposal.

Organization Name: **Miracle Recreation Equipment Company** PR/Award Number or Project Name: **T/C Playground Equip, Surfacing & Shade Structures & Fitness Trails**  
 Name and Title of Authorized Representative: **Jim Pefferman, VP**  
 Signature: **Jim Pefferman** Date: **4/6/2010**

**INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this form the prospective lower tier participation is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage section so rules implementing Executive

Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Supplier: Miracle Recreation Equipment Company****10C-54B - BID PREPARATION CHECKLIST****Vendor Name: Miracle Recreation Equipment Company**

The Bid Preparation Checklist is a guide to assist the Bidder in verifying the completeness of their Bid. The Bid Preparation Checklist does not relieve the Bidder of the responsibility of ensuring that all requirements of this solicitation are included with submittal of their response. Check off each of the following as you comply:

- Bidder Acknowledgement
- Bid Summary Document
- NPSI Certificates (see Special Conditions M)
- Equipment Factory Certificates (see Special Conditions M)
- Certificates/License (see Special Conditions L & M and Bid Summary Document)
- Warranty documents for all equipment & surfacing or other products offered (see Specifications)
- Mail or deliver catalogs with prices or price list(s) (see Special Condition G) DO **NOT** upload with your bid response
- Surfacing Spec sheets, test data, etc. (see Specifications)
- Debarment Certification form
- Reference Document (see Special Conditions K)
- Minority Certification Information (if applicable)
- Form 1525, Letter of Intent – M/WBE Subcontractor Participation (If applicable)
- Form 1526, M/WBE Subcontractor Participation Summary (If applicable)
- Form 0580, Drug-Free Workplace Certification

**If you need assistance uploading the required documentation with your bid, contact BidSync for assistance.**

**Allow sufficient time for completion and submittal of all required documents and uploads. Failure to do so may result in your bid being rejected.**

**Supplier: Miracle Recreation Equipment Company**

**THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
Drug-Free Workplace Certification**

Preference must be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL TIE BIDS** - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which 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 received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program, a business shall:

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 employees 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, and 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 bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or 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.

**Jim Pefferman**  
VENDORS SIGNATURE

**4/6/2010**  
DATE

**Miracle Recreation Equipment Company**  
COMPANY NAME

**Must be executed and returned with attached bid at time of bid opening to be considered.**

**Supplier: Miracle Recreation Equipment Company**

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**MINORITY CERTIFICATION INFORMATION**

\* Check here if N/A:  . Form **must be submitted** to **BidSync.com**.

Minority Certification applications are available through the Minority Business Enterprise located at:

Office of Diversity in Business Practices  
 School District of Palm Beach County  
 3300 Forest Hill Boulevard, Suite A-106  
 West Palm Beach, FL 33406-5871  
 Phone: (561) 434-8508  
<http://www.palmbeach.k12.fl.us/mwbe>

**Are you a minority vendor certified by:** (Check if appropriate)

Palm Beach County School District

State of Florida

If yes, expiration date

Minority Classification (check one):  2-African American,  3-Hispanic American,  
 4-Native American,  5-Asian American,  6-American Woman,  7-Physically Impaired,  8-Other

If you are not a certified minority vendor and intend to sub-contract with a certified minority firm(s), please list the vendors and the estimated dollar value below:

<b>Vendor</b>	<b>Estimated Dollar Value</b>
	\$
	\$
	\$

**Supplier: Miracle Recreation Equipment Company**

THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
OFFICE OF DIVERSITY IN BUSINESS PRACTICES

**Letter of Intent  
Minority/Women Business Enterprise (M/WBE) Subcontractor Participation**

Form must be submitted to BidSync.com  Check if not applicable

BID/RFP/RFI/ITN or Project Name

BID/RFP/RFI/ITN or Project #

Name of Bidder/Responder

The undersigned intends to perform work with the above project as *(check one)*

- Individual       Partnership       Corporation       Joint Venture

*\* If a joint venture, attach letterhead or other documentation proving relationship.)*

The undersigned intends to perform work with the above project as *(check one)*

- Subcontractor       Subconsultant       Manufacturer       Supplier

- The undersigned is:       Certified with the School District of Palm Beach County M/WBE Coordinator  
 Certified with the State of Florida, Department of General Services  
 (Provisional)

The undersigned is *(check only one in each applicable column):*

- |   |  |                                     |
|---|--|-------------------------------------|
| <b>Column 1</b>                               | <b>Column 2</b>                          | <b>Column 3</b>                     |
| <input type="checkbox"/> African American     | <input type="checkbox"/> Native American | <input type="checkbox"/> Female     |
| <input type="checkbox"/> Asian American       | <input type="checkbox"/> American Female | <input type="checkbox"/> Male       |
| <input type="checkbox"/> Hispanic<br>American |  | <input type="checkbox"/> Physically |

**PARTICIPATION:** The undersigned intends to perform the following work in connection with the above project.

Item #	CONTRACT (Trade) Items (Description/Division)	Amount

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If the undersigned intends to sub-contract any portion of this subcontract to a non-certified M/WBE subcontractor, the amount of any such subcontract must be stated \$

Name of M/WBE Subcontracting Firm

Name and Position (type or print)

PBSD 1525 (Rev. 2/6/2009) ORIGINAL – Office of Diversity in Business Practices

**Supplier: Miracle Recreation Equipment Company**

**School District of Palm Beach County  
Minority Women Business Enterprise (M/WBE)  
Subcontractor Participation Summary**

\* Check here if N/A:  . Form **must be submitted** to [bidsync.com](http://bidsync.com).

BID/RFP or Project Name  
BID/RFP or Project Number  
Total Bid (Base and Alternatives)

**TO DIRECTOR OF PURCHASING DEPARTMENT**

The M/WBE Subcontractor firms listed below have agreed to participate in this BID/RFP or project for the Contract (Trade) Items and the dollar amounts shown. Letter(s) on Intent (PBSD 1525) for each Subcontractor is (are) attached.

Those Subcontractors represented to me as M/WBE Certified by the M/WBE Coordinator are noted. Also noted are those Subcontractors not presently certified but representing themselves as M/WBE qualified for certification. For those Subcontractors, an identification Statement is attached to their Letter of Intent (PBSD 1525).

CONTRACTOR	CERTIFIED		CONTRACT (TRADES) ITEMS	AMOUNT
	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Total M/WBE Subcontractor Participation

Percentage of Total Bid (Base & Alternates)

Contracting Firm Name  
Name and Position (type or print)

SIGNATURE

DATE