



**Department of Economic
Sustainability**

Capital Infrastructure, Real Estate, &
Inspection Services

100 Australian Avenue - Suite #500

West Palm Beach, FL 33406

(561) 233-3600

www.pbcgov.com/pubinf/hcd



**Palm Beach County
Board of County
Commissioners**

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Steven L. Abrams, Vice Chair

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Paulette Burdick

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Jess R. Santamaria

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County Administrator

Robert Weisman, P.E.

*"An Equal Opportunity
Affirmative Action Employer"*

Dear Contractor:

This is your application to the list of contractors as maintained by the Palm Beach County Department of Economic Sustainability (DES). DES implements various programs/grants/projects in which you may seek to participate. Some of the projects may require bonding and compliance with prevailing wage requirements per the Davis-Bacon Act (DBA). The projects will be located throughout the County. The following are some of the types of programs that you may potentially participate in:

EMERGENCY REHABILITATION PROGRAM (single-family owner occupied homes).

FULL REHABILITATION PROGRAM (single-family owner occupied homes).

FULL REHABILITATION (multi-family and commercial projects)

NEW CONSTRUCTION (multi-family and commercial projects)

Additionally, other program partners such as Subrecipients utilize our Contractor's list in order to select and obtain bids for their projects funded through DES.

After we receive and review your application, we will make an inquiry with the Palm Beach County Contractor's Certification office to find out if there are any complaints pending against you.

After your application is approved, we will contact you to schedule an orientation meeting for you. At this meeting, we will:

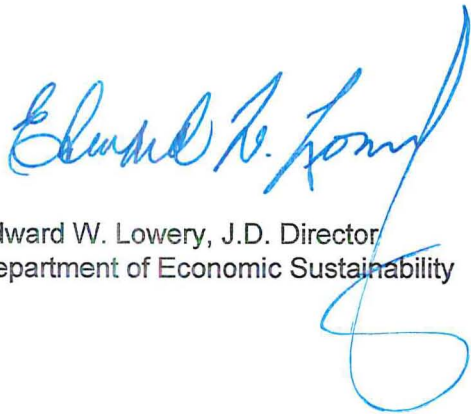
- describe our programs to you
- provide you a sample bid document, and explain the bid process
- explain the inspection procedures
- explain payment processing procedures
- review the insurance requirements
- review the Section 3 requirements, DBA standards, and
- answer any questions you may have about our programs.

Please note that in order to do business with Palm Beach County you must have a vendor code. In order to obtain a vendor code you may contact the Vendor Registration office at (561) 616-6838. Please remember that you will need this vendor code in order to begin receiving bids from our department.

Please review Exhibit "A" (attached) for the insurance requirements to be submitted with your application form.

If you have any questions regarding the above, please call Anthony Compagnone at DES (561)233-3658.

We are looking forward to your participation in our programs as an approved contractor.

A handwritten signature in blue ink, appearing to read "Edward W. Lowery". The signature is stylized and written in a cursive-like font. It is positioned above the printed name and title.

Edward W. Lowery, J.D. Director
Department of Economic Sustainability



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CONTRACTORS

**PRE-QUALIFICATION QUESTIONNAIRE FOR
PALM BEACH COUNTY**

Department of Economic Sustainability
Capital Infrastructure, Real Estate, & Inspection Services
100 Australian Avenue – Suite 500
West Palm Beach, FL 33406
(561) 233-3600

MINIMUM CRITERIA TO BE USED IN PRE-QUALIFYING CONTRACTORS

I. CONTRACTORS BUSINESS INFORMATION

No Minimum Criteria as to type of business is required other than possessing the requisite licensure as provided by Section 287.055, Florida Statutes and local regulations to perform the specific work required by these documents.

II. SURETY

Not required unless the total of active work orders with any one contractor exceeds \$200,000 and the bidder is participating in the Bond Waiver Program. All work under \$200,000 is exempt under the County's Bond Waiver Program (PPM # CW-F-016).

III. LITIGATION

The Firm must:

- A. Not be involved in current or pending litigation which is likely to have a material negative impact on their ability to execute this project.
- B. Not display an undesirable pattern of construction related litigation with project Owners.

IV. FINANCIAL

The firm(s) must provide evidence of adequate financial stability and resources to execute the work. Submit financial statements, tax returns, etc., documenting the company's fiscal stability for the past three (3) years.

V. LICENSURE

The firm must possess a valid Contractor's License pursuant to Florida Statute Chapter 489 for a period not less than three (3) years.

VI. REGULATORY ACTIONS

As part of assessing the Contractor's reliability and safety record, the prospective Contractor shall include all regulatory actions, both pending and settled within the past ten (10) years.

VII. CERTIFICATION

Contractor must provide a list of all active Certifications.

VIII. EXPERIENCE

- A. The Contractor will be evaluated based on the information supplied. In order to be considered for the bid, firms must submit documentation demonstrating a minimum of three (3) years experience as a Contractor, as well as, have and show proof of a minimum of three (3) consecutive years of service under the same firm name.
- B. Using **Schedule A** from the questionnaire, list all projects that are over five thousand dollar value contract amount, that have been started in the last three (3) years.
- C. Using **Schedule B** from the questionnaire, briefly identify Key Personnel and their role with the company and their work experience.
- D. Additionally, attach **Schedule C** providing the names of any customers and their contact information where the contract was terminated early for safety, quality or service issues, over the past five (5) years. Failure to disclose references, terminations, liquidated damages, negotiated penalties, disbarment or safety incidents, may result in Bidder being disqualified from participation in DES funded programs.

IX. CONTRACTOR'S BUSINESS INFORMATION

Company Name: _____

Business/Mailing Address: _____

Telephone Number: _____

Facsimile Number: _____

Account Manager: _____

Date Company Founded: _____

Signatory Authority: _____

Check if:

- Corporation
- Joint Venture
- Partnership
- Sole Proprietorship

Has your firm or any of its principals ever filed for Bankruptcy? Yes No

If yes, attach a full explanation of the circumstances including the date filed, case number and current status.

If Corporation:

State and Date of Incorporation: _____

Name Incorporated Under: _____

Name and Title of Officers: _____

If Partnership:

State and Date of Organization: _____

Name of All Partners: _____

Type of Partnership:

- General
- Publicly Held
- Limited
- Other (describe)

List all Subsidiaries of Holding Companies:

If Joint Venture:

State and Date of Organization: _____

Name, address, and form of organization of joint venture partners. The percentage of the joint venture responsibility is to be shown for each partner. Submit evidence of joint venture's current certification and license number.

If joint venture has not received license as a joint venture, proof that an application has been submitted to the Department of Business and Professional Regulation for licensure must be included with the pre-qualification questionnaire. If a contractor's application is approved proof of receipt of appropriate license as a joint venture will be required at the time of Bid Opening. Failure to produce a valid license at the time of any Bid Opening may result in the Bid being considered non-responsive.

If Sole Proprietorship:

State and Date of Organization: _____

Names and Address of Owner(s): _____

It is the contractor's responsibility to maintain current licenses.

X. INSURANCE REQUIREMENTS

Attach copy or Contractor's current certificates of insurance evidencing the existence of current valid and binding insurance policies.

XI. LITIGATION

- A. Attach **Schedule D** listing any current and pending litigation, arbitration and/or administrative proceedings initiated by or brought against your firm or qualifying agent(s) within the last ten (10) years as a result of construction related matters, including but not limited to liens, delays, defective performance or workmanship. Said information must include project name, presiding court, plaintiff and defendant, and case number.
- B. Attach **Schedule E** listing any judgments for or against your firm(s) during the past ten (10) years involving litigation with an Owner regarding construction matters including, but not limited to, mechanics liens, warranty, delay, negligence, or bonds. State project name and location, judgment amount, presiding court, plaintiff and defendant and case number.

XII. FINANCIAL

Attach **Schedule F** listing name, address and telephone number of the firm's principal banking institution and three (3) business-related credit references.

XIII. LICENSURE

A. List your firm's current license(s).

| TYPE | LICENSE NUMBER | ISSUING AGENCY |
|-------|----------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

B. List and attach copies of all licenses (including those listed above, in XIII. A.) and certificates of competency possessed by key members of the firm, including the qualifying agent(s). Attached said documentation as **Schedule G**.

XIV. REGULATORY FINES

A. Attach **Schedule H** listing any current and pending regulatory fines, arbitration and/or administrative proceedings initiated by or brought against your firm or qualifying agent(s) within the last ten (10) years as a result of construction related matters, including but not limited to liens, delays, defective performance or workmanship. Said information must include project name, presiding court, case number, names of regulatory agency and defendant.

B. Attach **Schedule I** listing any regulatory judgments for or against your firm(s) during the past ten (10) years involving a regulatory agency regarding construction related matters. State project name and location, action, judgment amount, presiding court, case number, names of regulatory agency and defendant.

Note: Schedules A, B and are included in the Pre-Qualification Questionnaire.

Schedules C through I must be provided by applicant regardless of whether applicable or not. Failure to furnish the required schedules may result in disqualification of the Application.

XV. CERTIFICATION

I, the undersigned authority, hereby certify that the information submitted herewith, including any attachment hereto, is true and accurate to the best of my knowledge and belief under perjury of law.

By:

(Print)

(Signature)

Title: _____

Date: _____

Witness:

Name: _____

Title: _____

Date: _____

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this ____ day of _____, 2012, by _____, who is personally known to me or who has produced as identification and who did not take an oath.

(Notary Seal)

EXHIBIT "A" INSURANCE

Unless otherwise specified herein or granted by County's Risk Management Department, the Contractor shall, at its sole expense, maintain in full force and effect at all times when performing any work funded by DES, insurance coverage as described herein at limits, including endorsements, set forth in the Insurance Coverage & Limit Table below. Contractor shall deliver to Owner Certificate(s) of insurance evidencing that such policies are in full force and effect, prior to performance of any work funded by DES. Such certificate(s) shall adhere in every respect to the conditions set forth herein.

The requirement contained herein as to types and limits, as well as County's approval of insurance coverage to be maintained by Contractor are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Contractor when performing any work funded by DES.

COMMERCIAL GENERAL LIABILITY: Contractor shall agree to maintain a standard ISO version Commercial General Liability policy form, or its equivalent providing coverage for, but not be limited to, Bodily Injury and Property Damage, Premises/Operations, Products/Completed Operations, Independent Contractors, Contractual Liability, Broad Form Property Damage, X-C-U Coverage's (if applicable), Severability of Interest including Cross Liability, and be in accordance with all of the limits, terms and conditions set forth herein. Contractor agrees this coverage shall be provided on a primary basis.

BUSINESS AUTOMOBILE LIABILITY: Contractor shall agree to maintain a standard ISO version Business Automobile Liability coverage form, or its equivalent, providing coverage for all owned, non-owned and hired automobiles, and in accordance with all of the limits, terms and conditions set forth herein. Contractor agrees this coverage shall be provided on a primary basis. Notwithstanding the foregoing, should the Contractor not own any automobiles, the business auto liability requirement shall be amended to allow the Contractor to agree to maintain only Hired & Non-Owned Auto Liability. This amended coverage requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto Coverage form.

WORKER'S COMPENSATION & EMPLOYER'S LIABILITY: Contractor shall agree to maintain Worker's Compensation Insurance & Employers Liability, including Federal Act endorsement for U.S. Longshoremen's and Harbor Workers Act when any work is on or contiguous to navigable bodies of U.S. waterways and ways adjoining, covering all of its employees on the work site. This coverage shall be accordance with all of the limits, terms and conditions set forth herein. Exemptions for a Contractor in or doing work in the Construction Industry, or proof of worker's compensation coverage provided by an employee leasing arrangement shall not satisfy this requirement. If any work is sublet Contractor shall require all subcontractors to similarly comply with this requirement unless such subcontractors' employees are covered by Contractor's Worker's Compensation insurance policy. Contractor agrees this coverage shall be provided on a primary basis.

ADDITIONAL REQUIRED INSURANCE WHEN WORK INVOLVES: The Contractor shall agree to maintain the following additional required insurance coverage's with respect to any work involving property, operations, or type of equipment for which each insurance coverage's described below have been designed specifically to provide coverage for:

BUILDER'S RISK: With respect to any of the work involving the construction of real property (buildings and improvements other than buildings) during the construction project, the Contractor will maintain Builders Risk insurance providing coverage for the entire work at the project site, and will also cover portions of work located away from the site but intended for use at the site, and will also cover portions of the work in transit.

The Contractor agrees and understands the County shall not provide any Builder's Risk insurance on behalf of Contractor for loss or damage to work, or to any other property of owned, hired, or borrowed by the Contractor. The Contractor shall be responsible for all policy deductibles on all perils.

INLAND MARINE/TRANSIT INSURANCE: With respect to property with values in excess of \$100,000 which is rigged, hauled or situated at the site pending installation, the Contractor shall agree to maintain inland marine property/transit insurance provided the coverage is not afforded by a Builders Risk policy. Coverage shall be provided in accordance with all of the limits, terms and conditions set forth herein. Contractor agrees this coverage shall be provided on a primary basis. The Contractor agrees and understands the County shall not provide any inland marine nor transit insurance on behalf of Contractor for loss or damage to work, or to any other property of owned, hired, or borrowed by the Contractor.

SATISFYING LIMITS UNDER AN UMBRELLA POLICY: If necessary, the Contractor may satisfy the minimum limits required above for either Commercial General Liability, Business Auto Liability, and Employer's Liability coverage under an Umbrella or Excess Liability policy. The underlying limits may be set at the minimum amounts required by the Umbrella or Excess Liability policy provided the combined limits meet at least the minimum limit for each required policy. The Umbrella or Excess Liability policy shall have an Annual Aggregate at a limit not less than two (2) times the highest per occurrence minimum limit required above for any of the required coverage's. The County shall be specifically endorsed as an "Additional Insured" on the Umbrella or Excess Liability policy, unless the Umbrella or Excess Liability policy provides continuous coverage to the underlying policies on a complete "Follow-Form" basis without exceptions and stated as such on the Certificate of Insurance.

ADDITIONAL INSURED: The Contractor agrees to endorse the County as an Additional Insured on each insurance policy required to be maintained by the Contractor, except for Worker's Compensation and Business Auto Liability. The CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, shall be endorsed to the Commercial General Liability. Other policies, when required, such as for builder's risk or transit insurance, shall provide a standard Additional Insured endorsement offered by the insurer providing coverage with respect to liability arising out of the operations of the Contractor. The endorsement shall read "Palm Beach County Board of County Commissioners". The Contractor shall agree the Additional Insured endorsements provide coverage on a primary basis. Endorsement shall be in accordance with all of the limits, terms and conditions set forth herein.

LOSS PAYEE: The Contractor shall agree to endorse the County as a Loss Payee on the Builder's Risk and Inland Marine/Transit Insurance, when required to be maintained by the Contractor. The Loss Payee endorsement shall read "Palm Beach County Board of County Commissioners." Endorsement shall be in accordance with all of the limits, terms and conditions set forth herein. The Contractor shall agree the Loss Payee endorsement provides coverage on a primary basis.

WAIVER OF SUBROGATION: The Contractor shall agree, performance of any work funded by DES to a Waiver of Subrogation for each required policy. When required by the insurer or should a policy condition not permit an Insured to enter into an pre-loss agreement to waive subrogation without an endorsement, then the Contractor shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which a condition to the policy specifically prohibits such an endorsement, or voids coverage should the insured enter into such an agreement on a pre-loss basis. The Waiver of Subrogation shall be in accordance with all of the limits, terms and conditions set forth herein.

RIGHT TO REVIEW & ADJUST: The Contractor shall agree, notwithstanding the foregoing, the County, by and through its Risk Management Department, in cooperation with the Department of Economic Sustainability, reserves the right to periodically review, reject or accept all required policies of insurance, including limits, coverage's, or endorsements, hereunder from time to time. Furthermore, the County reserves the right to review and reject any insurer providing coverage because of poor financial condition or because it is not operating legally. In such event, County shall provide Contractor written notice of such adjusted limits and Contractor shall agree to comply within thirty (30) days of receipt thereof and to be responsible for any premium revisions as a result of any such reasonable adjustment.

NO REPRESENTATION OF COVERAGE ADEQUACY: The coverage's and limits identified in the table have been determined to protect primarily interests of the County only, and the Contractor agrees in no way should the coverage's and limits in the table be relied upon when assessing the extent or determining appropriate types and limits of coverage to protect the Contractor against any loss exposures, whether as a result of the construction project or otherwise.

CERTIFICATE OF INSURANCE: Certificates of Insurance must provide clear evidence that Contractor's Insurance Policies contain the minimum limits of coverage and terms and conditions set forth herein. In the event the County is notified that a required insurance coverage will cancel or non-renewed during the performance of any work funded by DES, the Contractor shall agree to furnish prior to the expiration of such insurance, an additional certificate of insurance as proof that equal and like coverage for the balance of the work performed for projects funded by DES, and any extension thereof is in effect. Contractor shall agree not continue to work unless all required insurance remains in effect. The County shall have the right, but not the obligation, of prohibiting Contractor or any subcontractor from entering the project site until such certificates or other evidence that insurance has been placed in complete compliance with these requirements is received and accepted by the County. The County reserves the right but not the obligation to withhold payment, to Contractor until coverage is reinstated. If the Contractor fails to maintain the insurance as set forth herein, the County shall have the right, but not the obligation, to purchase said insurance at Contractor's expense.

ADDITIONAL REQUIREMENTS FOR CERTIFICATES OF INSURANCE

1. Shall clearly identify Palm Beach County, a political subdivision of the State of Florida, its officers, agents and employees as Additional Insured for all required insurance coverage's, except Workers Compensation and Business Auto Liability.
2. Shall clearly indicate project name to which it applies.
3. Evidence of renewal coverage must be provided prior to any policy expiration date during the performance of any work funded by DES.
4. Shall clearly identify Palm Beach County, Board of County Commissioners endorsed as a Loss Payee on any Inland Marine coverage's.
5. Contractor shall deliver original Certificate(s) of Insurance to the following Certificate Holder address:

DEPARTMENT OF ECONOMIC SUSTAINABILITY/CIREIS
100 Australian Avenue, Suite #500
West palm Beach, FL 33406
(561) 233-3600

DEDUCTIBLES, COINSURANCE PENALTIES, & SELF-INSURED RETENTION: The Contractor shall agree to be fully and solely responsible for any costs or expenses as a result of a coverage deductible, coinsurance penalty, or self-insured retention; including any loss not covered because of the operation of such deductible, coinsurance penalty, or self-insured retention.

SUBCONTRACTOR'S INSURANCE: The Contractor shall agree to cause each subcontractor employed by Contractor to purchase and maintain insurance of the type specified herein, unless the Contractor's insurance provides coverage on behalf of the subcontractor. When requested by the County, the Contractor shall agree to obtain and furnish copies of certificates of insurance evidencing coverage for each subcontractor.

INSURANCE COVERAGE & TABLE: The Contractor shall agree to maintain the coverage's, endorsements, and limits of liability in accordance with and set forth by the Insurance Coverage & Table below:

| <u>INSURANCE COVERAGE & LIMIT TABLE</u> | | |
|--|---|---|
| <u>TYPE OF COVERAGE</u> | <u>CONTRACTS LESS THAN \$500,000</u> | <u>CONTRACTS \$500,000 OR MORE</u> |
| <u>COMMERCIAL GENERAL LIABILITY:</u> Limit of Liability not less than: Additional Insured endorsement required: | \$500,000 per occurrence Yes | \$1,000,000 per occurrence Yes |
| <u>COMPREHENSIVE AUTO LIABILITY:</u> Limit of Liability not less than: | \$500,000 per occurrence | \$1,000,000 per occurrence |
| <u>WORKERS COMPENSATION & EMPLOYER'S LIABILITY:</u> Coverage not less than: Employers Liability Limits: | Statutory \$100/500/100 | |
| <u>INLAND MARINE COVERAGE:</u> Limit not less than: Additional Insured & Loss Payee endorsements required: | Highest value exposed during the construction project. Yes | |

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

Request for Qualifications (RFQ)

Schedule A. Current Projects

List all projects over a five thousand dollar amounts that have been started in the last three (3) years by your firm. If you have done work for Palm Beach County in the past, or another municipality, use this form to show that work, regardless the dollar amount. Duplicate form as necessary.

| Project Title | Start Date | Completion Date | Client Contact Person | Client Contact Phone |
|---------------|------------|-----------------|-----------------------|----------------------|
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PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

Request for Qualifications (RFQ)



Schedule B. Key Personnel

Note: Attach a copy of the resume for each key personnel confirmed to participate in this Contract.

Name: _____ Proposed Role: _____

Years of experience performing in a similar role: _____ Locally available? _____

Years with your organization: _____ Number of hours employed weekly: _____

Educational background/Special Training/ Certifications/Licenses: _____

Experience: Describe experience, list projects performed where key personnel had a similar role as that proposed. Indicate the name of the project, the dollar value of the project, owner, and brief description of role in project. Attach additional sheets as necessary.

Project: _____ Contract \$ Amount _____

Owner: _____

Description of role in project: _____

Project: _____ Contract \$ Amount _____

Owner: _____

Description of role in project: _____

**CERTIFICATION REGARDING DEBARMENT,
SUSPENSION, INELIGIBILITY, AND VOLUNTARY
EXCLUSION-LOWER TIER PARTICIPANT**
(for use by subcontractors/subconsultants)

Certification Regarding Debarment Suspension, Ineligibility and Voluntary Exclusion-Lower-Tier Covered Transactions pursuant to 24 CFR, Code of Federal Regulations, Part 24.510(b) and HUD Handbook 1300.13 REV.1:

1. By signing and submitting this proposal, the prospective lower-tier participant, certifies that neither it, nor its principals, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
Further, I, we, provide the certification set out below:
I, and any principals of my firm, understand that the certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that I, we, 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.
2. Further, I, and any principal of my firm, shall provide immediate written notice to the person to which this proposal is submitted if at any time I, we, learn that my/our certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. By submitting this bid/proposal, I, and any principals of my firm, agree that should the proposed covered transaction be entered into, I, we, will 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 agency with which this transaction originated.
4. I, and any principals of my firm, further agree by submitting this bid/proposal that I/we, will include this Certification, without modification, in all lower tier covered transactions and in all solicitations for lower-tier covered transacting.

Project _____

Name:

Subcontractor _____

Name:

Address: _____

By: _____

Name and Title

Signature

Date

Request for Copy of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

| | |
|---|--|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number or individual taxpayer identification number if joint tax return |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | |
| 4 Previous address shown on the last return filed if different from line 3 (see instructions) | |
| 5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. | |

Palm Beach County Department of Economic Sustainability Attn: Contractor List 100 Australian Ave Suite 500 West Palm Beach FL 33406

Caution. If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 **Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____

Note. If the copies must be certified for court or administrative proceedings, check here

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

| | | | |
|------|------|------|--|
| 2009 | 2010 | 2011 | |
| | | | |

| | |
|--|-----------------|
| 8 Fee. There is a \$57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order. | |
| a Cost for each return | \$ 57.00 |
| b Number of returns requested on line 7 | |
| c Total cost. Multiply line 8a by line 8b | \$ |
| 9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here <input type="checkbox"/> | |

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note.** For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

| | | |
|------------------|--|------|
| | | |
| Sign Here | Signature (see instructions) | Date |
| | Title (if line 1a above is a corporation, partnership, estate, or trust) | |
| | Spouse's signature | Date |

Phone number of taxpayer on line 1a or 2a

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The IRS has created a page on IRS.gov for information about Form 4506 and its instructions, at www.irs.gov/form4506. Information about any recent developments affecting Form 4506, Form 4506T and Form 4506T-EZ will be posted on that page.

General Instructions

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 60 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

| If you filed an individual return and lived in: | Mail to the "Internal Revenue Service" at: |
|--|--|
| Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | RAIVS Team Stop 6716 AUSC Austin, TX 73301 |
| Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | RAIVS Team Stop 37106 Fresno, CA 93888 |
| Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 |

Chart for all other returns

| If you lived in or your business was in: | Mail to the "Internal Revenue Service" at: |
|--|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address | RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 |
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin | RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 |

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:M:S
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224.

Do not send the form to this address. Instead, see *Where to file* on this page.

SECTION 3

CONTRACTOR SELF-CERTIFICATION FISCAL YEAR 2012-2013

| | |
|--|--|
| Company Name: Address 1: Address 2: City/St/Zip | |
|--|--|

SECTION 3 BUSINESS CONCERN STATUS

The Section 3 Business Concern status of the above-named contractor is:

- The contractor is 51%, or more, owned by an individual or individuals who:
 - reside in public housing , or
 - reside in Palm Beach County and whose household income, by household size, is at or below the income limits shown on the attached chart.
- At least 30% of the contractor's permanent full-time employees are individuals who within three years of the date of first employment were, or who currently are:
 - residing in public housing, or
 - residing in Palm Beach County and whose household income, by household size, is at or below the income limits shown on the attached chart.
- The Contractor commits to subcontract in excess of 25% of the dollar award of all subcontracts to business concerns that meet the qualifications set forth in either of the above two paragraphs. The Contractor provides the attached evidence of such commitment.

Note: Contractors who meet one of the above qualifications are regarded as Section 3 Business Concerns for the purpose of this self-certification.

- The Contractor does not meet any of the above qualifications, and the Contractor is not a Section 3 Business Concern.

CONTRACTOR'S SELF-CERTIFICATION

The undersigned Contractor hereby certifies that the Contractor

- IS a Section 3 Business Concern
- IS NOT a Section 3 Business Concern.

The Contractor, if certifying to be a Section 3 Business Concern, further certifies that the Contractor shall submit, if requested by the Palm Beach County Department of Economic Sustainability or the U. S. Department of Housing and Urban Development, evidence of the qualifications meeting the Section 3 Business Concern indicted above by the Contractor.

The Contractor also certifies that the Contractor shall comply with the Section 3 requirements regardless of whether the contractor qualifies as a Section 3 Business Concern or not, and agrees to put forth their best effort toward hiring Section 3 Business Concerns and Professionals as identified by the U. S. Department of Housing and Urban Development and that the Contractor understands that non-compliance may result in sanctions, termination of contracts for default, and debarment or suspension from federally funded contracts.

Name of Officer or Owner of the Company : _____

Signature: _____ Date: _____

ANNUAL INCOME LIMITS
FOR
WEST PALM BEACH - BOCA RATON
METROPOLITAN STATISTICAL AREA

AS OF MAY 31, 2011

FY 2011 Median Family Income: \$63,300

| PERSONS PER HOUSEHOLD | 30% OF MEDIAN INCOME | 50% OF MEDIAN INCOME | 80% OF MEDIAN INCOME |
|-----------------------------|----------------------------|----------------------------|----------------------------|
| 1 | \$16,000 | \$26,650 | \$42,650 |
| 2 | \$18,300 | \$30,450 | \$48,750 |
| 3 | \$20,800 | \$34,250 | \$54,850 |
| 4 | \$22,850 | \$38,050 | \$60,900 |
| 5 | \$24,700 | \$41,100 | \$65,800 |
| 6 | \$26,550 | \$44,150 | \$70,650 |
| 7 | \$28,350 | \$47,200 | \$75,550 |
| 8 | \$30,200 | \$50,250 | \$80,400 |

Revised May 31, 2011