



PUBLIC HEALTH TRUST / JACKSON HEALTH SYSTEM

VENDOR REGISTRATION APPLICATION

The Public Health Trust/Jackson Health System (“PHT”) Procurement Regulation can be found on the Jackson Health System website at www.jacksonhealth.org under the “Vendors & Businesses” tab. All current and proposed PHT vendors/contractors are required to register in Supplier Portal, an electronic procurement solicitation system, to be notified of upcoming opportunities to do business with the PHT.

Current and proposed vendors must complete a Vendor Registration Application prior to receiving an award or renewing a contract with the Trust. The Vendor Registration Application allows vendors/contractors to submit a single application when establishing a contract with the PHT for the provision of goods and/or services. **A Vendor Registration Application will not be processed for vendors/contractors who have not already registered in Supplier Portal.**

This registration application must include the required Miami-Dade County affidavits, a copy of the firm’s Dade County Business Occupational license (if the firm is domiciled in Miami-Dade County), and a copy of the State Corporate Certificate (if incorporated). A continued compliance form must be submitted with an RFP, ITB, Bid Waiver, or any purchase falling under the amount required for bidding if the registration application has been submitted within the past twelve (12) months.

Remit all required documents to the following address:

**PUBLIC HEALTH TRUST / JACKSON HEALTH SYSTEM
Procurement Management Department (Purchasing)
Jackson Medical Towers – Suite #814
1500 NW 12TH AVENUE
MIAMI, FLORIDA 33136
ATTN: Fabian Ponton, Vendor Coordinator
Email: fponton@jhsmiami.org**

Information provided in the Vendor Registration Application may be updated at any time by notifying the Vendor Coordinator in writing, at the above noted address, on company letterhead, signed by an authorized officer of the business entity. For assistance with completing this application, or any questions concerning purchasing related matters, please contact the Vendor Coordinator, Fabian Ponton, at (305) 585-5815.

SUPPLIER PORTAL

Jackson Health System (JHS) is now using an electronic procurement solicitation system. Please access the Supplier Portal using the following link to review and respond to solicitations. You may view open solicitations by selecting ‘Browse Open Events’. In order to respond electronically to a solicitation, please create a no-fee account at the following link: www.jacksonhealth.org/vendors-supplier-portal.asp. **All current and proposed vendors/contractors are required to register with the Trust by registering in Supplier Portal.**

REPTRAX

Jackson Health System is part of the Reprax vendor credentialing community. All vendors who wish to gain access to our facilities are required to register by visiting www.Reprax.com. Vendors will not be allowed access to our facilities without being registered in Reprax.



VENDOR REGISTRATION APPLICATION

Procurement Management Department
1500 NW 12 Avenue, Suite 814, Miami, Florida 33136
Telephone: 305-585-5815
www.jacksonhealth.org/vendors-procurement.asp

**Please type or complete in ink and forward package by mail or in person to the address above.
Strikethrough with initials will be accepted - whiteout will not be accepted.**

Prospective vendors are required to complete a Vendor Registration Application package prior to the award of any contract with the PHT. Applications will not be processed if prospective vendors have not also registered in the JHS Supplier Portal. It is the vendor's responsibility to keep information current, complete and accurate, by submitting any updates to the Procurement Management Department's Vendor Coordinator.

Note: Once this Vendor Registration Application has been completed & submitted, the PHT requires submission of "Form A-11 - Annual Renewal", for simplified renewal on an annual basis. Form A-11 must be submitted within one year of the original submission date of this package, prior to its expiration. A Vendor Registration Application will not be processed for vendors/contractors who have not registered in Supplier Portal.

Federal Employee Identification Number (FEIN) or, if none, enter the owner's Social Security Number (SSN): _____

Global Location Number: _____

**The Vendor Registration Application is comprised of three sections.
All sections must be completed. If a question is not applicable, please write 'N/A'.**

SECTION 1: GENERAL BUSINESS INFORMATION

1. NAME OF BUSINESS:

Enter the name of the entity, individual(s), partners, or corporation; followed by any other name used to do business (DBA). This business name shall appear on all invoices submitted to the Trust.

Name of Entity, Individual(s), Partners or Corporation

Doing Business As (If same as above leave blank)

2. COMPANY BUSINESS ADDRESS:

Enter the physical address for the main office.

Street Address (P.O. Box Number is not permitted)

City State (U.S.A.) Country Zip Code

3. MAILING ADDRESS:

Enter the business mailing address only if different from above. (Leave blank if address is the same as above.)

Street Address (or P.O. Box Number)

City State (U.S.A.) Country Zip Code

4. PAYMENT REMITTANCE ADDRESS:

Enter the company address where payment of invoices is to be mailed. (Enter even if same as above.)

Street Address (or P.O. Box Number)

City State (U.S.A.) Country Zip Code

5. OTHER AFFILIATE:

Enter name and address of Business Affiliate, i.e. parent company or subsidiary with the same Federal Employer Identification Number (FEIN) as firm submitting vendor application.

Parent Company

Subsidiary

Name of Firm

Street Address (P.O. Box Number is not permitted)

City

State (U.S.A.)

Country

Zip Code

6. CONTACT PERSON:

Enter the name and title of your firm's contact person.

Mr. Mrs. Ms.

First Name

MI

Last Name

Title

7. FIRM'S TELEPHONE NUMBERS AND E-MAIL ADDRESS:

Enter the telephone and fax number(s) and e-mail address for the contact person named above.

Telephone Number: _____

Fax Number: _____

Toll Free Number: _____

E-mail address: _____

8. TYPE OF BUSINESS ORGANIZATION:

Place a checkmark next to the description that best describes the type of organization for your firm, entering additional information as requested for the items listed.

Corporation Incorporated in the State of: _____

Publicly Traded Corporation Stock Exchange Market of Registration: _____ Symbol: _____

Partnership

Sole Proprietorship (One Individual Owner)

Not-for-Profit Organization:

Other (Specify):

9. TYPE OF BUSINESS: (Indicate by checkmark and identify type of commodity and/or service)

Commodities/Services

Manufacturer _____

Distributor _____

Maintenance _____

Services _____

Construction _____

Contractor _____

Professional Services _____

GLN Number _____

Jackson Health System has implemented an electronic vendor invoice processing system. Vendor invoices may be sent via email or by US Mail. Please reference the included **Jackson Health System Accounts Payable Billing Instructions** at the end of this registration application for more information.

AFFIRMATIONS AND SIGNATURES

The undersigned hereby certifies that the foregoing statements are true and correct and include all of the material necessary to identify and explain the operation of the business described herein. The undersigned agrees to provide Jackson Health System/Public Health Trust with current, complete and accurate information for each project contracted and for all proposed changes in any contractual agreement. Misrepresentations shall be grounds for terminating any contract. A Vendor Registration Application will not be processed for vendors/contractors who have not registered in Supplier Portal.

Date

Signature

Name of Firm

Print Name

Title



VENDOR AFFIDAVIT FORM

(Uniform Affidavits)

Procurement Management Department
 1500 NW 12 Avenue, Suite 814, Miami, Florida 33136
 Telephone: 305-585-5815
www.jacksonhealth.org/vendors-procurement.asp

SECTION 2: VENDOR AFFIDAVITS FORM

 Name of Entity, Individual(s), Partners or Corporation

 Doing Business As (If same as line above, leave blank)

 Street Address (P.O. Box Number is not permitted)

 City State (U.S.A.) Country Zip Code

1. MIAMI-DADE COUNTY OWNERSHIP DISCLOSURE AFFIDAVIT

(Sec. 2-8.1 of the Miami-Dade County Code)

Firms registered to do business with Miami-Dade County shall require the person contracting or transacting such business with the County to disclose, under oath, his or her full legal name and business address. Such contract or transaction shall also require the disclosure, under oath, of the full legal name and business address of all individuals having any interest (legal, equitable, beneficial or otherwise) in the contract other than subcontractors, material men, suppliers, laborers or lenders. Post office box addresses shall not be accepted hereunder. If the contract or business transaction is with a corporation, the foregoing information shall be provided for each officer and director and each stockholder holding, directly or indirectly, five (5) percent or more of the outstanding stock in the corporation. If the contract or business transaction is with a partnership, the foregoing information shall be provided for each partner. If the contract or business transaction is with a trust, the foregoing information shall be provided for the trustee and each beneficiary of the trust. The foregoing disclosure requirements shall not apply to contracts with publicly-traded corporations, or to contracts with the United States or any department or agency thereof, the State or any political subdivision or agency thereof, or any municipality of this State. Use duplicate page if needed for additional names.

PRINCIPALS

If no officer, director or stockholder owns (5%) or more of stock, please write "None" below.

<u>FULL LEGAL NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>

OWNERS

Enter owner information below. If a percentage of the firm is owned by a publicly traded corporation or by another corporation, indicate below in the section "Other Corporations".

<u>FULL LEGAL NAME</u>	<u>TITLE</u>	<u>% OF OWNERSHIP</u>	<u>ADDRESS</u>	<u>GENDER</u>		<u>RACE / ETHNICITY</u>				
				<u>M</u>	<u>F</u>	<u>White</u>	<u>Black</u>	<u>Hispanic</u>	<u>Other</u>	

OTHER CORPORATIONS

Enter percentage of the firm owned by a publicly traded corporation or by another corporation:

FULL LEGAL NAME	TITLE	% OF OWNERSHIP	ADDRESS	GENDER		RACE / ETHNICITY				
				M	F	White	Black	Hispanic	Other	

2. MIAMI-DADE COUNTY EMPLOYMENT DISCLOSURE AFFIDAVIT

(County Ordinance No. 90-133, amending Section 2.8-1(d) (2) of the Miami-Dade County Code)

The following information is for compliance with all items in the aforementioned Section:

- a) Does your firm have a collective bargaining agreement with its employees? **Yes** ___ **No** ___
- b) Does your firm provide paid health care benefits for its employees? **Yes** ___ **No** ___
- c) Provide a current breakdown (number of persons) in your firm’s work force, indicating race, national origin and gender.

Organization Name _____

Total Number of Employees _____

Number of Employees in Diverse Categories _____

	NUMBER OF EMPLOYEES	
	Males	Females
Caucasian		
African-American		
Hispanic		
Native American		
Non-White/Other Not Specified		
All Veterans		

3. MIAMI-DADE COUNTY DISABILITY AND NONDISCRIMINATION AFFIDAVIT

(Article 1, Section 2-8.1.5 Resolution R182-00 Amending R-385-95 of the Miami-Dade County Code)

Firms transacting business with Miami-Dade County shall provide an affidavit indicating compliance with all requirements of the Americans with Disabilities Act (A.D.A.).

I state that this firm is in compliance with, and agrees to continue to comply with, and assure that any subcontractor or third party contractor shall comply with all applicable requirements of the laws including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (A.D.A.), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. Sections 225 and 611 including Titles I, II, III, IV and V.

The Rehabilitation Act of 1973, 29 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

I hereby affirm that I am in compliance with the below sections:

Section 2-10.4(4)(a) of the Code of Miami-Dade County (Ordinance No. 82-37), which requires that all properly licensed architectural, engineering, landscape architectural, and land surveyors have an affirmative action plan on file with Miami-Dade County.

Section 2-8.1.5 of the Code of Miami-Dade County, which requires that firms that have annual gross revenues in excess of five (5) million dollars have an affirmative action plan and procurement policy on file with Miami-Dade County. Firms that have a Board of Directors that are representative of the population make-up of the nation may be exempt.

4. MIAMI-DADE COUNTY DEBARMENT DISCLOSURE AFFIDAVIT
(Section 10.38 of the Miami-Dade County Code)

Firms wishing to do business with Miami-Dade County must certify that its contractors, subcontractors, officers, principals, stockholders, or affiliates are not debarred by the County before submitting a bid.

I, confirm that none of these firms' agents, officers, principals, stockholders, subcontractors or their affiliates are debarred by Miami-Dade County.

5. MIAMI-DADE COUNTY VENDOR OBLIGATION TO COUNTY AFFIDAVIT
(Section 2-8.1 of the Miami-Dade County Code)

Firms wishing to transact business with Miami-Dade County must certify that all delinquent and currently due fees, taxes and parking tickets have been paid and no individual or entity in arrears in any payment under a contract, promissory note or other document with the County shall be allowed to receive any new business.

I confirm that all delinquent and currently due fees or taxes including, but not limited to, real and personal property taxes, convention and tourist development taxes, utility taxes, and Local Business Tax Receipt collected in the normal course by the Miami-Dade County Tax Collector and County-issued parking tickets for vehicles registered in the name of the above firm have been paid.

6. MIAMI-DADE COUNTY CODE OF BUSINESS ETHICS AFFIDAVIT
(Article 1, Section 2-8.1(i) and 2-11(b) (1) of the Miami-Dade County Code through (6) and (9) of the County Code and County Ordinance No 00-1 amending Section 2-11.1(c) of the County Code)

A firm wishing to transact business with Miami-Dade County must certify that it has adopted a Code of business ethics that complies with the requirements of Section 2-8.1 of the County Code. The Code of Business Ethics shall apply to all business that the contractor does with the County and shall at a minimum require the contractor to comply with all applicable governmental rules and regulations.

I confirm that this firm has adopted a Code of business ethics which complies with the requirements of Sections 2-8.1 of the County Code, and that such code of business ethics shall apply to all business that this firm does with the County and shall, at a minimum, require the contractor to comply with all applicable governmental rules and regulations.

7. MIAMI-DADE COUNTY FAMILY LEAVE AFFIDAVIT
(Article V of Chapter 11 of the Miami-Dade County Code)

Firms contracting business with Miami-Dade County, which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year, are required to certify that they provide family leave to their employees.

Firms with less than the number of employees indicated above are exempt from this requirement. If a firm is exempt from this requirement, it must indicate by letter (signed by an authorized agent) that it does not have the minimum number of employees required by the County Code.

I confirm that, if applicable, this firm complies with Article V of Chapter 11 of the County Code, which requires that firms contracting business with Miami-Dade County which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year are required to certify that they provide family leave to their employees.

8. MIAMI-DADE COUNTY INSPECTOR GENERAL REVIEW
(Section 2-1076 of the Miami-Dade County Code)

Miami-Dade County has established the Office of the Inspector General (OIG) which may, on a random basis, perform audits, inspections, and reviews of all County/Trust contracts. This random audit is separate and distinct from any other audit by the County. To pay for the functions of the Office of the Inspector General, any and all payments to be made to the Contractor under this contract will be assessed one quarter (1/4) of one (1) percent of the total amount of the payment, to be deducted from each progress payment as the same becomes due unless, as stated in the Special Conditions, this Contract is federally or state funded where federal or state law or regulations preclude such a charge. The Contractor shall in stating its agreed process is mindful of this assessment, which will not be separately identified, calculated or adjusted in the proposal or bid form. The audit cost shall also be included in all change orders and all contract renewals and extensions.

I confirm that if applicable, this firm complies with Section 2-1076 of the County Code, which requires the above deduction to pay for the functions of the Office of Inspector General by the section of the County Code.

9. USER ACCESS PROGRAM (UAP) FEE

The Board of Trustees for the Public Health Trust (PHT) of Miami-Dade County approved a User Access Program (UAP) under Resolution No. PHT 5/10-030 as implemented by the CEO/President in the "Jackson Health System User Access Program" policy. This agreement is subject to a user access deduction under the PHT User Access Program (UAP) in the amount of two percent (2%). All PHT purchases under this agreement, and purchases made by any other organization or jurisdiction that may use the agreement, are subject to the two percent (2%) UAP deduction.

The vendor providing the goods or services under this agreement shall invoice the amount of the agreement price, and shall accept as payment thereof the contract price less the 2% UAP as full and complete payment for the goods and/or services specified on the invoice. The PHT shall retain the 2% UAP for use by the PHT to help defray the cost of PHT operations. Vendor participation in this program is mandatory.

Vendor Compliance: If the Vendor fails to comply with this section, the Vendor maybe considered in default by the Trust in accordance with the terms and conditions of this agreement.

I confirm that, if applicable, this firm complies with the UAP Program policy per PHT Resolution 5/10-030.

10. MIAMI-DADE COUNTY DOMESTIC LEAVE AND REPORTING

(Article 8, Section 11A-60 – 11A-67 of the Miami-Dade County Code)

Firms wishing to transact business with the Trust must certify that it is in compliance with the Domestic Leave Ordinance.

I confirm that, if applicable, this firm complies with the Domestic Leave Ordinance. This ordinance applies to employers that have, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during the current or preceding calendar year.

11. FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

Pursuant to Paragraph 2(a) of Section 287.133, Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal/bid for a contract to provide any goods or services to a public entity; may not submit a proposal/bid on a contract with a public entity for the construction or repair of a public building or public work; may not submit a proposal/bid on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for category two (\$10,000.00) for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

I confirm that, if applicable, this firm shall comply with Section 287.133 of the Florida Statutes.

12. REGULATION ON-BOARDING REQUIREMENTS FOR CONTRACTED PERSONNEL STAFF

The Trust, as a mandate of The Joint Commission, requires that awarded Proposer will maintain the following documents in their personnel files and will present the documents upon request and will ensure that the Trust policies for contractor/agency requirements are met. Prior to assigning personnel to perform contracted services for the Trust, the vendor, at its own expense, shall carefully screen personnel in accordance with the Trust's pre-employment health screening policies and procedures. The screening by the vendor shall include, but not be limited to, the pre-placement health screening, background and employee requirements as outlined below:

- Physical exam and general health screen statement indicating the person is free of communicable disease and fit to perform the assigned job duties.
- Negative Urine Drug Test: 5 Panel Drug Screen submitted to a Trust approved drug testing facility.
- Negative TB Skin Test (Tine not acceptable) or chest x-ray.
- A criminal background check for local agencies (Miami-Dade and Broward Counties) – a county, state, and abuse registry criminal background check is required.
- A criminal background check for non-local or traveling agencies - a 7 year criminal background check is required.

The Trust reserves the right to conduct random audits of Contractor's personnel files for verification of required documentation to ensure awarded vendor's compliance with Trust policies and procedures, Joint Commission standards and any other healthcare regulatory requirements for staffing. Upon award, the awarded vendor shall contact the Human Resources Compliance Department for guidance to the specific processes to be followed.

13. MIAMI-DADE COUNTY LIVING WAGES

(Section 2-8.9 of the Miami-Dade County Code)

All applicable contractors entering into a contract with the Trust shall agree to pay the prevailing living wage required by this section of the County Code.

I confirm that, if applicable, this form complies with section 2-8.9 of the County Code, which requires that all applicable employers entering a contract with Miami-Dade County and the Public Health Trust shall pay the prevailing living wage required by the section of the County Code.

I hereby certify that the foregoing information is true, correct and complete.

14. SUPPLIER DIVERSITY AND INCLUSION

Jackson Health System's purchasing practices are designed to provide equal access and opportunity to all suppliers and prohibit discriminatory business relationships. It is the aim of Jackson to provide all segments of Miami-Dade County with a full, fair and meaningful opportunity to participate in our contracts regardless of race, gender or ethnic origin. We are committed to creating a cadre of contractors and suppliers in our supply chain, that represent the diversity in the communities we serve. Jackson encourages the participation of historically underutilized business enterprises, including minority-, women-, veteran- and service-disabled veteran-owned firms in all procurement activities.

As an economic engine and major employer in Miami-Dade County, Jackson Health System is proud of its inclusive hiring practices and broadly diverse workforce. We encourage contractors and vendors to actively support our commitment to diversity and inclusion and reflect their support in the teams performing work for Jackson. We expect that contractors will work to achieve diversity in Jackson Health System contracts by employing diverse work forces, engaging diverse development teams, hiring subcontractors with diverse ownership and workforces, and employing locally based small firms and employees reflective of the racial, gender and ethnic diversity of Miami Dade County. Contractors and vendors are encouraged to maintain an aspirational goal of diversity and inclusiveness in their performance of work for Jackson Health System.

15. SUPPLIER PORTAL

Jackson Health System (JHS) is now using an electronic procurement solicitation system. Please access the Supplier Portal using the following link to review and respond to solicitations. You may view open solicitations by selecting 'Browse Open Events'. In order to respond electronically to a solicitation, please create a no-fee account at the following link: www.jacksonhealth.org/vendors-supplier-portal.asp. All current and proposed vendors/contractors are required to register with the Trust by registering in Supplier Portal.

16. VENDOR COMPLIANCE

Throughout the term of any Trust awarded Agreement, Vendor shall be subject to periodic and on-going monitoring and evaluation by Trust to determine if contracted service is being provided safely, effectively and in accordance with the awarded Agreement. Vendor shall also comply and adhere to all accreditation standards including, but not limited to, The Joint Commission's National Patient Safety Goals, Medicare Conditions of Participation, hospital medical staff bylaws (as applicable), all hospital policies and procedures pertaining to the services being provided and any other requirements as set forth by the Trust.

I confirm that, if applicable, this firm shall comply with this Vendor Compliance section throughout the term of any Trust awarded contract to this firm.

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VENDOR CHECKLIST OF DOCUMENTS TO BE SUBMITTED

Procurement Management Department
1500 NW 12 Avenue, Suite 814, Miami, Florida 33136
Telephone: 305-585-5815
<http://www.jacksonhealth.org/vendors-procurement.asp>

SECTION 3: CHECKLIST OF DOCUMENTS TO BE SUBMITTED

- Submit copy of current Local Business Tax Receipt** (formerly the Miami-Dade County Occupational License) for businesses physically located in Miami-Dade County. Contact the Miami-Dade Tax Collector's Office at www.miamidade.gov/taxcollector or Miami-Dade County Tax Collector's Office, Local Business Tax Section, 140 West Flagler Street, Room 101, Miami, Florida, 33130, Telephone: (305) 270-4949, Fax: (305) 372-6368

- Submit copy of Certificate if your company is under one of the following:**

- Corporation
- Trademarks
- Limited Partnerships
- Limited Liability Company
- Limited Liability & General Partnerships
- Fictitious Business Name(s), if required

Note: Public Health Trust/Jackson Health System will confirm the validity of Certificates with the applicable state authority. For companies located in Florida and registered with the Florida Department of State, Division of Corporations, the company's Federal Employer Identification Number (FEIN) must be posted on the Florida Division of Corporation's website. To confirm that your FEIN is posted, visit the State website at www.sunbiz.org. Under "Documenting Search", press "Inquire by Name" or "Inquire by Federal Employer Identification Number (FEIN)" to produce the corresponding report.

If your company's Federal Employer Identification Number (FEIN) is not posted, contact the Florida Department of State, Division of Corporations and request that your company FEIN be added to your file posted on the web. Requests must be provided on your company's letterhead and reference the document number assigned when your company was registered. Submit your request via email at corpHELP@dos.state.fl.us or contact the agency at 1-850-245-6052 for additional information.

- Submit a copy of one of the following documents that apply to your entity or business.** Obtain forms and instructions from www.irs.gov.

- W-9 Request for Taxpayer ID Number and Certification **or** one of the following:
 - Form W-8ECI, Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States
 - Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding
 - Form W-8EXP, Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding
 - Form W-8IMY, Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain US Branches for United States Tax Withholding

- Submit copy of IRS letter 147C**, verifying your business name and FEIN or any other preprinted IRS form issued by the IRS identifying your business name and FEIN.

- Submit complete copy of the "Request to Open a New Vendor" form.**

- Submit blank Company Invoice.**

SUD REPROCESSING PROGRAM

You and your company are hereby informed that the Public Health Trust has initiated a single use device (SUD) reprocessing program with Stryker Sustainability. The decision was made after careful consideration of scientific data and regulations, the safety record of the third-party reprocessing industry and the dramatic reduction in supply costs.

As a partner in our efforts to support the Trust's goal of providing excellent healthcare, your assistance is anticipated and expected as we move on with this initiative. The Trust's administrations as well as the physicians are in full support.

Facts:

1. In June 2000, a report by the General Accounting Office (GAO) stated, "CDC experts said they were not aware of patient illnesses caused by SUD reuse in the last decade." In the years since, the FDA has developed and implemented a heightened program of oversight of reprocessing by increasing inspections of preprocessors and hospitals.
2. With FDA guidelines and the MDUFMA Act of 2002, reprocessing is now codified in Federal Law and there is arguably more government regulatory oversight to ensure the safety and effectiveness of reprocessing devices labeled by the manufacturer as "single-use" than almost any other type of medical device used on patients.
3. Because FDA requires the filing of scientific cleaning and sterilization validation data prior to allowing a reprocess or to process any device, one can make a strong justification that there is a greater level of assurance that reprocessed single-use devices are not only clean and sterile and will not place patients in harm's way, but their use could even reduce the risk to patients from malfunctioning products, which happens frequently with new devices.
4. Stryker Sustainability, the Public Health Trust's selected vendor, has been inspected by the FDA and has not received any deficiencies. Furthermore, Stryker Sustainability has received all appropriate 510K documentation for reprocessing medical devices that we have chosen to include in the initiative.

In order to meet our goals for success with this program, the Public Health Trust's expectations of you and your company are as follows:

1. Do not speak negatively to any physician, nurse or employee about SUD reprocessing while on the grounds.
2. Do not distribute any negative materials about SUD reprocessing while on the hospital grounds.
3. These include verbal, written, email or any other way of communication.

Any violation can result in your immediate and permanent expulsion from the facilities and trigger a reevaluation of products purchased from your company. If you have any questions about the intent of this notice please contact Supply Chain Management immediately. We appreciate your understanding of our need to control costs and provide superior care, and look forward to you and your company's support of this initiative.

VENDOR'S AUTHORIZED SIGNATURE

By my signature below, I certify that that the below named firm, corporation or organization, including all its employees and subcontractors, agrees to comply with the expectations set forth in this notice at all times while on-site at any Jackson Health System facility.

Company Name: _____

Signed By: _____ Date: _____

Print Name: _____ Title: _____

JACKSON HEALTH SYSTEM

FRAUD, WASTE & ABUSE (FWA) AND GENERAL COMPLIANCE ATTESTATION FORM

As a first tier, downstream or related entity (FDR) contracted to do business with the Public Health Trust of Miami-Dade County, Florida ("Trust"), including Jackson Health System, ("Contracted FDR") attests that it has completed effective training and education regarding its requirement to prevent, detect, and correct non-compliance with CMS' program requirements, as required by applicable federal regulations. I understand and attest that as an FDR, my organization is responsible and has completed the following:

(One of the areas below ***must*** be checked off)

_____ Fraud, Waste & Abuse Training (FWA) and General Compliance Training for all employees (including temporary and volunteer employees) within 90 days of hire and on an annual basis thereafter.

_____ The scope of my organization's duties under its contract with the Public Health Trust of Miami-Dade County, Florida ("Trust"), including Jackson Health System, **does not include any contact with, or services to, the Public Health Trust's Medicare-eligible patients, nor any contact with their financial, medical or other records.**

Attestation

By signing this document, the Contracted FDR acknowledges receipt and understanding of the Medicare Compliance Program requirements for FDR's as well as compliance with the FWA and General Compliance Training, or attests these requirements are inapplicable. Any violations of the CMS Compliance Program Guidelines, including those related to Medicare Compliance Training and FWA Training requirements will be considered a violation of Contracted FDR's agreement with the Trust, which will result in corrective actions, up to and including contract termination for breach.

Contracted FDR Name: _____

Principal Officer (*must have authority to bind the organization*)

Signature: _____

Print Name: _____

Title: _____

Date: _____

E-mail: _____

Phone No.: _____

This form is to be submitted via mail or e-mail to the following and is required on an annual basis:

fponton@jhs-miami.org

Or

Fabian Ponton, Vendor Coordinator Procurement
Management Department Jackson Health Systems
1500 NW 12th Avenue, Suite 814
Miami, Florida 33136

JACKSON HEALTH SYSTEM
REQUEST TO OPEN A NEW VENDOR

ALL INFORMATION MUST BE COMPLETED IN FULL AND RETURNED W/A W-9 AND A BLANK INVOICE. PAYMENT CANNOT BE PROCESSED W/O THIS FORM BEING COMPLETED

Vendor Name: _____

SS# or Tax ID #: _____

Please Check Where Appropriate

- BUSINESS TYPE:**
- | | | | |
|--|---|---|---|
| <input type="radio"/> Employee Reimbursement | <input type="radio"/> Capital Equipment | <input type="radio"/> Contract | <input type="radio"/> Foreign Business |
| <input type="radio"/> Primary Vendor | <input type="radio"/> Government Agency | <input type="radio"/> Miscellaneous | <input type="radio"/> Payroll Deduction |
| <input type="radio"/> University of Miami | <input type="radio"/> Refunds | <input type="radio"/> Small Business Enterprise (SBE) | <input type="radio"/> Trade Vendor |
| | <input type="radio"/> Utilities | | |
- SMALL BUSINESS CODES:**
- | | | |
|--|---|---|
| <input type="radio"/> Community Small Business Enterprise (CSBE) | <input type="radio"/> Small Business Enterprise (SBE) | <input type="radio"/> Micro Enterprise (ME) |
|--|---|---|

- DIVERSITY CODES:**
- | | | | |
|--|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> African American-Owned | <input type="radio"/> Asian-Owned | <input type="radio"/> Caucasian-Owned | <input type="radio"/> Hispanic-Owned |
| <input type="radio"/> Native American-Owned | <input type="radio"/> Veteran-Owned | <input type="radio"/> Women-Owned | |

ACCOUNT NUMBER: _____

VENDOR TERMS: 45 Days from receipt of an invoice with a open Purchase Order / Contract number

CASH DISCOUNTS: 45 Days Percent: _____ Net Days: _____

REMIT TO ADDRESS:

Street Address (1): _____

Street Address (2): _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Title: _____

Telephone: Area: _____ Number: _____ Ext.: _____

Voicemail: Area: _____ Number: _____ Ext.: _____

Fax: Area: _____ Number: _____ Ext.: _____

Email: _____

PURCHASE ADDRESS:

Street Address (1): _____

Street Address (2): _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Title: _____

Telephone: Area: _____ Number: _____ Ext.: _____

Voicemail: Area: _____ Number: _____ Ext.: _____

Fax: Area: _____ Number: _____ Ext.: _____

Email: _____

Internal Use Only: BUSINESS ENTITY REGISTRATION APPLICATION YES NO _____
Fabian Ponton Procurement Approval

Requested by: _____ Date: _____ Approved by: _____ Date: _____

Jackson Health System
Accounts Payable Billing Instructions

1. Ensure that all invoices are sent directly to the GHX email address for processing:

GHXODAP.JacksonHealthSystems@na.firstsource.com

There is no other method allowable for invoice submittals except as otherwise noted below.

2. Always reference the exact (1) **Purchase Order number** and (2) **each individual line item** and (3) **line item description** that is being invoiced against to limit confusion and delayed payment.
3. If a vendor (1) **changes the format of invoices** or (2) **changes the FEIN** or (3) **if the company is bought**, (4) **taken over** or (5) **merged with another entity**, the vendor must notify Procurement and and Accounts Payable so that proper documentation may be obtained. If this does not happen, the vendor may be out of contract compliance and will have payment issues.

EFFECTIVE IMMEDIATELY

Attn: Billing Manager

Immediate Change Requested: Change is related to Correspondence Purposes only

Effective immediately, please update our new Account Payable mailing address for Correspondence only.

DO NOT SENT INVOICES

**PLEASE SEND ALL CORRESPONDENCE
TO THIS ADDRESS GOING FORWARD:**

New Correspondence & Non PO invoices

to Address:

Jackson Medical Towers
JMT Suite #816
1500 N.W. 12th Avenue
Miami, Florida 33136

**PLEASE DISCONTINUE SENDING AP
CORRESPONDENCE TO THE
BELOW LOCATIONS:**

Old Address:

Jackson Health Systems
Alfred I DuPont Building
169 East Flagler Street, 5th Floor
Miami, FL 33131

For all PO related invoices send to:

Jackson Health System
PO Box 31230
Salt Lake City, UT 84130

Please continue using the Salt Lake City address for PO related invoices only.

In addition, please feel free to take advantage of the newly implemented email feature. Email your paper invoices (via pdf document attachments) rather than sending them to the new Post Office Box. The added convenience of emailing in your invoices helps save time and money while speeding up the invoice process.

GHXODAP.JacksonHealthSystems@na.firstsource.com

This change is related to Correspondence Purposes only.

All invoices must include a valid PO number or contract number. This will streamline prompt payment.

For questions related to this letter, please contact the JHS, Accounts Payable at 786-466-8011.

Sincerely,
Jackson Health Systems -Accounts Payable Department

Important Note: All vendors have a responsibility in monitoring the amount of invoices being applied to their purchase order. If additional funding is required; the request will be processed pursuant to the approval of the Trust. Any services undertaken by the Contractor, prior to any written approval by the TRUST, will be at the Contractor's sole risk and expense.