



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER	Simply Business 53 State Street 19th Floor Boston, MA 02109	CONTACT NAME: Simply Business
		PHONE (A/C, No, Ext): (844) 654-7272 FAX (A/C, No):
		E-MAIL ADDRESS: contactus@simplybusiness.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Markel Insurance Company NAIC # 38970
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y	MKUS4893303XB	02/26/2025	02/26/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION <input type="checkbox"/>						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> Y/N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	PROFESSIONAL LIABILITY						EACH CLAIM AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
MKUS4893303XB - Refer to Common Policy Declarations - Primary and noncontributory

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

Proposer's Background Information Form

#	Question	Response	Comment	Status
Contact Information				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	Kyle O'Brien. Owner, Kyle@kzyengrp.com and (786) 838- 9283		Complete
1.1.2	Authorized Approver: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Authorized Approver for this project.	Kyle O'Brien. Owner, Kyle@kzyengrp.com and (786) 838- 9283		Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	2019		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2019		Complete
1.2.3	What State is your Company Registered In?	FL		Complete
Former Business				
1.3.1	Under what former name has your business operated? Include a description of the business.	n/a		Complete
1.3.2	At what address was that business located?	n/a		Complete
Past Failure				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
Inspected				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes		Complete
Subcontracting				
1.6.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	Yes	Charles Plumbing, LLC , Pulsar Electric, LLC, J&J Quality Air, Abe Schulz Roofing,	Complete
Bankruptcy Petitions				
1.7.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	No		Complete
Bond Claims				
1.8.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	n/a		Complete
Claims, Arbitrations, Administrative Hearings and Lawsuits				
1.9.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.	n/a		Complete
Criminal Proceedings or Hearings				

1.10.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	n/a		Complete
Company Classification				
1.11.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides "Original Provider" please explain.	Original Provider		Complete
Debarment/Suspension				
1.12.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No		Complete
Similar Experience & Contracts				
1.13.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.		We are very well acquainted with scope of this size. Our project sizes have ranged from \$20k thru \$5 million. This is fully manageable.	Complete
Professional License Information				
1.14.1	Are professional licenses required to perform the services requested in this solicitation? If so, please list any applicable professional licenses that your company has that are required to provide these services.	Applicable	General Contractor license	Complete
Conflict of Interest				
1.15.1	Do you need to disclose any conflicts of interest? The award of any contract hereunder is subject to the provisions of Chapter 112, Florida Statutes. Proposers must disclose with their Proposal the name of any officer, director, partner, proprietor, associate or agent who is also an officer or employee of CITY or any of its agencies. Further, all Proposers must disclose the name of any officer or employee of CITY who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer's firm or any of its branches or affiliate companies.	No		Complete
19 Questions			100.00% Complete	



**SWORN STATEMENT
ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

1. This sworn statement is submitted Kyzen Group, LLC
(name of entity submitting sworn statement) whose business address is
5741 Pierce St., Hollywood FL, 33021
and (if applicable) its Federal Employer Identification Number (FEIN) is
83-4022466. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: _____.)
2. My name is Kyle L. O'Brien and my
(Please print name of individual signing)
relationship to the entity named above is Owner/ President.
3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a



joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

- 6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
- 7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

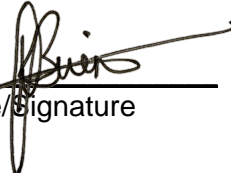
A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

B) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which additional statement applies.)**

B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**

B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**

B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**

Kyle. L. O'Brien 
Bidder's Name/Signature

Kyzen Group, LLC
Company

06.27.25
Date



EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

“During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City’s Code of Ordinances, and its employees with Domestic Partners and all Married Couples”.

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

SECTION 1 DEFINITIONS

- 1. Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
- 2. Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
- 3. Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
- 4. Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

- A.** Contractor currently complies with the requirements of this section; or
- B.** Contractor will comply with the conditions of this section at the time of contract award; or
- C.** Contractor will not comply with the conditions of this section at the time of contract award:
or
- D.** Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
- 1.** The Contractor does not provide benefits to employees' spouses in traditional marriages;
- 2.** The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;



3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;

4. The Contractor is a governmental agency;

The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.

COMPANY NAME: Kyzen Group, LLC

AUTHORIZED OFFICER NAME / SIGNATURE: Kyle L. O'Brien

A handwritten signature in black ink, appearing to read 'K. O'Brien', written over a horizontal line.



VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

SECTION 1 GENERAL TERM

Preference may 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 may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree 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. In order to 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 each 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.

SECTION 2 AFFIRMATION

Place a check mark here only if affirming bidder **complies fully** with the above requirements for a Drug-Free Workplace.

Place a check mark here only if affirming bidder **does not** meet the requirements for a Drug-Free Workplace.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.



Authorized Signature

Kyle L. O'Brien

Authorized Signer Name

Kyzen Group, LLC

Company Name



NON-COLLUSIVE AFFIDAVIT

BIDDER is the Owner,
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature 
Title Owner
Name of Company Kyzen Group, LLC



**SCRUTINIZED COMPANY CERTIFICATION
PURSUANT TO FLORIDA STATUTE § 287.135.**

I, Kyle L. O'Brien, President, on behalf of Kyzen Group, LLC,
Print Name and Title Company Name

certify that Kyzen Group, LLC:
Company Name

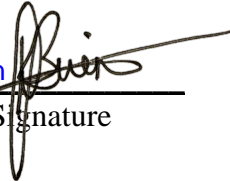
1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Kyzen Group, LLC
Company Name

Kyle L. O'Brien 
Print Name / Signature

President
Title



**E-VERIFY SYSTEM CERTIFICATION STATEMENT
(UNDER SECTION 448.095, FLORIDA STATUTES)**

1. Definitions:

- a. **“Contractor”** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.
- b. **“Subcontractor”** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
- c. **“E-Verify system”** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.

2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:

- a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
- b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
- c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

3. Contract Termination

- a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
- b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
- c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
- d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
- e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

Kyzen Group, LLC

COMPANY NAME: _____

Kyle L. O'Brien/

PRINTED NAME / AUTHORIZED SIGNATURE: _____



AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS

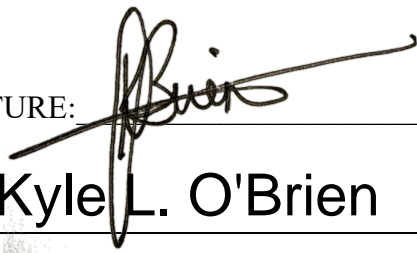
In accordance with section 787.06 (13), Florida Statutes, the undersigned, on behalf of the entity listed below (“Entity”), hereby attests under penalty of perjury that:

1. The Affiant is an officer or representative of the Entity entering into an agreement with the City of Pembroke Pines.
2. The Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled “Human Trafficking”.
3. The Affiant is authorized to execute this Affidavit on behalf of the Entity.
4. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.
5. Pursuant to Sec. 92.525(2), Fla. Stat., under penalties of perjury, I declare that I have read the foregoing affidavit of compliance with Human Trafficking Laws and that the facts stated in it are true.

FURTHER AFFIANT SAYETH NAUGHT.

DATE: 06.27.25

ENTITY: Kyzen Group, LLC

SIGNATURE: 

NAME: Kyle L. O'Brien

TITLE: President



VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	Kyzen Group, LLC		
Doing Business As (DBA)			
Primary Business Address	5741 Pierce St.		
	City:	Hollywood	
	State:	FL	Zip: 33021
	Country:	Broward	
Remit To Address	5741 Pierce St.		
	City:	Hollywood	
	State:	FL	Zip: 33021
	Country:	Broward	
Order From Address	5741 Pierce St.		
	City:	Hollywood	
	State:	FL	Zip: 33021
	Country:	Broward	
Foreign Entity (Yes/No)	no		
Telephone Number	(786) 838- 9283		
Primary Company E-mail	kyle@kyzengrp.com		
Fax			
Website	www.kyzengrp.com		
DUNS	05-585-9160		
Independent Contractor (Yes/No)	yes		
Identification Number	SSN:		FID: 83-4022466

GENERAL PAYMENT TERMS		
Discount Percent Defines the discount percentage the vendor extends to your organization.	Days to Discount Number of days which payment must be received to claim the discount percent.	Days to Net Number of days that the vendor allows before requiring net payment.

CONTACT # 1	
Contact Name (First & Last Name)	Kyle O'Brien
Description/Title/Position	Owner
Phone (Voice)	(786) 838- 9283
Phone (Text)	Opt In (Y/N): y
Fax	
E-mail	kyle@kyzengrp.com

STATE REGISTRATION	
Is your company registered with the State of Florida? (Y/N)	y
If not, what state is your company registered in?	

Please attach the print out from <https://dos.myflorida.com/sunbiz/> or the appropriate state showing your active registration and any applicable fictitious names that are registered.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above. Kyzen Group, LLC		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) _____		
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 5741 Pierce St		Requester's name and address (optional)
6 City, state, and ZIP code Hollywood, FL 33021			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
8	3	-	4	0	2	2	4	6	6

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
KYZEN GROUP LLC

Filing Information

Document Number L19000062800
FEI/EIN Number 83-4022466
Date Filed 03/05/2019
State FL
Status ACTIVE

Principal Address

5741 pierce st
Hollywood, FL 33021

Changed: 03/05/2024

Mailing Address

5741 pierce st
Hollywood, FL 33021

Changed: 03/05/2024

Registered Agent Name & Address

O'BRIEN, KYLE L
5741 pierce st
Hollywood, FL 33021

Name Changed: 02/24/2023

Address Changed: 03/05/2024

Authorized Person(s) Detail

Name & Address

Title MGR, CEO, President

O'BRIEN, KYLE L
5741 pierce st
Hollywood, FL 33021

Annual Reports

Report Year	Filed Date
2023	02/24/2023
2024	03/05/2024
2025	02/07/2025

Document Images

02/07/2025 -- ANNUAL REPORT	View image in PDF format
03/05/2024 -- ANNUAL REPORT	View image in PDF format
02/24/2023 -- ANNUAL REPORT	View image in PDF format
03/10/2022 -- ANNUAL REPORT	View image in PDF format
02/04/2021 -- ANNUAL REPORT	View image in PDF format
03/12/2020 -- ANNUAL REPORT	View image in PDF format
03/05/2019 -- Florida Limited Liability	View image in PDF format



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

O BRIEN, KYLE L

KYZEN GROUP LLC
5741 PIERCE ST
★ HOLLYWOOD FL 33021 ★

LICENSE NUMBER: CGC1533156

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/05/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



**CERTIFICATION REGARDING LOBBYING;
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS
FOR EXPENDITURE OF FEDERAL FUNDS**

LOBBYING

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions; and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Official

Kyzen Group, LLC

Contractor / Name of Company

Kyle L. O'Brien a

Printed Name and Title of Contractor's Authorized Official

06.04.2024

Date

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over **\$25,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

Signature of Contractor's Authorized Official

Kyzen Group, LLC

Contractor / Name of Company

Kyle L. O'Brien a

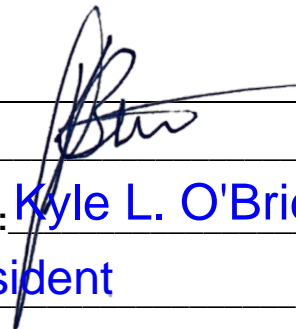
Printed Name and Title of Contractor's Authorized Official

06.04.2024

Date

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action: <u> a </u> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: Kyle L. O'Brien <u> a </u> a. bid / offer / application b. initial award c. post-award	3. Report Type: <u> a </u> a. initial filing b. material change For material change only: Year _____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if Known: Congressional District, if known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> Kyle L. O'Brien	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Kyle L. O'Brien Title: President Telephone No.: (786) 838- 9283 Date: 06/04/24	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number



KYZEN GROUP LLC

Unique Entity ID HRW4G57HFCA5	CAGE / NCAGE 9R6J5	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Nov 30, 2025	
Physical Address 5741 Pierce ST Hollywood, Florida 33021-6244 United States	Mailing Address 5741 Pierce ST Hollywood, Florida 33021-6244 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Florida 25	State / Country of Incorporation Florida / United States	URL (blank)

Registration Dates

Activation Date Dec 3, 2024	Submission Date Nov 30, 2024	Initial Registration Date Nov 24, 2023
---------------------------------------	--	--

Entity Dates

Entity Start Date Mar 5, 2019	Fiscal Year End Close Date Feb 24
---	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?
No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:
Yes

Entity Types

Business Types		
Entity Structure Corporate Entity (Not Tax Exempt)	Entity Type Business or Organization	Organization Factors Limited Liability Company
Profit Structure For Profit Organization		

Socio-Economic Types

Minority-Owned Business

Self Certified Small Disadvantaged Business

Black American Owned

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments
Yes

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
9R6J5

Personnel

Electronic Business

☑
Kyle L O'Brien, President

5741 Pierce ST.
Hollywood, Florida 33020
United States

Government Business

☑
Kyle L O'Brien, President

5741 Pierce ST.
Hollywood, Florida 33020
United States

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	236117	New Housing For-Sale Builders
	236115	New Single-Family Housing Construction (Except For-Sale Builders)
	236116	New Multifamily Housing Construction (Except For-Sale Builders)
	236118	Residential Remodelers
	236220	Commercial And Institutional Building Construction
	237210	Land Subdivision
	238150	Glass And Glazing Contractors
	238160	Roofing Contractors
	238190	Other Foundation, Structure, And Building Exterior Contractors
	238210	Electrical Contractors And Other Wiring Installation Contractors
	238220	Plumbing, Heating, And Air-Conditioning Contractors
	238320	Painting And Wall Covering Contractors
	238390	Other Building Finishing Contractors
	238910	Site Preparation Contractors
	624230	Emergency And Other Relief Services

Disaster Response Registry

Yes, this entity appears in the disaster response registry.

Bonding Levels	Dollars
(blank)	(blank)

States

Counties

Metropolitan Statistical Areas

Florida

(blank)

(blank)

Georgia

Tennessee

provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
KYZEN GROUP LLC

Filing Information

Document Number L19000062800
FEI/EIN Number 83-4022466
Date Filed 03/05/2019
State FL
Status ACTIVE

Principal Address

5741 pierce st
Hollywood, FL 33021

Changed: 03/05/2024

Mailing Address

5741 pierce st
Hollywood, FL 33021

Changed: 03/05/2024

Registered Agent Name & Address

O'BRIEN, KYLE L
5741 pierce st
Hollywood, FL 33021

Name Changed: 02/24/2023

Address Changed: 03/05/2024

Authorized Person(s) Detail

Name & Address

Title MGR, CEO, President

O'BRIEN, KYLE L
5741 pierce st
Hollywood, FL 33021

Annual Reports

Report Year	Filed Date
2023	02/24/2023
2024	03/05/2024
2025	02/07/2025

Document Images

02/07/2025 -- ANNUAL REPORT	View image in PDF format
03/05/2024 -- ANNUAL REPORT	View image in PDF format
02/24/2023 -- ANNUAL REPORT	View image in PDF format
03/10/2022 -- ANNUAL REPORT	View image in PDF format
02/04/2021 -- ANNUAL REPORT	View image in PDF format
03/12/2020 -- ANNUAL REPORT	View image in PDF format
03/05/2019 -- Florida Limited Liability	View image in PDF format

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION



Florida **dbpr** Department of Business & Professional Regulation

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ONLINE SERVICES

LICENSEE DETAILS

9:02:50 AM 5/27/2025

Apply for a License

- [Verify a Licensee](#)
- [View Food & Lodging Inspections](#)
- [File a Complaint](#)
- [Continuing Education Course Search](#)
- [View Application Status](#)
- [Find Exam Information](#)
- [Unlicensed Activity Search](#)
- [AB&T Delinquent Invoice & Activity List Search](#)

Licensee Information

Name:	O BRIEN, KYLE L (Primary Name)
	KYZEN GROUP LLC (DBA Name)
Main Address:	5741 PIERCE ST HOLLYWOOD Florida 33021
County:	BROWARD
License Mailing:	5741 PIERCE ST. HOLLYWOOD FL 33021
County:	BROWARD

License Information

License Type:	Certified General Contractor
Rank:	Cert General
License Number:	CGC1533156
Status:	Current,Active
Licensure Date:	11/16/2022
Expires:	08/31/2026

Special Qualifications **Qualification Effective**

Construction Business	11/16/2022
------------------------------	-------------------

Alternate Names

Empty text box for alternate names

[View Related License Information](#)

[View License Complaint](#)

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must

City of Pembroke Pines
Section 3 Implementation Plan
FORM 1 – SECTION 3 ASSESSMENT AND CERTIFICATIONS

This form is required for ALL projects and must be submitted with bid.

Project Information

Project Name: General Contractors for Home Repair Projects
Project Location or Address(es): Pembroke Pines

Developer/Contactor Information:

Name of Firm: Kyzen Group, LLC	Address: 5741 Pierce st
Authorized Representative: Kyle L. O'Brien	Title: Owner
Phone: (786) 838- 9283	Email: kyle@kyzengrp.com

1. Check all that apply to your business:

- Your business is at least 51% owned and controlled by low- or very low-income persons
- Over 75% of the labor hours performed for your business over the past three-month period were performed by Section 3 workers
- Your business is at least 51% owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing
- None of the above

2. Will you be hiring new employees or providing new training opportunities because of this contract? Yes No

3. Will you be using subcontractors to complete this project? Yes No

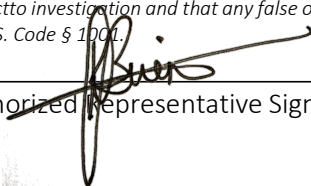
4. Is your bid/contract amount greater than \$200,000? Yes No

If the response to item 4 above is "YES," Section 3 requirements will be fully enforced on this project. Please complete the certifications below. Please submit FORMS 2, 3, and 6 with final compliance reports, 30 days after project completion. FORM 4 is only required if numeric goals were not met.

If NO, Section 3 participation is strongly encouraged but not required. Please attempt to meet the Section 3 goals to the greatest extent feasible. You must still complete the certifications below as applicable and return FORMS 1 with your bid.

Certifications		YES	NO	N/A
All Projects:	By completing and signing this form, I agree to comply with all applicable requirements of the Section 3 of the Housing and Urban Development Act of 1968 (24 CFR Part 75)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	I understand that I must complete and submit FORM 1 with my bid even if my bid is under \$200,000.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Projects over \$200K:	I will include the Section 3 Clause (FORM 5) in all subcontracts for which Section 3 compliance is required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I understand that I am required to submit final Section 3 reports (FORMS 2, 3, 4, and 6), as applicable, along with supporting documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I agree that my company has made and will continue to make efforts "to the greatest extent feasible" to comply with Section 3 as required by HUD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I understand the minimum numerical goals for Section 3 participation and have completed FORM 1 with my bid. FORMS 2–6 will be submitted during final reporting, as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I declare that all statements contained in this form and any accompanying documents are true and correct, and made with full knowledge that all statements given are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or revocation of funding or other penalties as prescribed under 18 U.S. Code § 1001.



 Authorized Representative Signature

10.28.25

 Date

Kyzen Group, LLC Response

Pricing unsealed at Nov 18, 2025 2:34 PM

CONTACT INFORMATION

Company

Kyzen Group, LLC

Email

kyle@kyzengrp.com

Contact

Kyle O'Brien

Address

5741 Pierce St
Hollywood, FL 33021

Phone

(786) 838-9283

Website

www.KyzenGrp.com

Submission Date

Nov 3, 2025 1:33 PM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. CONFIRMATION TO BIND

1.1. I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.*

Confirmed

Pass Fail

2. CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE

NOTE: Vendors are not required to purchase any additional insurance in order to submit a bid. However, they must certify that they either currently hold, or are able and willing to obtain, all required insurance coverages, endorsements, and limits prior to award and execution of the contract.

2.1. I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.*

Confirmed

Pass Fail

2.2. Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?*

Yes

Pass Fail

2.3. Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?*

Yes

Pass Fail

2.3.1. Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.*

Pass Fail

 [Kyzen_COI- MKUS4893303XB1-Kyzen_Group- LLC-Usa-Acord_certificate_of_insurance.pdf](#)


2.4. Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?*

Yes

Pass Fail

2.4.1. Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.*

Pass Fail

 [Kyzen_Notice_of_Exemption_WC_2025.pdf](#)

2.5. Do you plan on using subcontractors for this project?*

Yes

Pass Fail

2.5.1. Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?*

Yes

Pass Fail

3. EXPERIENCE AND CAPABILITIES

The relative experience and qualification of each applicant's proposed team, with respect to the project scope, will be judged and a relative rating assigned. This parameter expresses the general and specific project-related capability of the team and indicates the adequate depth and abilities of the organization which it can draw upon as needed. This will include management, technical, and support staff.

3.1. Explain your firm's interest in working on this project, a positive commitment to perform the required work and a description of the firm.*

Kyzen Group, LLC is deeply invested in the City of Pembroke Pines' mission to protect and restore homes for residents who deserve safe, comfortable, and dignified living spaces. These are not job sites. These projects represent people's homes, and that responsibility shapes everything we do. Our commitment is personal. We approach every project as if it were our own family's home. We've successfully partnered with the City of

Pass Fail

Pompano Beach and Village of Wellington through the OHUI program for several years, completing multiple rehabilitations with full HUD, CDBG, and SHIP compliance. Our goal is to remain a trusted, responsive partner; One that adds value through clear communication, respect for residents, and exceptional workmanship.

3.2. Describe the size of your firm.*

Pass Fail

Kyzen Group operates with a focused team of 4 core professionals, supported by prequalified subcontractors and suppliers we've built long-standing relationships with. This structure gives us agility to respond quickly, while maintaining the capacity and oversight of larger firms.

3.3. Describe your firm's financial history, strength and stability.*

Pass Fail

The company has operated profitably and debt-free since 2019. We maintain strong vendor relationships, reliable insurance coverage, and a reputation for paying subcontractors promptly. This financial discipline ensures the City can depend on us to perform every contract we're awarded without interruption nor issue.

3.4. Describe your firm's range of activities.*

Pass Fail

We provide comprehensive general contracting, consulting and construction management services in both Florida and Georgia, with specialization in new home construction, home rehabilitation, code correction, and residential upgrades. Our work includes structural repair, commercial scopes, electrical and mechanical upgrades, impact window and door installations, roof replacements, full interior restoration and more.

3.5. Describe the specialized experience and technical competence of the firm or persons with respect to working on similar projects.*

Kyzen Group has a proven track record executing federally funded housing rehabilitation projects requiring strict compliance with Davis-Bacon wage rates, Section 3 participation, and lead-safe practices. We are an **Osha 30 Certified Firm** and have successfully managed numerous pre-1978 home projects. Our staff understands the balance between technical precision and human sensitivity required when working in occupied homes.

Pass Fail

3.6. Do you have a minimum of two (2) years of experience? Please provide proof of such experience.*

Yes. Kyzen Group, LLC has well over two years of continuous experience in residential rehabilitation and municipal contracting, with specific performance under the City's OHUI/ SHIP programs.

Pass Fail

3.7. The firm must provide information on their proximity to and familiarity with the area in which the project is located.*

Based in Hollywood, Broward County, we are less than 15 minutes from Pembroke Pines City Hall and work daily within City limits. Our close proximity allows immediate response for inspections, emergency coordination, and homeowner communication.

Pass Fail

3.8. Explain the availability and access to the firm's top level management personnel.*

Pass Fail

President **Kyle L. O'Brien (CGC1533156)** is personally available to City staff and homeowners during every phase of a project. We believe accessibility builds confidence, and confidence builds better outcomes. Every client, homeowner, and City contact has direct access to decision-makers; minimal layers, no delays.

3.9. Identify the contact person and supervisory personnel who will work on the various projects, including the relative experience of all professionals proposed for use on the team.*

Kyle L. O'Brien, President & Project Executive – Over 2 decades of South Florida based construction and project management experience, directly overseeing planning, permitting, and client coordination.

Pass Fail

Field Supervisors – Each project is assigned a dedicated superintendent who manages daily communication with the homeowner, ensuring work is respectful, clean, and on schedule.

3.10. Provide summaries of key persons and on-site staff to be assigned to the project with emphasis on their experience with similar work.*

Every Kyzen supervisor and technician is trained to approach home rehabilitation with empathy and Pass Fail accountability. Our foremen are OSHA 30-certified and well-versed in HUD housing standards. Many of our subcontractors have worked with us for years, chosen for both skill and professionalism around homeowners.

3.11. Explain the ability and experience of the field staff with specific attention to project related experience.*

Our field staff has extensive experience correcting code violations, replacing systems safely, and Pass Fail working respectfully in occupied homes. We schedule work around the homeowner's routine, maintain clean and safe work zones, and clearly explain each step of the process to avoid confusion or stress.

3.12. Contractor should list any applicable qualification, including education, experience, honors and awards received, and professional associations of which the firm and/or its personnel are members.*

Florida Certified General Contractor – CGC1533156 Pass Fail

OSHA 30 Certified

Jessica Lundsford Act Certified

3.13. Provide the recent, current, and projected workload of the firm.* Pass Fail

We currently recently closed/ in the process of closing three OHUI projects with capacity to immediately take on new assignments. We also have adequately staffed private clientele projects and ensure that our staffing model ensures each project receives full attention without overextension.

3.14. What is your reputation compared to your peers in the market?* Pass Fail

Kyzen Group is known for reliability, transparency, and consistent quality. We've earned the trust of City staff and homeowners through professionalism, communication, value addition and a relationship-first mindset.

3.15. What is your reputation like among customers and how have you developed it?* Pass Fail

Homeowners regularly commend our crews for being respectful, communicative, and considerate of their living conditions. We earn that reputation by treating clients as partners, not tasks, listening to their concerns, explaining our work, and standing behind every repair. We cannot stress enough that we prioritize relationship, value creation and communication before all else.

3.16. How does your service differ from similar competitors? How do you win and retain business?*

Our competitive advantage lies in our people. We combine technical precision with emotional Pass Fail intelligence. We respect that every project involves someone's home, often with a family still living inside. We coordinate, clean daily, protect personal spaces, and finish on time. We win repeat work because we deliver peace of mind as much as we deliver construction results. Value and communication builds relationship and trust for client satisfaction.

3.17. A brief statement must be included which explains why your proposal would be the most effective and beneficial to the City of Pembroke Pines.*

Kyzen Group is already a proven, trusted partner to Pembroke Pines, through partnership in the same Pass Fail programs through other cities. We understand the City's goals, systems, and residents. Our proposal is built on relationships, adding value and clean communication between contractor, homeowner, and City staff. Our record and ratings show we that protect those relationships with clear communication, efficient delivery, and total accountability before, during and after each project.

4. FIRM'S UNDERSTANDING AND APPROACH TO THE WORK

The understanding that the applicant and consultants demonstrate as to the requirements and needs of the project, including an evaluation of the thoroughness demonstrated in analyzing and investigating the scope of the project.

4.1. Provide a narrative statement demonstrating an understanding of the overall intent of this solicitation, as well as the methods used to complete assigned tasks.*

We understand the City's intent is to maintain and improve housing conditions while protecting Pass Fail residents' safety, comfort, and dignity. These projects are not about construction alone, but they're also about trust, empathy, and long-term community stability and the addition of value to residents.

4.2. Please clearly describe all aspects of the project proposed.* Pass Fail

Typical tasks include correcting code violations, replacing unsafe systems, addressing structural deterioration, improving weather protection, and ensuring accessibility. All work must follow Davis-Bacon wage rates and Section 3 reporting. Each home repair involves coordinating closely with City staff, inspectors, and homeowners. Many homes are occupied during construction, which requires scheduling around residents' needs, maintaining cleanliness, and keeping them informed daily.

4.3. Include details of your approach and work plans.* Pass Fail

We typically approach and work plans in the following manner, as is standard with our SOP procedures:

- Perform pre-construction walkthrough with the Housing Consultant and homeowner.
 - Review specifications and secure permits.
 - Mobilize and complete scope items by trade sequence.
 - Maintain photo and daily-log documentation.
 - Schedule City inspections and homeowner sign-offs.
 - Submit close-out documents and Section 3 reports within 30 days.
-

4.4. How would you organize this project in terms of milestones? * Pass Fail

1. Notice to Proceed – Day 0
2. Permit Submission – within 10 days
3. Work Start – upon permit issuance
4. Mid-point Inspection – Day 30
5. Substantial Completion – Day 45
6. Final Inspection and Close-Out – Day 60

The above estimates are based conservatively on contract requirements and processes. The timeframe is typically much shorter for completion than listed above. Delay areas would typically only be with special order or long lead items like doors and windows that are out of stock.

4.5. Identify any issues or concerns of significance that may be appropriate.* Pass Fail

Potential issues such as material delays or restricted homeowner access are mitigated through proactive communication. We keep the City informed immediately and adjust schedules collaboratively.

4.6. How do you ensure the quality of your services?* Pass Fail

We enforce a three-step inspection system: internal review, City inspection, homeowner verification. Nothing is considered complete until all three parties agree it meets expectations. We actively solicit feedback from the homeowner to ensure that expectations are being met throughout the process.

4.7. What criteria do you use to measure your quality?* Pass Fail

Our success is measured by homeowner satisfaction, inspection approvals on first submission, and zero warranty callbacks.

4.8. How often do you find mistakes or errors in your work and what is done to correct these errors, and what is the average correction time?*

If an issue arises, it's corrected within 24–48 hours, documented, and verified by both the homeowner Pass Fail and City. Our responsiveness builds trust and keeps projects moving.

4.9. Describe the firm's techniques for quality control. At a minimum describe the firm's technique to control design and contract documentation, including record keeping.*

Kyzen Group, LLC uses a structured quality control and documentation system built around four Pass Fail controls: scope control, field execution control, inspection control, and record retention. The goal is simple: deliver work that passes inspection the first time, aligns with the City's written specifications, and survives audit. Quality control begins before we swing a hammer. Each project starts with a pre-construction meeting where scope, drawings, and specifications are reviewed line by line. Once work begins, our field supervisor documents progress daily with notes, photos, and inspection updates. We maintain a digital project folder that includes: permits, inspection cards, certified payrolls, Section 3 forms, progress photos, correspondence, and approvals. These records are organized to meet HUD audit standards and remain accessible to City staff at any time.

We use technology to enhance accountability. Each project has daily photo logs, digital signatures for homeowner approvals, and timestamped inspection records. This level of documentation eliminates confusion, protects the City, and provides homeowners transparency into every stage of their project. Quality to us means craftsmanship *and* communication. Every worker is trained to be courteous, tidy, and mindful that they're guests in someone's home. Every supervisor knows that building trust is as important as building structure. That's why our clients stay confident from day one to final inspection.

1. Scope and Design Control

- Before work begins, we review the City-issued scope of work, the rehabilitation standards, and any inspection findings that led to that scope. We treat those documents as controlling documents for construction.
- We do not guess or assume. If an item is not in the approved scope, we do not perform it without written direction. This protects the City from unapproved costs and protects the homeowner from scope disputes.
- Any clarification, change, or unforeseen condition is elevated in writing to the City's Housing Consultant or Senior Project Specialist before performing the work. This prevents scope drift and keeps the job in compliance with CDBG / HOME funding use restrictions .

2. Permitting and Code Compliance Tracking

- We pull required permits within 10 days of NTP as required by the program. All permits and inspection cards are stored in the project file and updated after each inspection.
- We coordinate City and Broward County building inspections and document each pass/fail outcome. No stage proceeds to the next trade until the prior stage is approved.
- For pre-1978 structures or when lead-based paint is suspected, we follow EPA Renovation, Repair and Painting (RRP) containment and cleanup standards and keep records of lead-safe work practices. The City requires EPA Certified Renovator compliance for work that disturbs painted surfaces in pre-1978 homes . We keep that certification on file and attach it to the project record.

3. Daily Field Quality Control

- Every active home has an assigned field supervisor. That supervisor is responsible for verifying that materials installed match the approved scope (for example, impact windows must match the NOA, electrical devices must be rated to current code, etc.).
- The supervisor keeps a daily site log. The log records: crew on site, work performed, any deviations, photos of in-place work before concealment, and any homeowner communication on access or scheduling.
- Work is inspected in-place, not after the fact. Example: Before closing drywall, we photograph and document electrical corrections, plumbing tie-ins, fastener patterns, and any structural tie-down or anchor work. This reduces punch work and protects the City if a homeowner challenges concealed work after closeout.

4. Inspection and Sign-off Sequence

- Quality is verified in three layers for each task: (1) internal supervisor sign-off, (2) City/building inspection approval, and (3) homeowner walk-through for function and finish (doors operate, GFCIs trip/reset, no active leaks, etc.).
- We do not request final from the City until all three are complete, including any corrective work.
- Deficiencies are corrected immediately and documented. Typical correction time is 24–48 hours, and we re-document the correction with photos and notes for the file.

5. Communication and Issue Containment

- The City requires all milestone communication to run through the assigned Senior Project Specialist, including work commencement, inspections, and completion dates . We follow that chain.
- Homeowners are kept informed about permit status, work schedule, warranty, and punch items. This is important, because the City evaluates contractor performance based in part on communication with both the City and the homeowner at closeout .
- We document every major homeowner conversation that affects access, scope, or schedule. This protects the City from post-completion disputes and protects us from delay claims.

6. Contract Documentation Control

- Each project gets a digital job folder. It contains:
 - City-issued scope of work and specifications.
 - Pre-construction photos and deficiency photos.
 - Permit applications, issued permits, and inspection results.
 - Daily logs and progress photos.
 - Approved change direction from the City, if any.
 - Certified payrolls (Davis-Bacon).

- Section 3 documentation.
 - Final sign-off forms and warranty closeout package.
- Davis-Bacon compliance is documented through weekly certified payroll reports. These reports reflect the prevailing wage classifications and rates for all laborers and mechanics on HUD-funded work . We submit these records to the City and retain copies in the project file.
 - Section 3 compliance is documented using the City’s required forms. Form 1 is submitted with the bid. Forms 2–6 are submitted within 30 days of project completion for projects over \$200,000, reporting labor hours, Section 3 worker participation, and subcontractor utilization . We maintain copies attached to the job folder for audit.

7. Record Keeping and Retention

- We store full project records in secure digital format. This includes all correspondence, approvals, inspection sign-offs, payroll certifications, photos of in-place work, and Section 3 reports.
- Files are organized to align with HUD and City audit requirements. This is important because these projects are federally funded through CDBG, HOME, SHIP, and similar programs and must comply with Davis-Bacon wages and Section 3 labor participation .
- We do not close a project file until: (a) final inspection passes, (b) homeowner acknowledges satisfactory completion, (c) all certified payrolls and final Section 3 reporting are submitted, and (d) warranty information has been delivered.

8. Internal Review and Continuous Improvement

- After closeout, management reviews schedule performance against the 120-day requirement set by the City for completion from Notice to Proceed .
- Any delays are logged with root cause. Material lead time, homeowner access, inspection backlog, etc. This review feeds back into pre-construction planning on future City homes so we hit timelines consistently and avoid being flagged for slow delivery. The City reserves the right to restrict work or remove a contractor from the pool for repeated schedule failures . We treat that as a performance risk and manage it proactively.

Result

This quality control process produces three outcomes the City cares about:

- Work that passes inspection and meets building code.
- Full compliance with HUD wage and hiring rules, documented for audit.
- Homeowners and City staff kept informed throughout, which the City will score and monitor as part of pool performance .

This protects the resident, protects the City’s funding, and protects the program. It also makes us low-risk to award.

5. PREVIOUS EXPERIENCE

In this section, vendors are required to provide a detailed account of their previous experience relevant to the services outlined in this solicitation. The aim is to assess the vendor's capability and track record in delivering similar projects.

5.1. How many clients have you provided Services for?*

Pass Fail

Kyzen Group has completed over 20 residential rehabilitation projects under the OHUI program, serving homeowners throughout Broward and Palm Beach County.

5.2. What similar or related projects have you worked on within the past three years?* Pass Fail

Multiple OHUI home rehabilitation projects for the City of Pembroke Pines, including full roof replacements, window upgrades, electrical rewiring, plumbing repairs, and accessibility modifications, all completed in occupied homes with satisfied residents.

5.3. What challenges did you face and how did you overcome them?* Pass Fail

Working in primary residences often means dealing with scheduling, emotion, and trust. We address this by assigning one consistent point of contact, maintaining respect for residents' privacy, and finishing what we start, on time, every time. When unexpected conditions arise, we communicate immediately with the City and homeowner to find fair, transparent solutions.

5.4. How many of your clients are repeat clients?* Pass Fail

100% of our municipal clients have reselected Kyzen Group for additional projects. The City's continued confidence is the strongest measure of our reliability.

5.5. How much of your revenue is derived from managing projects similar to ours?* Pass Fail

Roughly 20% to 35% of our annual revenue comes directly from residential rehabilitation programs funded through HUD and City partnerships.

5.6. Please describe the past record of performance of the firm or person with respect to accessibility to clients, ability to meet schedules, communication, and coordination skills. *

Kyzen Group, LLC has built its reputation on being accessible, dependable, and relationship-driven. Pass Fail

Working on people's homes takes empathy, patience, and communication. We approach every project knowing we are stepping into someone's life, not just their property, and we treat it with that level of respect. We stay accessible from start to finish. Homeowners and City staff can reach us directly by phone, text, or email, and they get quick, clear responses every time. There's no runaround. That accessibility has earned us consistent trust and strong feedback from both residents and City representatives.

We meet schedules because we plan properly and stay accountable. Every project milestone is tracked from permitting through final inspection. Our field supervisors are trained to spot issues before they become problems, and if a delay comes up, we communicate it immediately with a plan to stay on track. Over the past several years of OHUI work, we've consistently completed projects within the City's 120-day requirement.

Communication is the foundation of how we work. Homeowners get clear schedules, weekly updates, and same-day notice for inspections or trade work. City staff are kept in the loop at every milestone so nothing slips through the cracks. We keep daily job logs, photos, and documentation so there's always a record of progress and accountability.

Coordination is where everything comes together. Our crews work respectfully around each homeowner's routine. We keep job sites clean, safe, and organized, and we coordinate with inspectors, utilities, and suppliers to keep projects moving smoothly. Everyone involved knows what's happening and when.

Our performance record speaks to one thing above all: reliability. We communicate openly, finish on time, and take pride in leaving each homeowner with a sense of trust and satisfaction. That's how we add value, not only by improving homes but by building lasting relationships through consistency, respect, and follow-through.

6. REFERENCE # 1

The minimum experience for this project is **five (5) years**. Provide specific examples of similar experience conducting licensed work of equal or similar scope of work, preferably delivered by the proposed team members. A **minimum of 3** references should be from the last **five years** and should be capable of explaining and confirming your

firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications. In this section you will have the ability to enter information for 5 different references including their contact details and specific project information.

Please note that the City prefers references who are not current employees of the City of Pembroke Pines, as we generally do not contact our own employees for reference checks.

Proposers are advised to confirm that:

1. Each reference provided by the Respondent has up to date contact persons and contact information;
2. The contact person provided for each reference is someone who has personal knowledge of the Proposer's performance during the referenced project; and
3. The contact person for each reference has been contacted by the Proposer regarding this specific bid submittal and such person confirmed their willingness to serve as a reference.

6.1. Reference Contact Information – Name of Firm, City, County or Agency* Pass Fail
A21, Miami FL.,

6.2. Reference Contact Information – Reference's Business Address* Pass Fail
5999 Biscayne Blvd, Miami FL

6.3. Reference Contact Information – Reference's Contact Name & Title* Pass Fail
Andrea Salmon - Owner's Representative

6.4. Reference Contact Information – Reference's E-mail Address* Pass Fail
andrea@teama21.com

6.5. Reference Contact Information – Reference's Phone Number* Pass Fail
404-435-8524

6.6. Project Information – Was your firm the prime contractor for the listed project?* Pass Fail
Yes

6.7. Project Information – Name of Contactor Performing the Work* Pass Fail
Kyzen Group, LLC

6.8. Project Information – Name and location of the project* Pass Fail
Office Renovation - 5999 Biscayne Blvd., Miami FL

6.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for* Pass Fail
Complete office renovation - Full scope of work

6.10. Project Information – Project Duration* Pass Fail
6 weeks

- 6.11. Project Information – Completion (Anticipated) Date*** Pass Fail
completed
-
- 6.12. Project Information – Size of Project*** Pass Fail
roughly 2500 SF
-
- 6.13. Project Information – Cost of Project*** Pass Fail
\$50k
-
- 7. REFERENCE # 2**
- 7.1. Reference Contact Information – Name of Firm, City, County or Agency*** Pass Fail
City of Pompano Beach FL
-
- 7.2. Reference Contact Information – Reference's Business Address*** Pass Fail
100 West Atlantic Blvd., Rom 220 Pompano Beach, FL 33061
-
- 7.3. Reference Contact Information – Reference's Contact Name & Title*** Pass Fail
Arnold Sierra - City of Pompano Beach - Construction Manager
-
- 7.4. Reference Contact Information – Reference's E-mail Address*** Pass Fail
Arnold.Sierra@copbfl.com
-
- 7.5. Reference Contact Information – Reference's Phone Number*** Pass Fail
(954) 786- 7832
-
- 7.6. Project Information – Was your firm the prime contractor for the listed project?*** Pass Fail
Yes
-
- 7.7. Project Information – Name of Contactor Performing the Work*** Pass Fail
Kyzen Group, LLC
-
- 7.8. Project Information – Name and location of the project*** Pass Fail
OHUI Housing rehabilitation projects - various locations in the City of Pompano Beach
-
- 7.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for*** Pass Fail
complete scope - roofing, painting, windows, doors, interior work, HVAC, Plumbing, Electrical
-
- 7.10. Project Information – Project Duration*** Pass Fail
90 days
-
- 7.11. Project Information – Completion (Anticipated) Date*** Pass Fail
completed/ Nov 6th
-
- 7.12. Project Information – Size of Project*** Pass Fail

various - 900sf - 2000sf

7.13. Project Information - Cost of Project* Pass Fail
\$50k

8. REFERENCE # 3

8.1. Reference Contact Information - Name of Firm, City, County or Agency* Pass Fail
Village of Wellington

8.2. Reference Contact Information - Reference's Business Address* Pass Fail
12300 Forest Hill Boulevard | Wellington FL 33414

8.3. Reference Contact Information - Reference's Contact Name & Title* Pass Fail
Gloria Kelly - Construction Manager

8.4. Reference Contact Information - Reference's E-mail Address* Pass Fail
gkelly@wellingtonfl.gov

8.5. Reference Contact Information - Reference's Phone Number* Pass Fail
561.791.4105

8.6. Project Information - Was your firm the prime contractor for the listed project?* Pass Fail
Yes

8.7. Project Information - Name of Contactor Performing the Work* Pass Fail
Kyzen Group, LLC

8.8. Project Information - Name and location of the project* Pass Fail
various projects in Village of Wellington

8.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for* Pass Fail
complete scope - roofing, painting, windows, doors, interior work, HVAC, Plumbing, Electrical

8.10. Project Information - Project Duration* Pass Fail
90 days

8.11. Project Information - Completion (Anticipated) Date* Pass Fail
completed

8.12. Project Information - Size of Project* Pass Fail
various - 900sf - 2000sf

8.13. Project Information - Cost of Project* Pass Fail
\$50k

9. REFERENCE # 4

9.1. Reference Contact Information – Name of Firm, City, County or Agency

No response submitted

9.2. Reference Contact Information – Reference's Business Address

No response submitted

9.3. Reference Contact Information – Reference's Contact Name & Title

No response submitted

9.4. Reference Contact Information – Reference's E-mail Address

No response submitted

9.5. Reference Contact Information – Reference's Phone Number

No response submitted

9.6. Project Information – Was your firm the prime contractor for the listed project?

No response submitted

9.7. Project Information – Name of Contactor Performing the Work

No response submitted

9.8. Project Information – Name and location of the project

No response submitted

9.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for

No response submitted

9.10. Project Information – Project Duration

No response submitted

9.11. Project Information – Completion (Anticipated) Date

No response submitted

9.12. Project Information – Size of Project

No response submitted

9.13. Project Information – Cost of Project

No response submitted

10. REFERENCE # 5

10.1. Reference Contact Information – Name of Firm, City, County or Agency

No response submitted

10.2. Reference Contact Information – Reference's Business Address

No response submitted

10.3. Reference Contact Information – Reference's Contact Name & Title

No response submitted

10.4. Reference Contact Information – Reference's E-mail Address

No response submitted

10.5. Reference Contact Information – Reference's Phone Number

No response submitted

10.6. Project Information – Was your firm the prime contractor for the listed project?

No response submitted

10.7. Project Information – Name of Contactor Performing the Work

No response submitted

10.8. Project Information – Name and location of the project

No response submitted

10.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for

No response submitted

10.10. Project Information – Project Duration

No response submitted

10.11. Project Information – Completion (Anticipated) Date

No response submitted

10.12. Project Information – Size of Project

No response submitted

10.13. Project Information – Cost of Project


No response submitted


11. PROJECT DOCUMENTS

11.1. PROPOSERS BACKGROUND INFORMATION FORM*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Proposers Background Information Form.xlsx](#)

 [Proposers Background Information Form.xlsx](#)


12. SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)

12.1. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Sworn Statement on Public Entity Crimes.pdf](#)

 [Sworn Statement on Public Entity Crimes.pdf](#)

12.2. Public Entity Crimes Status*

Pass Fail

- Which option did you select on the Sworn Statement on Public Entity Crimes Form:
 - A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - B1) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)
 - B2) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)
 - B3) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate has not been

placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

A) No convictions.

12.3. Did you select option B1 or B2 above?*

Pass Fail

No

12.4. Did you select option B3 above?*

Pass Fail


No


13. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

13.1. EQUAL BENEFITS CERTIFICATION FORM*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Equal_Benefits_Certification_Form.pdf](#)

 [Equal_Benefits_Certification_Form.pdf](#)

13.2. Equal Benefits Status*

Pass Fail

- Which option did you select on the Equal Benefits Certification Form:
 - A. Contractor currently complies with the requirements of this section; or
 - B. Contractor will comply with the conditions of this section at the time of contract award; or
 - C. Contractor will not comply with the conditions of this section at the time of contract award: or
 - D. Contractor does not comply with the conditions of this section because of the following allowable exemption (Check only one box below):
 - 1. The Contractor does not provide benefits to employees' spouses in traditional marriages;
 - 2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;
 - 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;
 - 4. The Contractor is a governmental agency;

A) Contractor currently complies.

13.3. Did you select option D2 above?*

Pass Fail

No

14. DRUG-FREE WORKPLACE CERTIFICATION

14.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Vendor Drug-Free Workplace Certification Form.pdf](#)

 [Vendor_Drug-Free_Workplace_Certification_Form.pdf](#)

14.2. Drug-Free Status*

Pass Fail

Complies fully.


15. STANDARD DOCUMENTS

The following documents are standard documents that the City generally requires for every solicitation. As a result, we recommend vendors to keep these documents updated and readily available so that they can be easily uploaded for each project that the vendor would like to participate in. In the event that the City does not have one of the forms or documents listed below for your company, the City may reach out to your company after the bid has closed to obtain the document(s).

15.1. NON-COLLUSIVE AFFIDAVIT*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Non-Collusive Affidavit.pdf](#)

 [Non-Collusive_Affidavit.pdf](#)

15.2. SCRUTINIZED COMPANY CERTIFICATION*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Scrutinized Company Certification.pdf](#)

 [Scrutinized_Company_Certification.pdf](#)

15.3. E-VERIFY SYSTEM CERTIFICATION*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Effective January 1, 2021, pursuant to Section 448.095, Florida Statutes, the City may not enter into a contract with a vendor/contractor/subcontractor unless that vendor/contractor/subcontractor is registered with and uses the E-Verify system administered by the U.S. Department of Homeland Security ("DHS").
3. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

 [E-Verify_System_Certification_Statement.pdf](#)

 [E-Verify_System_Certification_Statement.pdf](#)

15.4. HUMAN TRAFFICKING AFFIDAVIT*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Human_Trafficking_Affidavit.pdf](#)

 [Human_Trafficking_Affidavit.pdf](#)

16. VENDOR REGISTRATION

16.1. Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?*

- The City of Pembroke Pines utilizes OpenGov as its e-Procurement platform for Pass Fail solicitation and bid submission purposes. However, please be advised that **vendor registration for onboarding and processing payments is handled separately** through the City's Accounts Payable Division using **PaymentWorks**, a secure online vendor management platform.
- All vendors that will be submitting invoices and requiring payments from the City are required to register on the PaymentWorks platform. If the vendor is not currently registered with the City via PaymentWorks and does not have a Vendor Number, the City will have to invite the vendor to register.
- For formal solicitations such as this project, the Procurement Department will send PaymentWorks registration invitations to vendor(s) who are under active consideration for award. Please be aware that not all vendors who submit proposals will receive an invitation, in order to manage system usage and avoid onboarding vendors who are unlikely to receive payments from the City.
- Invitations will typically be sent to the contact listed on the submitted Vendor Information Form.

No

16.2. VENDOR INFORMATION FORM*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Vendor_Information_Form.pdf](#)

 [Vendor_Information_Form.pdf](#)

16.3. FORM W-9 (REVISED MARCH 2024)*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Note - Please use the March 2024 version of the form as previously dated versions of this form may delay the processing of any payments to the selected vendor.

 [Form_W-9_\(Rev_March_2024\).pdf](#)

 [W9_Kyzen_Group,_LLC.pdf](#)

17. OPTIONAL DOCUMENTATION

17.1. TRADE SECRETS

1. The Proposer's response to this solicitation is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this solicitation and the Contract to be executed for this solicitation, subject to the provisions of Chapter 119.07 of the Florida Statutes.
2. Any language contained in the Proposer's response to the solicitation purporting to require confidentiality of any portion of the Proposer's response to the solicitation, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the solicitation constitutes a Trade Secret.
3. EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE SOLICITATION AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE SOLICITATION OR ANY PART THEREOF AS COPYRIGHTED. ALL DOCUMENTS THAT THE FIRM PURPORTS TO BE CONFIDENTIAL, PROPRIETARY OR A TRADE SECRET SHALL BE UPLOADED TO THE OPENGOV WEBSITE AS A SEPARATE ATTACHMENT, IN THIS SECTION, CLEARLY IDENTIFYING THE EXEMPTION BEING CLAIMED UNDER FLORIDA STATUTES 119.07.
4. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records.

No response submitted

17.2. FINANCIAL STATEMENTS

1. The City is **NOT** requesting the vendor to submit any financial statements for this project and prefers if the vendor does not submit financial statements. In addition, if the City needs a copy of the vendor's financial statements, the City can contact the vendor after the bid due date to request those documents. However, if the vendor does submit the financial statements, they should be uploaded in this section.
2. Any claim of confidentiality on financial statements must be asserted at the time of submittal. The firm must identify the specific statute that authorizes the exemption from the Public Records Law. Please note that the financial statement exemption provided for in Section 119.071(1)c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

No response submitted

17.3. ALTERNATIVES

1. If you are submitting an alternative product, please upload any related information in this section (such as specification sheets, etc.).

2. In addition, pursuant to the “**Brand Names**” Section included in the GENERAL TERMS AND CONDITIONS Section if and wherever in the specifications a brand name, make, name of manufacturer, trade name, or vendor catalog number is mentioned, it is for the purpose of establishing a grade or quality of material only. Since the City does not wish to rule out other competition and equal brands or makes, the phrase “OR EQUAL” is added. However, if a product other than that specified is bid, Proposers shall indicate on their proposal and clearly state the proposed substitution and deviation. It is the vendor’s responsibility to provide any necessary documentation and samples within their bid submittal to prove that the product is equal to that specified. Such samples are to be furnished before the date of bid opening, unless otherwise specified. Additional evidence in the form of documentation and samples may be requested if the proposed brand is other than that specified. The City retains the right to determine if the proposed brand shall be considered as an approved equivalent or not.

No response submitted

17.4. ADDITIONAL INFORMATION

1. Please provide any additional information that you deem necessary to complete your proposal in this section, if it has not been requested in another section.

No response submitted

17.5. PROFESSIONAL LICENSES

Pass Fail

1. If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation.

 [CGC_LICENSE_.pdf](#)

18. VENDOR CLASSIFICATION

18.1. Is your firm a Veteran Owned Small Business (VOSB)?*

Pass Fail

1. The evaluation of competitive bids is subject to section 35.37 of the City’s Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation.
2. A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the Veteran Owned Small Business (VOSB).

No

18.2. Is your firm a Minority–Owned Business Enterprise (MBE)?*

Pass Fail

No

18.3. Is your firm a Woman–Owned Business Enterprise (WBE)?*

Pass Fail

No

18.4. Is your firm a HubZone Business / Labor Surplus Area Firm?*

Pass Fail

No

18.5. Is your firm a Broward County Small Business Enterprise (SBE)?* Pass Fail

No

18.6. Is your firm a Broward County Business Enterprise (CBE)?* Pass Fail

No

18.7. Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?* Pass Fail

No

18.8. Does your firm have a Vendor Classification that was not listed above?* Pass Fail

No

19. FEDERAL DOCUMENTS

19.1. Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds*


1. **Lobbying:** Pass Fail

1. As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the Contractor must complete the **Certification Regarding Lobbying**.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the Contractor shall also complete and submit the **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions.

2. **Debarment, Suspension and Other Responsibility Matters:**

1. Where the Contractor is unable to certify to any of the statements in the certification for **Debarment, Suspension and Other Responsibility Matters**, he or she shall **provide an explanation**.

- Please download the below documents, complete, and upload.

 [Federal Certification for Lobbying and Debarment and Form LLL.pdf](#)

 [Federal Certification for Lobbying and Debarment and Form LLL.pdf](#)

19.2. Are you currently registered as an active entity on SAM.gov (System for Award Management)?*

1. All vendors submitting bids for this project must be registered and active in the Pass Fail System for Award Management (SAM.gov) at the time of bid award. This is a federal requirement for entities receiving federal funds, including contracts, grants, or other financial assistance. Registration on SAM.gov ensures that vendors are eligible to do business with the U.S. government and are not suspended, debarred, or otherwise excluded from participation in federal programs. SAM registration is free and can be completed at <https://sam.gov>. Bidders must provide their Unique Entity ID (UEI) and proof of active registration as part of their proposal.


Yes

19.2.1. If yes, please provide your Unique Entity ID (UEI)* Pass Fail

19.2.2. What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)* Pass Fail
11/30/25

19.2.3. Proof of Registration Upload* Pass Fail

1. Please upload a PDF copy or screenshot of your entity's active registration status from SAM.gov that includes:
 1. Entity Name
 2. Unique Entity ID (UEI)
 3. DUNS (if applicable)
 4. Registration Status ("Active")
 5. Expiration Date
2. This document must be downloaded from <https://sam.gov> and must show the current status at the time of bid submission.


 [Contractor_Documents- SAM_Reg.pdf](#)

19.3. Debarment Status – Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?*

No Pass Fail

19.4. Form 1 of HUD Section 3 Implementation Plan* Pass Fail

1. This project is governed by Section 3 of the Housing and Urban Development Act of 1968, as amended. Section 3 ensures that employment and economic opportunities created by HUD assistance benefit low- and very low-income individuals, especially those residing within the project's service area.
2. NO VALUEs must demonstrate their compliance with Section 3 requirements, please see "**HUD Section 3 Implementation Plan and Forms 1-6**" in the attachments section for additional information.
3. This may include providing information on how they will hire qualified low- and very low-income individuals and/or utilize Section 3 businesses as part of the project.
4. As part of the bidding process, NO VALUE must return **Form 1** with their bid submission, as failure to do so may result in the disqualification of your submittal.
5. In addition, Forms 2-6 must be submitted with final reporting, 30 days after project completion, as applicable.
6. Please download the below documents, complete, and upload.

 [Form 1 of HUD Section 3 Implementation Plan.pdf](#)

 [Form 1 Section 3 ASSESSMENT AND CERTIFICATIONS.pdf](#)

19.5. I certify that the information provided above is true and correct to the best of my knowledge. I understand that false or misleading statements may disqualify this bid and subject the entity to federal penalties.*

Confirmed Pass Fail