

City of Pembroke Pines

Procurement

Mark Gomes, Procurement Director 601 City Center Way, Pembroke Pines, FL 33025

EVALUATION TABULATION

IFB No. TS-25-12 Vertiv Liebert UPS

RESPONSE DEADLINE: September 2, 2025 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
Concourse Tech Inc.	\$204,167.25
AKA Comp Solutions, INC.	\$211,386.50
Questivity	\$211,475.25
Axelliant LLC	\$213,873.50
Mvation Worldwide Inc.	\$214,190.00
Dreadnought Endeavors Inc	\$214,827.50
Strictly Technology	\$214,867.50
Riverside Technologies, Inc.	\$214,913.00
DOF CREATIONS, LLC	\$215,126.00
Quality Tech Solutions, LLC	\$215,650.00
Tech Advanced Computers Inc	\$215,825.00
vPrime Tech Inc	\$215,875.00
Sai Infotek Inc	\$217,659.25
Staples Technology Solutions, a div of Staples Contract and Commercial, LLC	\$218,942.50
AVI-SPL LLC	\$220,013.50
JPT-TECH, LLC	\$223,259.75
Imperium Data Networks	\$224,058.50
DIGITAL NET SOLUTION LLC	\$224,323.00
ABOVE & BEYOND ELECTRONICS LLC	\$237,963.25
Critical Power Solutions Group Inc.	\$240,563.75
MIAMI BUSINESS TELEPHONE CORP	\$241,037.00
Wilmer +Torres Lighting and stage Design LLC	\$248,091.25
EOLA POWER LLC	\$251,266.75
NOW Interactives	\$266,601.25

TABLE 1 (Table 1 of 8)

	TABLE 1 (Table 1 of o)				ABOVE & BEYO	OND ELECTRONICS LLC				AKA Co	np Solutions, INC.		A	/I-SPL LLC	
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Part #	Vendor Notes	Unit Cost	Total	Part #	Vendor Notes	Unit Cost	Total	Part #	Vendor Notes
1	Vertiv Liebert GXT5 UPS - 3000VA 3000W, 208V, Rack Tower, Online UPS	25	Each	\$3,155.40	\$78,885.00	GXT5-3KL620RT2UXL		\$2,998.07	\$74,951.75	GXT5-3KL620RT2UXL		\$3,145.21	\$78,630.25	GXT5-3KL620RT2UXL	
2	Vertiv Liebert GXT5 External Battery Cabinet 72V for 3000VA Online UPS	25	Each	\$1,059.95	\$26,498.75	GXT5-EBC72VRT2U		\$963.52	\$24,088.00	GXT5-EBC72VRT2U		\$1,010.80	\$25,270.00	GXT5-EBC72VRT2U	
3	Vertiv Liebert IntelliSlot RDU101 -Network Card Remote Monitoring USB Port	25	Each	\$303.12	\$7,578.00	RDU101		\$272.95	\$6,823.75	RDU101		\$283.48	\$7,087.00	RDU101	
4	Vertiv Liebert GXTS 1-3kVA UPS Power Assurance Package (PAP) with Removal	25	Each	\$2,851.02	\$71,275.50	PAPGXT-1K3KRMV		\$2,406.75	\$60,168.75	PAPGXT-1K3KRMV		\$2,486.66	\$62,166.50	PAPGXT-1K3KRMV	
5	Vertiv Liebert GXTS UPS Battery Power Assurance Package (PAP) with Removal	25	Each	\$2,149.04	\$53,726.00	PAPGXT-BATTRMV		\$1,814.17	\$45,354.25	PAPGXT-BATTRMV		\$1,874.39	\$46,859.75	PAPGXT-BATTRMV	
	TABLE 1 /Toble 2 of 9\				\$237,963.25				\$211,386.50				\$220,013.50		

TABLE 1 (Table 2 of 8)

					Ax	elliant LLC				Conco	ourse Tech Inc.		Critical Power	Solutions Group Inc.	
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part #	Vendor Notes
1	Vertiv Liebert GXT5 UPS - 3000VA 3000W, 208V, Rack Tower, Online UPS	25	Each	\$3,057.99	\$76,449.75	GXT5-3KL620RT2UXL		\$2,919.21	\$72,980.25	GXT5-3KL620RT2UXL		\$1,980.23	\$49,505.75	GXT5-3KL620RT2UXL	
2	Vertiv Liebert GXT5 External Battery Cabinet 72V for 3000VA Online UPS	25	Each	\$982.77	\$24,569.25	GXT5-EBC72VRT2U		\$938.17	\$23,454.25	GXT5-EBC72VRT2U		\$1,123.46	\$28,086.50	GXT5-EBC72VRT2U	
3	Vertiv Liebert IntelliSlot RDU101 -Network Card Remote Monitoring USB Port	25	Each	\$274.18	\$6,854.50	RDU101		\$261.73	\$6,543.25	RDU101		\$222.37	\$5,559.25	RDU101	
4	Vertiv Liebert GXTS 1-3kVA UPS Power Assurance Package (PAP) with Removal	25	Each	\$2,417.63	\$60,440.75	PAPGXT-1K3KRMV		\$2,307.92	\$57,698.00	PAPGXT-1K3KRMV	Vertly Liebert GXTS 1—3kVA UPS Power Assurance Package (PAP) with Removal	\$2,706.25	\$67,656.25	PAPGXT-1K3KRMV	-
5	Vertiv Liebert GXTS UPS Battery Power Assurance Package (PAP) with Removal	25	Each	\$1,822.37	\$45,559.25	PAPGXT-BATTRMV		\$1,739.66	\$43,491.50	PAPGXT-BATTRMV	Vertiv Liebert GXTS UPS Battery Power Assurance Package (PAP) with Removal	\$3,590.24	\$89,756.00	PAPGXT-BATTRMV	
					\$213,873.50				\$204,167.25				\$240,563.75		

TABLE 1 (Table 3 of 8)

					DIGITAL N	ET SOLUTION LLC				DOF C	REATIONS, LLC		Dreadnou	ght Endeavors Inc	
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part#	Vendor Notes
1	Vertiv Liebert GXT5 UPS - 3000VA 3000W, 208V, Rack Tower, Online UPS	25	Each	\$3,206.42	\$80,160.50	GXT5-3KL620RT2UXL		\$3,011.40	\$75,285.00	GXT5-3KL620RT2UXL		\$3,071.63	\$76,790.75	GXT5-3KL620RT2UXL	
2	Vertiv Liebert GXT5 External Battery Cabinet 72V for 3000VA Online UPS	25	Each	\$1,030.48	\$25,762.00	GXT5-EBC72VRT2U		\$1,000.06	\$25,001.50	GXT5-EBC72VRT2U		\$987.16	\$24,679.00	GXT5-EBC72VRT2U	
3	Vertiv Liebert IntelliSlot RDU101 -Network Card Remote Monitoring USB Port	25	Each	\$287.65	\$7,191.25	RDU101		\$279.00	\$6,975.00	RDU101		\$275.40	\$6,885.00	RDU101	
4	Vertiv Liebert GXTS 1-3kVA UPS Power Assurance Package (PAP) with Removal	25	Each	\$2,536.44	\$63,411.00	PAPGXT-1K3KRMV		\$2,460.16	\$61,504.00	PAPGXT-1K3KRMV		\$2,428.42	\$60,710.50	PAPGXT-1K3KRMV	
5	Vertiv Liebert GXTS UPS Battery Power Assurance Package (PAP) with Removal	25	Each	\$1,911.93	\$47,798.25	PAPGXT-BATTRMV		\$1,854.42	\$46,360.50	PAPGXT-BATTRMV		\$1,830.49	\$45,762.25	PAPGXT-BATTRMV	
	TABLE 4 /Table 4 of 0)				\$224,323.00			_	\$215,126.00				\$214,827.50		

TABLE 1 (Table 4 of 8)

	TABLE 1 (Table 4 of 6)				EOLA	POWER LLC				Imperiu	n Data Networks		JPT	-TECH, LLC	
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part#	Vendor Notes
1	Vertiv Liebert GXT5 UPS - 3000VA 3000W, 208V, Rack Tower, Online UPS	25	Each	\$3,569.14	\$89,228.50	GXT5-3KL620RT2UXL		\$3,203.62	\$80,090.50	GXT5-3KL620RT2UXL		\$3,191.22	\$79,780.50	GXT5-3KL620RT2UXL	
2	Vertiv Liebert GXT5 External Battery Cabinet 72V for 3000VA Online UPS	25	Each	\$1,147.04	\$28,676.00	GXT5-EBC72VRT2U		\$1,029.57	\$25,739.25	GXT5-EBC72VRT2U		\$1,025.59	\$25,639.75	GXT5-EBC72VRT2U	
3	Vertiv Liebert IntelliSiot RDU101 -Network Card Remote Monitoring USB Port	25	Each	\$324.01	\$8,100.25	RDU101		\$287.23	\$7,180.75	RDU101		\$286.29	\$7,157.25	RDU101	
4	Vertiv Liebert GXTS 1-3kVA UPS Power Assurance Package (PAP) with Removal	25	Each	\$2,856.96	\$71,424.00	PAPGXT-1K3KRMV		\$2,532.77	\$63,319.25	PAPGXT-1K3KRMV		\$2,524.43	\$63,110.75	PAPGXT-1K3KRMV	
5	Vertiv Liebert GXTS UPS Battery Power Assurance Package (PAP) with Removal	25	Each	\$2,153.52	\$53,838.00	PAPGXT-BATTRMV		\$1,909.15	\$47,728.75	PAPGXT-BATTRMV		\$1,902.86	\$47,571.50	PAPGXT-BATTRMV	
					\$251,266.75				\$224,058.50				\$223,259.75		

TABLE 1 (Table 5 of 8)

	TABLE 1 (Table 5 of 6)				MIAMI BUSINE	ESS TELEPHONE CORP				Mvatio	n Worldwide Inc.		NOW	Interactives	
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part #	Vendor Notes
1	Vertiv Liebert GXT5 UPS - 3000VA 3000W, 208V, Rack Tower, Online UPS	25	Each	\$3,446.38	\$86,159.50	GXT5-3KL620RT2UXL		\$3,062.51	\$76,562.75	GXT5-3KL620RT2UXL		\$3,811.90	\$95,297.50	GXT5-3KL620RT2UXL	
2	Vertiv Liebert GXT5 External Battery Cabinet 72V for 3000VA Online UPS	25	Each	\$1,107.59	\$27,689.75	GXT5-EBC72VRT2U		\$984.23	\$24,605.75	GXT5-EBC72VRT2U		\$1,225.06	\$30,626.50	GXT5-EBC72VRT2U	
3	Vertiv Liebert IntelliSlot RDU101 -Network Card Remote Monitoring USB Port	25	Each	\$309.00	\$7,725.00	RDU101		\$274.59	\$6,864.75	RDU101		\$341.77	\$8,544.25	RDU101	
4	Vertiv Liebert GXT5 1-3kVA UPS Power Assurance Package (PAP) with Removal	25	Each	\$2,724.69	\$68,117.25	PAPGXT-1K3KRMV		\$2,421.21	\$60,530.25	PAPGXT-1K3KRMV		\$3,013.67	\$75,341.75	PAPGXT-1K3KRMV	
5	Vertiv Liebert GXTS UPS Battery Power Assurance Package (PAP) with Removal	25	Each	\$2,053.82	\$51,345.50	PAPGXT-BATTRMV		\$1,825.06	\$45,626.50	PAPGXT-BATTRMV		\$2,271.65	\$56,791.25	PAPGXT-BATTRMV	
	TABLE 1 /Toble C of 9\				\$241,037.00				\$214,190.00				\$266,601.25		

TABLE 1 (Table 6 of 8)

	TABLE 1 (Table 0 01 0)				Quality Te	ch Solutions, LLC					Questivity		Riverside	Technologies, Inc.	
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part #	Vendor Notes
1	Vertiv Liebert GXT5 UPS - 3000VA 3000W, 208V, Rack Tower, Online UPS	25	Each	\$3,080.00	\$77,000.00	GXT5-3KL620RT2UXL		\$3,023.70	\$75,592.50	GXT5-3KL620RT2UXL	Vertiv Liebert GXT5 UPS - 3kVA/2700W 208V ; Online Double Conversion Rack Tower Energy Star L6-20P (GXT5-3KL620RT2UXL	\$3,072.85	\$76,821.25	GXT5-3KL620RT2UXL	
2	Vertiv Liebert GXTS External Battery Cabinet 72V for 3000VA Online UPS	25	Each	\$995.00	\$24,875.00	GXT5-EBC72VRT2U		\$971.75	\$24,293.75	GXT5-EBC72VRT2U	Vertiv Liebert GXTS External Battery Cabinet - 3000VA/72V,2U	\$987.55	\$24,688.75	GXT5-EBC72VRT2U	
3	Vertiv Liebert IntelliSiot RDU101 -Network Card Remote Monitoring USB Port	25	Each	\$280.00	\$7,000.00	RDU101		\$271.11	\$6,777.75	RDU101	Vertiv Liebert IntelliSiot RDU101 - Network Card ;Remote Management Adapter (RDU101)	\$275.51	\$6,887.75	RDU101	
4	Vertiv Liebert GXT5 1-3kVA UPS Power Assurance Package (PAP) with Removal	25	Each	\$2,435.00	\$60,875.00	PAPGXT-1K3KRMV		\$2,390.52	\$59,763.00	PAPGXT-1K3KRMV	Vertiv Power Assurance Package for Vertiv Llebert GXT4 UPS up to 3kVA Includes installation, Start-Up and Removal of Existing UPS - 24 x 7 - On-site - Maintenance - Parts & Labor - Physical Service	\$2,429.39	\$60,734.75	PAPGXT-1K3KRMV	
5	Vertiv Liebert GXTS UPS Battery Power Assurance Package (PAP) with Removal	25	Each	\$1,836.00	\$45,900.00	PAPGXT-BATTRMV		\$1,801.93	\$45,048.25	PAPGXT-BATTRMV	Vertiv Power Assurance Package for Vertiv Liebert GXT4 UPS up to 3kVA Includes installation, Start-Up and Removal of Existing UPS - 24 x 7 - On-site - Maintenance - Parts & Labor - Physical Service	\$1,831.22	\$45,780.50	PAPGXT-BATTRMV	
					\$215,650.00				\$211,475.25				\$214,913.00		

TABLE 1 (Table 7 of 8)

					Sai	Infotek Inc			Staples	Technology Solutions, a d	liv of Staples Contract and Commercial, LLC		Strictl	y Technology	
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Part #	Vendor Notes	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part#	Vendor Notes
1	Vertiv Liebert GXT5 UPS - 3000VA 3000W, 208V, Rack Tower, Online UPS	25	Each	\$3,076.78	\$76,919.50	GXT5-3KL620RT2UXL		\$3,128.03	\$78,200.75	GXT5-3KL620RT2UXL		\$3,072.20	\$76,805.00	GXT5-3KL620RT2UXL	
2	Vertiv Liebert GXT5 External Battery Cabinet 72V for 3000VA Online UPS	25	Each	\$997.82	\$24,945.50	GXT5-EBC72VRT2U		\$989.27	\$24,731.75	GXT5-EBC72VRT2U		\$987.34	\$24,683.50	GXT5-EBC72VRT2U	
3	Vertiv Liebert IntelliSlot RDU101 - Network Card Remote Monitoring USB Port	25	Each	\$292.18	\$7,304.50	RDU101		\$278.13	\$6,953.25	RDU101		\$275.45	\$6,886.25	RDU101	
4	Vertiv Liebert GXTS 1-3kVA UPS Power Assurance Package (PAP) with Removal	25	Each	\$2,472.55	\$61,813.75	PAPGXT-1K3KRMV		\$2,512.17	\$62,804.25	PAPGXT-1K3KRMV		\$2,428.87	\$60,721.75	PAPGXT-1K3KRMV	
5	Vertiv Liebert GXTS UPS Battery Power Assurance Package (PAP) with Removal	25	Each	\$1,867.04	\$46,676.00	PAPGXT-BATTRMV		\$1,850.10	\$46,252.50	PAPGXT-BATTRMV		\$1,830.84	\$45,771.00	PAPGXT-BATTRMV	
	TABLE 1 (Table 8 of 8)				\$217,659.25				\$218,942.50				\$214,867.50		

TABLE 1 (Table 8 of 8)

					Tech Advan	ced Computers Inc				vPri	ime Tech Inc		Wilmer +Torres Lig	hting and stage Design LL	C
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part#	Vendor Notes	Unit Cost	Total	Part #	Vendor Notes
1	Vertiv Liebert GXT5 UPS - 3000VA 3000W, 208V, Rack Tower, Online UPS	25	Each	\$3,068.00	\$76,700.00	GXT5-3KL620RT2UXL		\$3,086.61	\$77,165.25	GXT5-3KL620RT2UXL		\$3,535.89	\$88,397.25	GXT5-3KL620RT2UXL	
2	Vertiv Liebert GXT5 External Battery Cabinet 72V for 3000VA Online UPS	25	Each	\$995.00	\$24,875.00	GXT5-EBC72VRT2U		\$991.97	\$24,799.25	GXT5-EBC72VRT2U		\$1,149.76	\$28,744.00	GXT5-EBC72VRT2U	
3	Vertiv Liebert IntelliSlot RDU101 -Network Card Remote Monitoring USB Port	25	Each	\$280.00	\$7,000.00	RDU101		\$276.74	\$6,918.50	RDU101		\$327.55	\$8,188.75	RDU101	
4	Vertiv Liebert GXT5 1-3kVA UPS Power Assurance Package (PAP) with Removal	25	Each	\$2,415.00	\$60,375.00	PAPGXT-1K3KRMV		\$2,440.26	\$61,006.50	PAPGXT-1K3KRMV		\$2,747.05	\$68,676.25	PAPGXT-1K3KRMV	
5	Vertiv Liebert GXTS UPS Battery Power Assurance Package (PAP) with Removal	25	Each	\$1,875.00	\$46,875.00	PAPGXT-BATTRMV		\$1,839.42	\$45,985.50	PAPGXT-BATTRMV		\$2,163.40	\$54,085.00	PAPGXT-BATTRMV	
					\$215,825.00				\$215,875.00				\$248,091.25		

O. W.	Construction Technique	AVA Comm Colorione INC
Question CONFIRMATION TO BIND	Concourse Tech Inc.	AKA Comp Solutions, INC.
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and	Confirmed Yes	Confirmed Yes
Do you confirm that you will only use insurance carriers licensed to do Do you currently carry insurance policies that meet or exceed the	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate	Included	Included
Please upload documentation showing that you have obtained a letter		
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	Neither the entity submitting this sworn statement,	A) Neither the entity submitting this sworn statement
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	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	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
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above? Please upload a copy of the final order issued by the hearing officer of	No	No
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of	-	-
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL		
EQUAL BENEFITS CERTIFICATION FORM	2) 6	2) 0 1 1
Equal Benefits Status Did you select option D2 above?	A) Contractor currently complies. No	A) Contractor currently No
Please upload a notarized affidavit detailing the reasonable efforts made	NO	NO
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	I m al d a d
		Included
VENDOR REGISTRATION	Included	Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number		
VENDOR REGISTRATION	Included	Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included No	Included No
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION	Included No Included	Included No Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS	Included No Included	Included No Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION	Included No Included	Included No Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION	Included No Included	Included No Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES	Included No Included Included	Included No Included Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION	Included No Included Included Included	Included No No Included Included References
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES	Included No Included Included	Included No Included Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification	Included No Included Included Included Quote No N/A N/A	Included No Included Included Included References No N/A N/A
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts	Included No Included Included Included Quote No N/A N/A N/A	Included No Included Included Included References No N/A N/A N/A
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)?	Included No Included Included Included Quote No N/A N/A N/A N/A N/A N/A NO	Included No Included Included Included References No N/A N/A N/A N/A NO
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts	Included No Included Included Included Quote No N/A N/A N/A N/A N/A N/A NO	Included No Included Included Included References No N/A N/A N/A
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Question CONFIRMATION TO BIND	Questivity	Axelliant LLC
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and Do you confirm that you will only use insurance carriers licensed to do	Confirmed Yes	Confirmed Yes
Do you currently carry insurance policies that meet or exceed the	No	Yes
Please upload your current certificate(s) of insurance that demonstrate	Not Included	Included
Please upload documentation showing that you have obtained a letter		
Please upload your current certificate(s) of insurance. Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your	NO	NO
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same		
PROJECT DOCUMENTS PROPOSERS BACKGROUND INFORMATION FORM	to alread and	to deed a
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	Included	Included
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.	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
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above? Please upload a copy of the final order issued by the hearing officer of	No	No
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of		
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL		
EQUAL BENEFITS CERTIFICATION FORM Equal Benefits Status	B) Will comply by contract award.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS	complies rully.	complies rully.
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN IKAFFICKING AFFIDAVII	Included	Included
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION	Included Included	Included Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number	Included Yes	
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number?	Included Yes Questivity, Inc.	Included No
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Question	Mvation Worldwide Inc.	Dreadnought Endeavors Inc
CONFIRMATION TO BIND	With the world wide life.	Dreadhought Endeavois inc
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do Do you currently carry insurance policies that meet or exceed the	Yes Yes	Yes Yes
Please upload your current certificate(s) of insurance that demonstrate	Not Included	Included
Please upload documentation showing that you have obtained a letter	Included	included
Please upload your current certificate(s) of insurance.	meladea	
Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA		
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.	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.
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of	Voc	No
Did you select option B3 above? Please describe any action taken by or pending with the Department of	Yes	INO
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL	·	
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL		
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION	Included Included	Included Included
Do you currently have a City of Pembroke Pines Vendor Number	No	No
What is your Vendor Number? VENDOR INFORMATION FORM	Included	Included
What is your Vendor Number?		
What is your Vendor Number? VENDOR INFORMATION FORM	Included	Included
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included	Included
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Question	Strictly Technology	Riverside Technologies, Inc.
CONFIRMATION TO BIND	Strictly recimology	Mverside reciniologies, inc.
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do	Yes Yes	Yes Yes
Do you currently carry insurance policies that meet or exceed the Please upload your current certificate(s) of insurance that demonstrate	Included	Included
Please upload documentation showing that you have obtained a letter	meladed	meladed
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	Included	Included
SWORN STATEMENT ON POBLIC ENTITY CRIMES UNDER PEORIDA	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders,	Neither the entity submitting this sworn statement, no any officers, directors, executives, partners, shareholders
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	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.	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.
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of		
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL EQUAL BENEFITS CERTIFICATION FORM	Not Filled	
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION	Included Included	Included Included
	iliciadea	ilicidued
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION	Included Included	Included Included
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number		Included Included No
VENDOR REGISTRATION	Included	Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number	Included Yes	Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included Yes 0	Included No
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VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION IS your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)?	Included Yes 0 Included Included Included GSA Line Card Yes Local Broward County Vendor (LBCV) Included - Meet Requirement Not Included No N/A	Included No Included Included Included Quote No N/A
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation	Included Yes 0 Included Included Included Included GSA Line Card Yes Local Broward County Vendor (LBCV) Included - Meet Requirement Not Included No N/A	Included No Included Included Included Quote No N/A
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Outstire	DOE CREATIONS IIIC	Quality Tech Solutions, LLC
Question CONFIRMATION TO BIND	DOF CREATIONS, LLC	Quanty Tech Solutions, LLC
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do	Yes	Yes
Do you currently carry insurance policies that meet or exceed the Please upload your current certificate(s) of insurance that demonstrate	Yes Included	Yes Included
Please upload documentation showing that you have obtained a letter	incidaed	iliciadea
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	A) Neither the entity submitting this sworn statement, nor	A) Neither the entity submitting this sworn statement, nor
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	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.	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.
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of	140	INU
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL		
EQUAL BENEFITS CERTIFICATION FORM		Currently Comply
Equal Benefits Status	A) Contractor currently complies.	D1) Does not comply due to an exemption: No
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	0 11 5 11	0 11 6 11
Drug-Free Status STANDARD DOCUMENTS	Complies fully.	Complies fully.
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	1 1 1 1	I malicula d
HOWAN TRAFFICKING AFFIDAVII	Included	Included
VENDOR REGISTRATION	Included Included	Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number	Included Yes	
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number?	Included Yes 7679	Included No
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM	Included Yes 7679 Included	Included No Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included Yes 7679	Included No
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VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status	Included Yes 7679 Included Included Experience and Certifications No N/A	Included No Included Included Included
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Outstier	Tack Advanced Commissions Inc.	vPrime Tech Inc
Question CONFIRMATION TO BIND	Tech Advanced Computers Inc	VPTIME TECH INC
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do	Yes	Yes
Do you currently carry insurance policies that meet or exceed the Please upload your current certificate(s) of insurance that demonstrate	Yes Included	Yes Included
Please upload documentation showing that you have obtained a letter	included	iliciadea
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	A) Neither the entity submitting this sworn statement, nor	A) Neither the entity submitting this sworn statement, nor
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	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.	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.
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of	140	INU
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL		
EQUAL BENEFITS CERTIFICATION FORM		
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	0 11 5 11	0 11 6 11
Drug-Free Status STANDARD DOCUMENTS	Complies fully.	Complies fully.
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	1 1 1 1	to all all all
HOWAN TRAFFICKING AFFIDAVII	Included	Included
HUMAN I KAFFICKING AFFIDAVII VENDOR REGISTRATION	Included Included	Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number		
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number?	Included No	Included No
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM	Included No Included	Included No Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included No	Included No
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Question	Sai Infotek Inc	Staples Technology Solutions, a div of Staples
CONFIRMATION TO BIND	Sai infotek inc	Staples recliniology solutions, a div or staples
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do	Yes	Yes Yes
Do you currently carry insurance policies that meet or exceed the Please upload your current certificate(s) of insurance that demonstrate	No Not Included	Included
Please upload documentation showing that you have obtained a letter	Included	included
Please upload your current certificate(s) of insurance.	ilicidueu	
Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your	110	No
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same		-
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA		
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. A) New Conviction	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.
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above? Please upload a copy of the final order issued by the hearing officer of	No	No
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of	140	NO
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL		
EQUAL BENEFITS CERTIFICATION FORM		
Equal Benefits Status	B) Will comply by contract award.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included Included
HUMAN TRAFFICKING AFFIDAVIT	Included	
VENDOR REGISTRATION	Included	Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number		
VENDOR REGISTRATION	Included	Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number?	Included No	Included No
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VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION	Included No Included	Included No Included
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Question	AVI-SPL LLC	JPT-TECH, LLC
CONFIRMATION TO BIND	AVISITEEE	Ji i i i i i i i i i i i i i i i i i i
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do	Yes Yes	Yes No
Do you currently carry insurance policies that meet or exceed the Please upload your current certificate(s) of insurance that demonstrate	Included	Not Included
Please upload documentation showing that you have obtained a letter	mciadea	Not included
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	AVM 31 days 1 30 days	AVAILABLE OF THE SECOND
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.	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.
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of	IVU	INU
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL		
EQUAL BENEFITS CERTIFICATION FORM		
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS	Induded	In alread and
NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION	Included Included	Included Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
E-VERIFF 3531EM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION	Included Included	Included Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION	Included Included	Included Included
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM	Included Included Yes 3419 Included	Included Included No Included
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included Included Yes 3419	Included Included No
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION	Included Included Yes 3419 Included	Included Included No Included
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HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS	Included Included Yes 3419 Included	Included Included No Included
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Question	Imperium Data Networks	DIGITAL NET SOLUTION LLC
CONFIRMATION TO BIND	Imperium Data Networks	BIGITAL NET 3020 FION EEC
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do	Yes	No
Do you currently carry insurance policies that meet or exceed the	Yes	No
Please upload your current certificate(s) of insurance that demonstrate	Included	Not Included
Please upload documentation showing that you have obtained a letter		Not Included
Please upload your current certificate(s) of insurance. Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your	NO	INO
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same		1.0
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA		
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.	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.
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above? Please upload a copy of the final order issued by the hearing officer of	No	No
Please upload a copy of the final order issued by the hearing officer of Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of	INU	INU
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL		
EQUAL BENEFITS CERTIFICATION FORM		
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included Included	Included
HUMAN TRAFFICKING AFFIDAVIT		Included
VENDOR REGISTRATION	Included	Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number		
VENDOR REGISTRATION	Included	Included
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number?	Included No	Included No
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CBE Certification Documentation N/A N/A N/A	
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? No No	
DBE Certification Documentation N/A N/A	
Does your firm have a Vendor Classification that was not listed above? No Yes	
Other Vendor Classification Certification Documentation N/A MDCSBD - DBE Letter	
If yes, please provide your Unique Entity ID (UEI) N/A N/A N/A	
What is the expiration date of your current SAM.gov registration? N/A N/A Proof of Registration Upload N/A N/A N/A	
Proof of Registration Upload N/A N/A N/A If yes, please provide an explanation. N/A N/A N/A	
If yes, please upload any relevant documentation, if applicable. N/A N/A N/A N/A	

Question	MIAMI BUSINESS TELEPHONE CORP	Wilmer +Torres Lighting and stage Design LLC
CONFIRMATION TO BIND	MIAMI BOSINESS TELEFITONE CORF	Tamiler - Forres Lighting and stage Design LLC
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do Do you currently carry insurance policies that meet or exceed the	Yes Yes	Yes Yes
Please upload your current certificate(s) of insurance that demonstrate	Included	Not Included
Please upload documentation showing that you have obtained a letter	meladea	Not included
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	Included	Included - Not Filled
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	A) Neither the entity submitting this sworn statement, nor	Neither the entity submitting this sworn statement, nor
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	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.	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.
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of	No	No
Did you select option B3 above? Please describe any action taken by or pending with the Department of	IVU	INU
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL		
EQUAL BENEFITS CERTIFICATION FORM		
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Not Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
VENDOR REGISTRATION	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number	No	No
What is your Vendor Number? VENDOR INFORMATION FORM	Included	I mali i da d
FORM W-9 (REVISED MARCH 2024)	Included	Included Included
OPTIONAL DOCUMENTATION	meladea	meladed
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	State Registration	
PROFESSIONAL LICENSES	State Registration Specialty Electrical Contractor License	
PROFESSIONAL LICENSES VENDOR CLASSIFICATION	Specialty Electrical Contractor License	No.
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	Specialty Electrical Contractor License No	No N/A
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status	Specialty Electrical Contractor License No N/A	N/A
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	Specialty Electrical Contractor License No	
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification	Specialty Electrical Contractor License No N/A N/A	N/A N/A
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts	Specialty Electrical Contractor License No N/A N/A N/A N/A NO	N/A N/A N/A
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)?	Specialty Electrical Contractor License No N/A N/A N/A N/A NO	N/A N/A N/A No
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)?	No N/A N/A N/A N/A N/A N/A N/A N/A NO N/A	N/A N/A N/A No N/A N/A N/A
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business	No N/A	N/A N/A N/A NO N/A N/A N/A N/A N/A N/A N/A
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation	No N/A	N/A N/A N/A NO N/A N/A N/A N/A N/A N/A NO N/A N/A N/A
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)?	No N/A	N/A N/A N/A N/A NO N/A N/A N/A NO N/A NO N/A NO N/A N/A N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation	No N/A	N/A N/A N/A N/A NO N/A N/A N/A NO N/A NO N/A N/A N/A N/A N/A NO N/A
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm?	No N/A	N/A N/A N/A N/A NO N/A N/A N/A N/A NO N/A N/A N/A N/A NO N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation	No N/A	N/A N/A N/A N/A NO N/A N/A NO N/A NO N/A NO N/A N/A N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm?	No N/A	N/A N/A N/A N/A NO N/A N/A NO N/A NO N/A NO N/A N/A NO N/A NO N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm? SBE Cerification Documentation Is your firm a Broward County Small Business Enterprise (SBE)?	No N/A	N/A N/A N/A N/A NO N/A N/A NO N/A NO N/A NO N/A N/A NO N/A NO N/A NO N/A NO N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)?	No N/A	N/A N/A N/A N/A N/A NO N/A N/A NO N/A NO N/A N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)?	No	N/A N/A N/A N/A N/A NO N/A N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	N/A N/A N/A N/A N/A NO N/A N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above?	No	N/A N/A N/A N/A N/A NO N/A N/A NO N/A NO N/A N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation	No	N/A N/A N/A N/A N/A NO N/A N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation Is your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI)	No	N/A N/A N/A N/A N/A NO N/A N/A N/A NO N/A N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation	No	N/A N/A N/A N/A N/A NO N/A N/A N/A NO N/A N/A N/A NO
PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant Is your firm a Mionrity-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation Is your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration?	No	N/A N/A N/A N/A N/A NO NO N/A N/A NO

Question	EOLA POWER LLC	NOW Interactives
CONFIRMATION TO BIND		- HOW interactives
I certify that I have read, understood and agree to the terms in this	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE		
I certify that, if awarded this contract, I will be required to obtain and	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do Do you currently carry insurance policies that meet or exceed the	Yes Yes	Yes Yes
Please upload your current certificate(s) of insurance that demonstrate	Included	Included
Please upload documentation showing that you have obtained a letter	meladea	meladed
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance	No	No
Please upload written documentation requesting an exemption on your		
Do you plan on using subcontractors for this project?	No	Yes
Do you acknowledge that all subcontractors must also carry the same		Yes
PROJECT DOCUMENTS PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	included	Ilicidaed
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM Public Entity Crimes Status	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. A) Ne convictions	A) Neither the entity submitting this sworn statement, no 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. A) No experience of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
Did you select option B1 or B2 above?	A) No convictions.	A) No convictions.
Please upload a copy of the final order issued by the hearing officer of	No	No No
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of		-
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL		D.Contractor Does Not Comply with the
EQUAL BENEFITS CERTIFICATION FORM		
Equal Benefits Status	A) Contractor currently complies.	B) Will comply by contract award.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT	Included Included	Included Included
VENDOR REGISTRATION	Included	Included
TELESCH II. COL		
Do you currently have a City of Pembroke Pines Vendor Number	No	No
Do you currently have a City of Pembroke Pines Vendor Number What is your Vendor Number?	No	No
What is your Vendor Number? VENDOR INFORMATION FORM	Included	Included
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)		
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION	Included	Included
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS	Included	Included
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS	Included	Included
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS	Included	Included
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES	Included Included	Included
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION	Included Included Company Overview	Included Included
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	Included Included Company Overview	Included Included
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status	Included Included Company Overview No N/A	Included Included Yes Local Broward County Vendor (LBCV)
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification	Included Included Company Overview No N/A N/A	Included Included Yes Local Broward County Vendor (LBCV) Meet Requirement
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status	Included Included Company Overview No N/A	Included Included Yes Local Broward County Vendor (LBCV)
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of	Included Included Company Overview No N/A	Included Included Yes Local Broward County Vendor (LBCV) Meet Requirement LBTR - Broward - 09-30-25
What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Upload Veteran Owned Small Business Certification(s) from any relevant	Included Included Company Overview No N/A N/A N/A N/A N/A N/A NO N/A N/A N/A N/A N/A N/A N/A N/A N/A	Yes Local Broward County Vendor (LBCV) Meet Requirement LBTR - Broward - 09-30-25 No N/A N/A
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