



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)

				ABOVE & BEYOND ELECTRONICS LLC				AKA Comp Solutions, INC.				AVI-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 GXT5 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 GXT5 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	
					\$237,963.25				\$211,386.50				\$220,013.50		

TABLE 1 (Table 2 of 8)

				Axelliant LLC				Concourse 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 GXT5 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	Vertiv Liebert GXT5 1-3kVA UPS Power Assurance Package (PAP) with Removal	\$2,706.25	\$67,656.25	PAPGXT-1K3KRMV	
5	Vertiv Liebert GXT5 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 GXT5 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)

Line Item	Description	Quantity	Unit of Measure	DIGITAL NET SOLUTION LLC				DOF CREATIONS, LLC				Dreadnought Endeavors Inc			
				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	\$1,090.48	\$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 GXT5 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 GXT5 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	
					\$224,323.00				\$215,126.00				\$214,827.50		

TABLE 1 (Table 4 of 8)

Line Item	Description	Quantity	Unit of Measure	EOLA POWER LLC				Imperium Data Networks				JPT-TECH, LLC			
				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 IntelliSlot 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 GXT5 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 GXT5 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)

				MIAMI BUSINESS TELEPHONE CORP				Mvation 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 GXT5 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	
					\$241,037.00				\$214,190.00				\$266,601.25		

TABLE 1 (Table 6 of 8)

				Quality Tech 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 GXT5 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 GXT5 External Battery Cabinet - 3000VA/72V,2U	\$987.55	\$24,688.75	GXT5-EBC72VRT2U	
3	Vertiv Liebert IntelliSlot RDU101 - Network Card Remote Monitoring USB Port	25	Each	\$280.00	\$7,000.00	RDU101		\$271.11	\$6,777.75	RDU101	Vertiv Liebert IntelliSlot 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 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	\$2,429.39	\$60,734.75	PAPGXT-1K3KRMV	
5	Vertiv Liebert GXT5 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 div of Staples Contract and Commercial, LLC				Strictly 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 GXT5 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 GXT5 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	
					\$217,659.25				\$218,942.50				\$214,867.50		

TABLE 1 (Table 8 of 8)

				Tech Advanced Computers Inc				vPrime Tech Inc				Wilmer +Torres Lighting and stage Design 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	\$3,068.00	\$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 GXT5 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		

Question	Concourse Tech Inc.	AKA Comp Solutions, INC.
CONFIRMATION TO BIND		
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	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		
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	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
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		
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently
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	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	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	Quote	References
PROFESSIONAL LICENSES		
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business	N/A	N/A
MBE Certification Documentation	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	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	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	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
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	Questivity	Axelliant LLC
CONFIRMATION TO BIND		
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	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		
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	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
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		
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
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
VENDOR REGISTRATION	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number	Yes	No
What is your Vendor Number?	Questivity, Inc.	
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
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	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	Yes
Please indicate the classification of your Minority-Owned Business	Asian-American MBE	Asian-American MBE
MBE Certification Documentation		MBE Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	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	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	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
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	Mvation Worldwide Inc.	Dreadnought Endeavors Inc
CONFIRMATION TO BIND		
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	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	
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		
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?	Yes	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	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	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	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
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	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	No
Please indicate the classification of your Minority-Owned Business	Asian-American MBE	N/A
MBE Certification Documentation		N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	Yes	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No
DBE Certification Documentation	N/A	Included
Does your firm have a Vendor Classification that was not listed above?	No	Yes
Other Vendor Classification Certification Documentation	N/A	Included
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A
What is the expiration date of your current SAM.gov registration?	12/6/2025	N/A
Proof of Registration Upload	Included	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	Strictly Technology	Riverside Technologies, Inc.
CONFIRMATION TO BIND		
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	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		
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		
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	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	Yes	No
What is your Vendor Number?	0	
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	GSA Line Card	Quote
PROFESSIONAL LICENSES		
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	Yes	No
Please indicate your Local Vendor Status	Local Broward County Vendor (LBCV)	N/A
Local Vendor Preference Certification	Included - Meet Requirement	N/A
Local Business Tax Receipts	Not Included	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business	N/A	N/A
MBE Certification Documentation	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	Yes	No
WMBE Certification Documentation	WBE Certification	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	Yes	No
SBE Certification Documentation	WOSB - SBA Certification	N/A
Is your firm a Broward County Business Enterprise (CBE)?	Yes	No
CBE Certification Documentation	WOSB - SBA Certification	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	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	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
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	DOF CREATIONS, LLC	Quality Tech Solutions, LLC
CONFIRMATION TO BIND		
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	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		
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		
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		
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	Included
VENDOR REGISTRATION	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number	Yes	No
What is your Vendor Number?	7679	
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	Experience and Certifications	
PROFESSIONAL LICENSES		
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	Yes
Upload the "Determination Letter" from the United States Department of	N/A	Not Included
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	No
Please indicate the classification of your Minority-Owned Business	African-American MBE	N/A
MBE Certification Documentation	MBE Certificate	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	Yes	No
WMBE Certification Documentation	WBE Certificate	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No
DBE Certification Documentation	N/A	DBE Certification
Does your firm have a Vendor Classification that was not listed above?	No	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	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
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	Tech Advanced Computers Inc	vPrime Tech Inc
CONFIRMATION TO BIND		
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	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		
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		
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
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	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
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	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	Yes
Please indicate the classification of your Minority-Owned Business	Asian-American MBE	Asian-American MBE
MBE Certification Documentation	MBE Certification	MBE Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	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	HMSDC Certificate
If yes, please provide your Unique Entity ID (UEI)	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
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	Sai Infotek Inc	Staples Technology Solutions, a div of Staples
CONFIRMATION TO BIND		
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	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	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		
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		
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
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	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	Quote	SunBiz
PROFESSIONAL LICENSES		
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business	Asian-American MBE	N/A
MBE Certification Documentation	Not Included	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	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	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	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
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	AVI-SPL LLC	JPT-TECH, LLC
CONFIRMATION TO BIND		
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	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		
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		
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		
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
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
VENDOR REGISTRATION	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number	Yes	No
What is your Vendor Number?	3419	
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	Location	
PROFESSIONAL LICENSES		
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	Yes	No
Please indicate your Local Vendor Status	Local Broward County Vendor (LBCV)	N/A
Local Vendor Preference Certification	Meet Requirement	N/A
Local Business Tax Receipts	Not Included	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	Yes
Please indicate the classification of your Minority-Owned Business	N/A	African-American MBE
MBE Certification Documentation	N/A	MBE Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	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	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	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
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	Imperium Data Networks	DIGITAL NET SOLUTION LLC
CONFIRMATION TO BIND		
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		
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		
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	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	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	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION		Quote
PROFESSIONAL LICENSES		
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business	N/A	N/A
MBE Certification Documentation	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	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	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	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
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	ABOVE & BEYOND ELECTRONICS LLC	Critical Power Solutions Group Inc.
CONFIRMATION TO BIND		
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	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	Yes	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		
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	D1) Does not comply due to an exemption: No	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	Does not comply.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	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	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
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	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	No
Please indicate the classification of your Minority-Owned Business	African-American MBE	N/A
MBE Certification Documentation	MBE Certification	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	SBE Certification
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	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
What is the expiration date of your current SAM.gov registration?	N/A	N/A
Proof of Registration Upload	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	MIAMI BUSINESS TELEPHONE CORP	Wilmer +Torres Lighting and stage Design LLC
CONFIRMATION TO BIND		
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	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		
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 - Not Filled
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		
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	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	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	State Registration	
PROFESSIONAL LICENSES	Specialty Electrical Contractor License	
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business	N/A	N/A
MBE Certification Documentation	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	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	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	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
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	EOLA POWER LLC	NOW Interactives
CONFIRMATION TO BIND		
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	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	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		
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		
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	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	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	Company Overview	
PROFESSIONAL LICENSES		
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	No	Yes
Please indicate your Local Vendor Status	N/A	Local Broward County Vendor (LBCV)
Local Vendor Preference Certification	N/A	Meet Requirement
Local Business Tax Receipts	N/A	LBTR - Broward - 09-30-25
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	Yes
Please indicate the classification of your Minority-Owned Business	N/A	African-American MBE
MBE Certification Documentation	N/A	MBE Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	Yes
WMBE Certification Documentation	N/A	WBE Certification
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	Yes
SBE Certification Documentation	N/A	SBE Certification
Is your firm a Broward County Business Enterprise (CBE)?	No	Yes
CBE Certification Documentation	N/A	CBE Certification
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	Yes
DBE Certification Documentation	N/A	DBE Certification
Does your firm have a Vendor Classification that was not listed above?	No	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	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
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A