

IFB # RE-25-07 "New Chiller for Studio 18" Pricing Tabulation

Primary Response		Green Alliance Inc.	ADVANCED ROOFING, INC.	Master Mechanical Services Inc	Con-Mech, Inc	KOLDAIRE, INC.	Johnson Controls, Inc
Line Item	Description						
1-1	Chiller Cost	\$ 112,250.00	\$ 142,986.00	\$ 145,000.00	\$ 126,112.34	\$ 155,000.00	\$ 101,959.00
1-2	Installation cost	\$ 75,000.00	\$ 69,939.00	\$ 70,000.00	\$ 73,940.20	\$ 73,570.00	\$ 348,343.00
1-3	Materials Costs	\$ 85,000.00	\$ 60,002.00	\$ 75,000.00	\$ 35,661.36	\$ 26,550.00	\$ 10,863.00
1-4	Concrete Slab Costs	\$ 6,000.00	\$ 8,789.00	\$ 10,000.00	\$ 27,712.50	\$ 15,000.00	\$ 34,506.00
1-5	Additional Considerations	\$ 10,000.00	\$ 18,364.00	\$ 14,623.00	\$ 83,749.50	\$ 184,773.00	\$ -
	Sub-Total without Bonds	\$ 288,250.00	\$ 300,080.00	\$ 314,623.00	\$ 347,175.90	\$ 454,893.00	\$ 495,671.00
3-1	Cost to provide a Payment & Performance Bond for the project, in the form of a	4.0%	1.5%	2.5%	3.0%	2.0%	4.0%
	Cost of P&P Bonds	\$ 11,530.00	\$ 4,501.20	\$ 7,865.58	\$ 10,415.28	\$ 9,097.86	\$ 19,826.84
	Grand Total w/ Bonds	\$ 299,780.00	\$ 304,581.20	\$ 322,488.58	\$ 357,591.18	\$ 463,990.86	\$ 515,497.84

Alternate Response		Green Alliance Inc.	ADVANCED ROOFING, INC.	Master Mechanical Services Inc	Con-Mech, Inc	KOLDAIRE, INC.	Johnson Controls, Inc
Line Item	Description						
1-1	Chiller Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 101,959.00
1-2	Installation cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 348,343.00
1-3	Materials Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,863.00
1-4	Concrete Slab Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34,506.00
1-5	Additional Considerations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27,905.00
	Sub-Total without Bonds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 523,576.00
3-1	Cost to provide a Payment & Performance Bond for the project, in the form of a	4.0%	1.5%	2.5%	3.0%	2.0%	4.0%
	Cost of P&P Bonds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,943.04
	Grand Total w/ Bonds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 544,519.04

2nd Bid for Local Vendor Preference		Green Alliance Inc.	ADVANCED ROOFING, INC.	Master Mechanical Services Inc	Con-Mech, Inc	KOLDAIRE, INC.	Johnson Controls, Inc
Line Item	Description						
1-1	Chiller Cost	\$ -	\$ 112,250.00	\$ -	\$ -	\$ -	
1-2	Installation cost	\$ -	\$ 75,000.00	\$ -	\$ -	\$ -	
1-3	Materials Costs	\$ -	\$ 85,000.00	\$ -	\$ -	\$ -	
1-4	Concrete Slab Costs	\$ -	\$ 6,000.00	\$ -	\$ -	\$ -	
1-5	Additional Considerations	\$ -	\$ 14,000.00	\$ -	\$ -	\$ -	
	Sub-Total without Bonds	\$ -	\$ 292,250.00	\$ -	\$ -	\$ -	\$ -
3-1	Cost to provide a Payment & Performance Bond for the project, in the form of a	4.0%	1.5%	2.5%	3.0%	2.0%	4.0%
	Cost of P&P Bonds	\$ -	\$ 4,383.75	\$ -	\$ -	\$ -	\$ -
	Grand Total w/ Bonds	\$ -	\$ 296,633.75	\$ -	\$ -	\$ -	\$ -

Note: Pursuant to Section 35.36(B)(2) of the Procurement Code, Advanced Roofing, Inc. qualified for Local Vendor Preference as a Broward County vendor. Advanced Roofing, Inc.'s original bid was within 2.5% of the lowest responsive bid submitted by Green Alliance Inc.; therefore, pursuant to the Procurement Code, Advanced Roofing, Inc. was provided the opportunity to submit a second bid that was at least 1% lower than the lowest responsive bid. Advanced Roofing, Inc. subsequently submitted a second bid that met the required threshold and, as a result, is being recommended for award under the Local Vendor Preference

Question	Green Alliance Inc.	ADVANCED ROOFING, INC.	Master Mechanical Services Inc	Con-Mech, Inc
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.				
Please upload your current certificate(s) of insurance.				
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	Yes	No	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		Yes		Yes
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included	Included
Equal Benefits Status	A) Contractor currently	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	Yes	No	No	No
What is your Vendor Number?	7689			
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ALTERNATIVES				
ADDITIONAL INFORMATION				
		Firm Experience Litigations	SunBiz State Registration	SunBiz
PROFESSIONAL LICENSES				
	Mechanical Contractor License	Mechanical Contractor License	Mechanical Contractor License	Mechanical Contractor License
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	Yes	No	No
Please indicate your Local Vendor Status	N/A	Local Broward County Vendor	N/A	N/A
Local Vendor Preference Certification	N/A	Included - Meet Requirement	N/A	N/A
Local Business Tax Receipts	N/A	LBTR-Broward-09-30-26	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Hispanic-American MBE	N/A	N/A	N/A
MBE Certification Documentation	MBE Certification	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	Yes	No
WMBE Certification Documentation	N/A	N/A	WMBE Certification	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Certification Documentation	N/A	N/A	N/A	SBE Certification
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	Yes	Yes
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
Supporting Documentation	N/A	N/A	N/A	N/A
Please upload Schedule of Values and Mechanical Schedule	Included	Included	Included	Included
Post Award Requirements	N/A	N/A	N/A	N/A
Optional - Please upload the requested documents below if available at time of bid.	N/A	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

Question	KOLDAIRE, INC.	Johnson Controls, Inc
CONFIRMATION TO BIND		
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.		
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.		
Do you plan on using subcontractors for this project?	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included - Incomplete	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)		
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included
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 the State of Florida, Division of Administrative Hearings.		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES		
EQUAL BENEFITS CERTIFICATION FORM	Included	Included
Equal Benefits Status	A) Contractor currently	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included
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		
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	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	Annual Report	Chiller Instal Proposal Model Prequalification Info Sales rebate Scrol Lean Certificate of CFC Qualification
PROFESSIONAL LICENSES	Class A Air Conditioner License General Contractor License Mechanical Contractor License	Mechanical Contractor License
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	Yes
Please indicate your Local Vendor Status	N/A	Local Broward County Vendor
Local Vendor Preference Certification	N/A	Included - Meet Requirement
Local Business Tax Receipts	N/A	LBTR-Broward-09-30-26 LBTR-Miramar-09-30-26
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	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)?	Yes	No
CBE Certification Documentation	CBE Contractor	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
Supporting Documentation	N/A	N/A
Please upload Schedule of Values and Mechanical Schedule	Included	Included
Post Award Requirements	N/A	N/A
Optional - Please upload the requested documents below if available at time of bid.	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? (MM/DD/YYYY)	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