



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/30/2025

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

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

PRODUCER Government Insurance 320 Hialeah Dr Hialeah FL 33010-5221		CONTACT NAME: YESENIA RIVERON PHONE (A/C, No, Ext): 305-883-9398 E-MAIL ADDRESS: yriverson@ginscorp.com FAX (A/C, No):																						
INSURED VP Contracting Services Inc 1056 SW 180 Terr PEMBROKE PINES FL 33029-		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>UNITED SPECIALTY INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	UNITED SPECIALTY INSURANCE COMPANY		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	SCB-GL-000101829	10/14/2025	10/14/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is listed as additional insured.

CERTIFICATE HOLDER

CANCELLATION

City of Pembroke Pines Building Department 601 City Center Way Pembroke Pines, FL 33025	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Jesus Arboleya</i>
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Proposer's Background Information Form

#	Question	Response	Comment	Status
Contact Information				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	Ender Huerta, President, (954) 600-3054		Complete
1.1.2	Authorized Approver: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Authorized Approver for this project.	Ender Huerta, President, (954) 600-3054		Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	2005		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2005		Complete
1.2.3	What State is your Company Registered In?	Florida		Complete
Former Business				
1.3.1	Under what former name has your business operated? Include a description of the business.	VP Contracting Services, Inc. General and Roofing Contractor		Complete
1.3.2	At what address was that business located?	18501 Pines Blvd, #338 Pembroke Pines, FL 33029		Complete
Past Failure				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
Inspected				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes		Complete
Subcontracting				
1.6.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	Yes	We will subcontract windows replacement, plumbing, electrical and fire work	Complete
Bankruptcy Petitions				
1.7.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	No Bankruptcy petitions		Complete
Bond Claims				
1.8.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	No Bond claims		Complete
Claims, Arbitrations, Administrative Hearings and Lawsuits				
1.9.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.	No claims		Complete
Criminal Proceedings or Hearings				

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



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

1. This sworn statement is submitted VP CONTRACTING SERVICES, INC.
(name of entity submitting sworn statement) whose business address is
18501 PINES BLVD. #338, PEMBROKE PINES, FL 33029
and (if applicable) its Federal Employer Identification Number (FEIN) is
20-3729610. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: _____.)
2. My name is ENDER HUERTA and my
(Please print name of individual signing)
relationship to the entity named above is PRESIDENT.
3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a



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

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

7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

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

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

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

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

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

ENDER HUERTA 
Bidder's Name/Signature

VP CONTRACTING SERVICES, INC.
Company

11/6/2025
Date



EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

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

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

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

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

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

SECTION 1 DEFINITIONS

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



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

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

SECTION 2 CERTIFICATION OF CONTRACTOR

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

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



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

4. The Contractor is a governmental agency;

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

COMPANY NAME: VP CONTRACTING SERVICES, INC.

AUTHORIZED OFFICER NAME / SIGNATURE: Ender Huerta 



VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

IDENTICAL TIE BIDS - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after each conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

SECTION 2 AFFIRMATION

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

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

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

Authorized Signature

Ender Huerta

Authorized Signer Name

VP Contracting Services, Inc.

Company Name

NON-COLLUSION AFFIDAVIT

The undersigned bidder or agent, being duly sworn on oath, says that he/she has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He/She further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee gift, commission or thing of value on account of such sale.

OATH AND AFFIRMATION

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING BID FOR PUBLIC WORKS ARE TRUE AND CORRECT.

Dated this 6 day of November, 2025

VP Contracting Services, Inc.

(Name of Organization)

Ender Huerta

(Title of Person Signing)

(Signature)

ACKNOWLEDGEMENT

STATE OF Florida)

) ss

COUNTY OF Sumner)

Before me, a Notary Public, personally appeared the above named and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to me this 4 day of November, 2025.

Elena Sifontes
Notary Public Signature

My Commission Expires: 07/09/2027





SCRUTINIZED COMPANY CERTIFICATION
PURSUANT TO FLORIDA STATUTE § 287.135.

I, Ender Huerta / President, on behalf of VP Contracting Services, Inc.
Print Name and Title Company Name

certify that VP Contracting Services, Inc.
Company Name

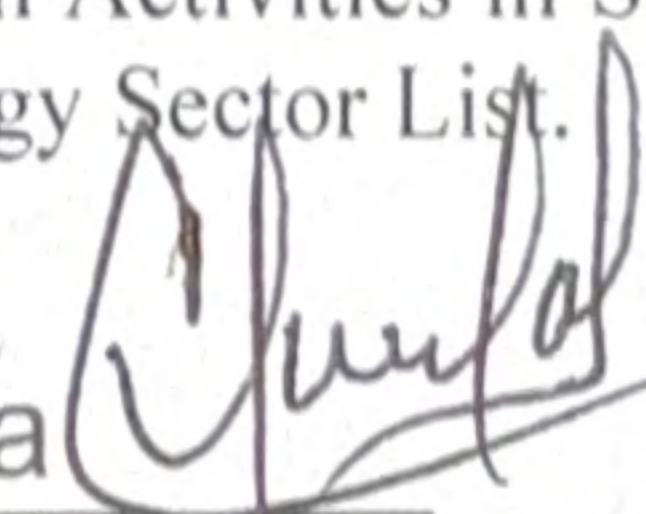
1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has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

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

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

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

VP Contracting Services, Inc.
Company Name

Ender Huerta 
Print Name / Signature

President
Title



Florida Department of Revenue
Employer E-Verify Certification

RT-E Verify
 N. 07/23
 Rule 73B-10.037, F.A.C.
 Effective XX/XX
 Page 1 of 2
 Provisional

Complete the *Employer E-Verify Certification* (Form RT-E Verify) if you are an employer who relied on a third party to file your reemployment tax return or report and the third-party filer does not have the legal authority to certify use of the E-Verify system on your behalf. Certification should occur by no later than the last day of the month following the quarter in which the first reemployment tax return or report is due in a calendar year.

Legal Requirement – Section 448.095, Florida Statutes (F.S.), requires employers to verify each new employee’s employment eligibility within three business days after the first day that the new employee begins working for salary, wages, or other remuneration.

Public agencies, private employers with 25 or more employees, or employee leasing companies that do not defer certification through a written agreement or understanding with the client company are required to use E-Verify to validate that newly hired employees are eligible for employment within the United States. If the E-Verify system is unavailable for three business days after the first day the new employee begins working for salary, wages, or other remuneration, an employer must use the *Employment Eligibility Verification* (federal form USCIS I-9) to verify employment eligibility within the United States.

Each public agency, private employer, or employee leasing company required to use the E-Verify system must certify on its first reemployment tax return or report filed each calendar year that it used E-Verify or the federal form USCIS I-9 to confirm employment eligibility of each new employee.

Provide the following information if you are certifying compliance with section 448.095, F.S.

Employer Name Who Uses E-Verify at the Time of Certification: <u>VP Contracting Services, Inc.</u>
Federal Employer Identification Number of Employer Who Uses E-Verify at the Time of Certification: <u>20_3729610</u>
Federal Employer Identification Number of Entity Who Filed the Reemployment Tax Return or Report on Behalf of the Employer: _____
Email Address of Employer Who Uses E-Verify at the Time of Certification: <u>VP Contracting Services, Inc.</u>

Authorized Signature – Certification must be signed by (1) the individual owner, (2) the corporate president, treasurer, or other principal officer, or (3) a partner or member/managing member. The authorized representative must sign, date, and enter the applicable information in the certification box below.

E-Verify Certification

I attest, under penalty of perjury, that this employer used the E-Verify system defined in section 448.095, F.S., or the <i>Employment Eligibility Verification</i> (federal form USCIS I-9), if E-Verify was not available within three business days of a new hire, to verify the employment eligibility of all newly hired employees as required by section 448.095, F.S.
Signature of Officer: _____
Officer Name: _____
Title of Officer: _____
Date: _____

To Mail a Certification Form to the Department:

Account Management
Florida Department of Revenue
PO Box 6510
Tallahassee FL 32314-6510

To speak with a Department of Revenue representative, call Taxpayer Services at 850-488-6800, Monday through Friday, excluding holidays.

For more information on E-Verify, visit e-verify.gov/employers.

HUMAN TRAFFICKING AFFIDAVIT - S.787.06, FLORIDA STATUTES

Before me, the undersigned authority, personally appeared Ender Huerta, whom after being duly sworn, deposes and states:

(Affiant)

1. My name is Ender Huerta and I am over eighteen years of age. The following information is given from my own personal knowledge.
2. I am an officer or representative with VP Contracting Services, Inc., a non-governmental entity. I am authorized to provide this affidavit on behalf of VP Contracting Services, Inc.
3. The non-governmental entity, VP Contracting Services, Inc., does not use coercion for labor or services as defined in s.787.06, Florida Statutes.

FURTHER AFFIANT SAYETH NOT.

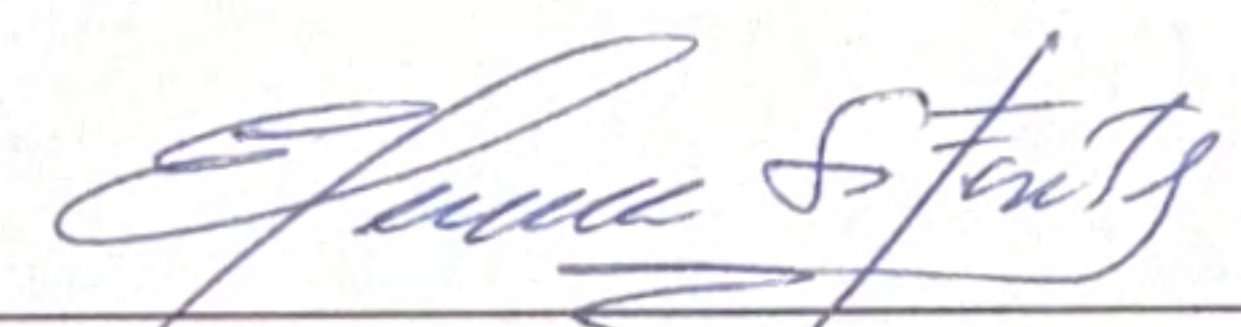
November 6, 2025

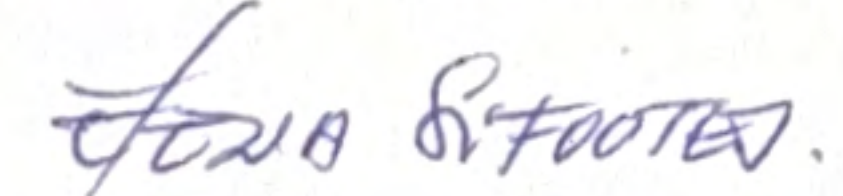

(Affiant)

STATE OF FLORIDA COUNTY
OF BROWARD

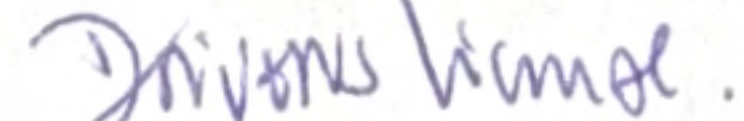
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 7 day of November, by


(Affiant)


(Signature of Notary Public--State of Florida)


(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced 



(OFFICE USE ONLY) Vendor number:

Please entirely complete this vendor information form along with the IRS Form W-9, and email to accountspayable@ppines.com
City of Pembroke Pines
Finance Department
601 City Center Way
Pembroke Pines, FL 33025

Vendor Information Form

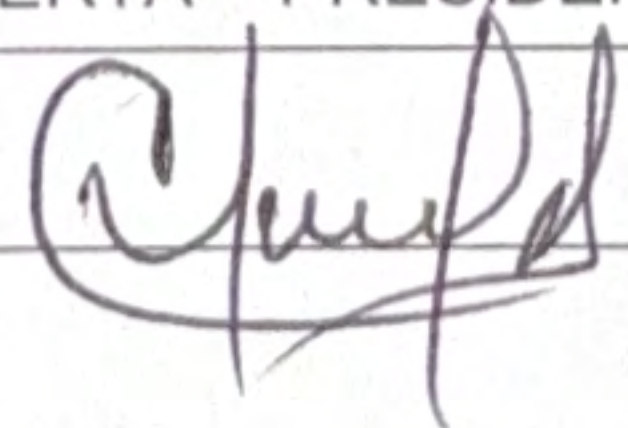
Operating Name (Payee)	VP CONTRACTING SERVICES, INC.		
Legal Name (as filed with IRS)	VP CONTRACTING SERVICES, INC.		
Remit-to Address (For Payments)	18501 PINES BLVD. #338		
	PEMBROKE PINES, FL 33029		
Remit-to Contact Name:	ENDER HUERTA	Title:	PRESIDENT
Email Address:	VPCONTRACTINGSERVICES@GMAIL.COM		
Phone #:	(954) 600-3054	Fax #	
Order-from Address (For purchase orders)			
Order-from Contact Name:		Title:	
Email Address:			
Phone #:		Fax #	
Return-to Address (For product returns)			
Return-to Contact Name		Title:	
Email Address:			
Phone #:		Fax #	
Payment Terms:			

Type of Business (please check one and provide Federal Tax identification or social security Number)

- Corporation
 Sole Proprietorship/Individual
 Partnership
 Health Care Service Provider
 LLC – C (C corporation) – S (S corporation) – P (partnership)
 Other (Specify):

Federal ID Number:
Social Security No.:

Name & Title of Applicant ENDER HUERTA PRESIDENT

Signature of Applicant  **Date** 11/06/25

Request for Taxpayer Identification Number and Certification

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

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>VP CONTRACTING SERVICES, INC.</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p> <p>VP CONTRACTING SERVICES, INC.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <i>Note:</i> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>18501 PINES BLVD. #338</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>PEMBROKE PINES, FL 33029</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

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

Social security number									
				-					
or									
Employer identification number									
2	0	-	3	7	2	9	6	1	0

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

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

General Instructions

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

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

What's New

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

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

Purpose of Form

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



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

HUERTA, ENDER JOSE

VP CONTRACTING SERVICES INC
1056 SW 180 TERRACE
PEMBROKE PINES FL 33029

LICENSE NUMBER: CGC1513090

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/05/2024

Do not alter this document in any form.

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





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

HUERTA, ENDER JOSE

VP CONTRACTING SERVICES INC
18501 PINES BLVD #338
PEMBROKE PINES FL 33029

LICENSE NUMBER: CCC1336420

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/23/2025

Do not alter this document in any form.

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



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

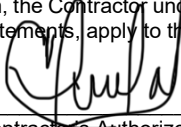
LOBBYING

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

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

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

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



Signature of Contractor's Authorized Official

Ender Huerta - President

Printed Name and Title of Contractor's Authorized Official

VP Contracting Service INC

11/13/2025

Contractor / Name of Company

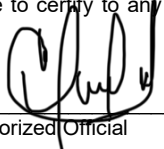
Date

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

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

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



Signature of Contractor's Authorized Official

Ender Huerta - President

Printed Name and Title of Contractor's Authorized Official

VP Contracting Service INC

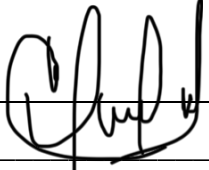
11/13/2025

Contractor / Name of Company

Date

Disclosure of Lobbying Activities

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

1. Type of Federal Action: _____ a. contract _____ b. grant _____ c. cooperative agreement _____ d. loan _____ e. loan guarantee _____ f. loan insurance	2. Status of Federal Action: _____ Ender a. bid / offer / application _____ b. initial award _____ c. post-award	3. Report Type: _____ a. initial filing _____ b. material change For material change only: Year _____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: _____ Prime _____ Subawardee _____ Tier _____, if Known: Congressional District, if known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> <div style="text-align: center;">  </div>	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: <u>Ender Huerta</u> Title: <u>President</u> Telephone No.: <u>954-6003054</u> Date: <u>11/13/2012</u>	

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

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

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

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

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

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

Project Information

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

Developer/Contactor Information:

Name of Firm: VP Contracting Services INC	Address: 1056 SW 180 Terrace Pembroke Pines FL
Authorized Representative: Ender Huerta	Title: President
Phone: 954- 6003054	Email: vpcontractingservices@gmail.com

1. Check all that apply to your business:

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

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

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

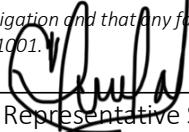
4. Is your bid/contract amount greater than \$200,000? Yes No

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

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

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

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



Authorized Representative Signature

11/13/2025

Date

vpcontractingservices@gmail.com Response

Pricing unsealed at Nov 18, 2025 2:34 PM

CONTACT INFORMATION

Company

vpcontractingservices@gmail.com

Email

vpcontractingservices@gmail.com

Contact

Ender Huerta

Address

18501 Pines Blvd. #338
Pembroke Pines, FL 33029

Phone

(954) 600-3054

Website

<http://www.vpcontractingservices.com>

Submission Date

Nov 14, 2025 9:21 AM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. CONFIRMATION TO BIND

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

Confirmed

Pass Fail

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

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

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

Confirmed

Pass Fail

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

Yes

Pass Fail


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

Yes

Pass Fail

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

Pass Fail

 [Liability_Insurance_VP_Contracting.pdf](#)

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

*

No

Pass Fail

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

Yes

Pass Fail

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

Yes

Pass Fail

3. EXPERIENCE AND CAPABILITIES

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

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

Our company has extensive experience in [briefly describe your field, Construction, Remodeling, Kitchen & Bathrooms, Floor Instalation, Painting, with a strong commitment to quality, safety, and compliance with local regulations.

Pass Fail

3.2. Describe the size of your firm.*

Small Business

Pass Fail

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

Pass Fail

Our company maintains a solid and stable financial position, supported by responsible resource management, timely fulfillment of obligations, and a proven record of consistent growth. We have the financial capacity to efficiently execute projects and ensure their completion within required timelines and standards.

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

Pass Fail

Construction, Remodeling, Kitchen & Bathrooms, Floor Installation, Painting

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

Our company has over 10 years of specialized experience successfully completing projects of similar Pass Fail scope and complexity. We take pride in our team of qualified and highly skilled professionals who possess the technical expertise and certifications required to deliver high-quality results. Our consistent performance, attention to detail, and commitment to safety and efficiency have earned us a strong reputation within the industry.

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

Our company has more than 10 years of specialised experience in the execution of projects of similar Pass Fail scope and complexity. We rely on a team of qualified and highly competent professionals, with the technical training and certifications necessary to ensure high quality results. Our consistent performance, attention to detail and commitment to safety and efficiency have enabled us to build a solid reputation in the industry.

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

Our operations are located in the city of Pembroke Pines.

Pass Fail

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

Pass Fail

As a small company, our management team is actively involved in every project. This structure allows for direct communication, quick decision-making, and immediate access to senior leadership to address any client needs or project requirements.

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

As a small company, we assign experienced personnel to oversee and manage each project directly. Pass Fail
Our main point of contact will be Ender Huerta who has over 10 years of experience in managing and coordinating similar projects. The supervision team consists of qualified professionals with proven field experience, ensuring effective communication, quality control, and compliance with project schedules.

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

General contractor with over 10 years of experience in similar projects, project supervisor with over 10 Pass Fail years of experience in similar projects

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

Our on-site personnel have extensive hands-on experience in projects of similar scope and Pass Fail complexity. Each team member has actively participated in technical and supervisory tasks, demonstrating expertise in installation, maintenance, and project management. This experience enables us to ensure efficiency, adherence to safety standards, and high-quality results at every stage of the project.

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

Our company has over 20 years of experience in residential construction and remodeling. We are fully Pass Fail licensed as a General Contractor in the State of Florida. Our team is composed of qualified and certified professionals who receive continuous training in safety, code compliance, and industry best practices.

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

Our company maintains a balanced workload that allows us to allocate adequate resources to each project. Recently, we have successfully completed several projects of similar scope, we are currently managing [X projects], and we have the capacity to take on new contracts without compromising quality, timelines, or personalized client attention.

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

Our company maintains a strong reputation in the market due to the consistent quality of our services, timely completion of projects and contracts, and personalized attention to each client. Clients and partners recognize us for our reliability, professionalism, and commitment to excellence, which sets us apart positively from our peers in the industry.

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

Our company has built a strong reputation among our customers through consistent delivery of high-quality services, reliable project completion, and personalized client support. We have developed this reputation by maintaining clear communication, adhering to timelines, prioritizing safety and quality, and fostering long-term relationships based on trust and professionalism.

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

Our service stands out from competitors through a combination of quality, personalized attention, and Pass Fail timely project completion. We have a highly skilled team that ensures efficiency and consistent results, tailored to each client's specific needs. We acquire and retain clients by building trust, maintaining clear communication, fulfilling commitments, and providing effective solutions that exceed expectations, fostering long-term relationships.

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

Our proposal would be the most effective and beneficial for the City of Pembroke Pines because it Pass Fail combines proven experience, qualified personnel, and a commitment to quality and timely project completion. We focus on efficient and safe solutions tailored to the city's needs, ensuring reliable results that maximize value and resident satisfaction.

4. FIRM'S UNDERSTANDING AND APPROACH TO THE WORK

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

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

We understand that the purpose of this solicitation is to select contractors capable of efficiently, safely, Pass Fail and effectively executing residential remodeling projects, while adhering to timelines and local regulations. Our approach to completing assigned tasks includes detailed project planning, close coordination with all

stakeholders, assignment of qualified personnel for each phase, and rigorous quality and safety oversight on-site. This method ensures consistent results, minimizes delays, and guarantees the satisfaction of both homeowners and the city.

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

Pass Fail

The proposed project involves a comprehensive residential remodeling, including structural improvements, interior and exterior renovations, updates to electrical and plumbing systems, and enhancements to energy efficiency. Each phase will be carefully planned and executed, from demolition and site preparation, installation of high-quality materials, to final finishes and cleanup. Our approach ensures compliance with regulations, quality control, on-site safety, and full homeowner satisfaction

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

Pass Fail

Our approach is based on comprehensive and structured planning to ensure the efficient execution of each project phase. The work plan includes:

1. Site assessment and preparation: detailed inspection, measurements, and necessary demolition.
2. Planning and resource allocation: assignment of qualified personnel, high-quality materials, and required tools.
3. Project execution: structural improvements, interior and exterior renovations, updates to electrical and plumbing systems, and energy efficiency enhancements.
4. Quality and safety control: continuous supervision, compliance with regulations, and on-site safety measures.
5. Completion and handover: finishes, cleanup, and client satisfaction verification.

This approach ensures timely completion, efficiency, quality, and safety, delivering results that fully meet the expectations of both the homeowner and the city.

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

Pass Fail

We would organize the project into **key milestones** to ensure controlled and measurable progress:

1. **Milestone 1 – Initial assessment and planning:** site inspection, measurements, review of plans, and approval of the work plan.
2. **Milestone 2 – Site preparation and demolition:** removal of existing materials, cleaning, and preparation for construction.
3. **Milestone 3 – Structural work and main installations:** structural improvements, updates to electrical and plumbing systems.
4. **Milestone 4 – Interior and exterior renovations:** installation of finishes, painting, flooring, carpentry, and aesthetic enhancements.
5. **Milestone 5 – Inspection, quality control, and handover:** verification of compliance with regulations, final cleanup, and delivery to the homeowner.

Each milestone includes **progress reviews, quality assurance, and necessary adjustments**, ensuring timely completion and full client satisfaction.

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

Pass Fail

An important consideration is coordinating with the homeowner and the city to minimize disruptions during the remodeling, as well as ensuring compliance with all local construction and safety regulations. It is also essential to properly manage material delivery schedules and the availability of qualified personnel to prevent delays and ensure the project is completed on time and to high-quality standards.

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

Pass Fail

We ensure the quality of our services through detailed planning, continuous supervision, and qualified personnel, making sure each project phase complies with technical standards, local regulations, and safety requirements. We conduct regular inspections, material checks, and final reviews, allowing us to deliver efficient, safe projects with consistent results that fully satisfy our clients.

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

Pass Fail

We measure the quality of our services using specific criteria, including adherence to established timelines, accuracy in execution according to plans and specifications, on-site safety, client satisfaction, and continuous review of materials and finishes. These indicators allow us to ensure consistent, high-standard results on every project.

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

Defects or errors in our work are very rare due to detailed planning, continuous supervision, and qualified personnel. When an issue is identified, it is addressed immediately following standardized quality control procedures, ensuring that neither safety nor project timelines are affected. The average correction time depends on the nature of the issue, but it is typically resolved within 24 to 48 hours, maintaining high-quality standards at all times.

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

Our company implements rigorous quality control techniques at all stages of a project. For contract design and documentation control, we maintain detailed records of plans, specifications, change orders, and approvals in a centralized system accessible to the project team and supervisors. Each document is reviewed and verified by qualified personnel before implementation, ensuring accuracy and compliance with contract standards. Additionally, we conduct periodic audits and cross-checks to detect any inconsistencies or errors, ensuring that all documentation and design remain up-to-date, complete, and in full compliance with project requirements.

5. PREVIOUS EXPERIENCE

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

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

Pass Fail

Our company has provided services to numerous clients, including residential homeowners, businesses, and government entities, over more than [X] years of experience. This track record has allowed us to build trusted relationships and demonstrate our ability to manage projects of varying size and complexity.

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

Pass Fail

Over the past three years, our company has worked on several residential and commercial remodeling and improvement projects, including full home renovations, updates to electrical and plumbing systems, and energy efficiency enhancements. All projects were completed within established timelines, meeting quality and safety standards, demonstrating our experience and competence in similar work.

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

Pass Fail

In our projects, we have faced challenges such as time constraints, changes in client requirements, and coordination of multiple subcontractors. We overcame these challenges through proactive planning, continuous communication with all stakeholders, and assignment of qualified personnel, ensuring projects were completed on schedule while meeting established quality and safety standards.

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

Pass Fail

A high percentage of our clients are repeat clients, reflecting the trust and satisfaction we have built over the years. Our personalized attention, timely project completion, and consistent quality foster long-term relationships and strong client loyalty.

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

Pass Fail

Approximately 70% of our revenue comes from managing projects similar to yours, including residential remodels, energy efficiency improvements, and updates to electrical and plumbing systems. This experience demonstrates our capability and specialized focus on projects of a comparable nature.

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

Our company has a proven track record of high client accessibility, ensuring prompt responses and consistent communication throughout each project. We have demonstrated the ability to meet established deadlines through effective planning and proper resource allocation. Additionally, we possess strong coordination skills, ensuring efficient integration of all subcontractors and stakeholders, which allows for smooth and seamless project execution.

6. REFERENCE # 1

The minimum experience for this project is **five (5) years**. Provide specific examples of similar experience conducting licensed work of equal or similar scope of work, preferably delivered by the proposed team members. A **minimum of 3** references should be from the last **five years** and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications. In this section you will have the ability to enter information for 5 different references including their contact details and specific project information.

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

Proposers are advised to confirm that:

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

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

Pass Fail

City of Miami Beach, Permit #BCR2503116

6.2. Reference Contact Information – Reference's Business Address*

Pass Fail

90 Alton Rd. #3203, Miami Beach FL 33139

6.3. Reference Contact Information – Reference's Contact Name & Title*

Pass Fail

Walter Weckenmann - Owner

- 6.4. Reference Contact Information – Reference's E-mail Address*** Pass Fail
wwsteelman@aol.com
-
- 6.5. Reference Contact Information – Reference's Phone Number*** Pass Fail
5163134173
-
- 6.6. Project Information – Was your firm the prime contractor for the listed project?*** Pass Fail
Yes
-
- 6.7. Project Information – Name of Contactor Performing the Work*** Pass Fail
VP Contracting Service INC
-
- 6.8. Project Information – Name and location of the project*** Pass Fail
90 Alton Rd. #3203, Miami Beach FL 33139
-
- 6.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for*** Pass Fail
kitchen and Bathroom Remodeling
-
- 6.10. Project Information – Project Duration*** Pass Fail
3 months
-
- 6.11. Project Information – Completion (Anticipated) Date*** Pass Fail
3 months
-
- 6.12. Project Information – Size of Project*** Pass Fail
Big Project
-
- 6.13. Project Information – Cost of Project*** Pass Fail
122,650.55
-
- 7. REFERENCE # 2**
- 7.1. Reference Contact Information – Name of Firm, City, County or Agency*** Pass Fail
City of Pembroke Pines Permit #BCR2503116
-
- 7.2. Reference Contact Information – Reference's Business Address*** Pass Fail
13355 SW 16th Ct #306E, Pembroke Pines FL 33027
-
- 7.3. Reference Contact Information – Reference's Contact Name & Title*** Pass Fail
Ralph DeMasi - Owner
-
- 7.4. Reference Contact Information – Reference's E-mail Address*** Pass Fail
rdemasi25@gmail.com
-
- 7.5. Reference Contact Information – Reference's Phone Number*** Pass Fail

9149795958

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

Yes

7.7. Project Information – Name of Contactor Performing the Work* Pass Fail

New impact Resistant Windows - VP Contracting Service INC

7.8. Project Information – Name and location of the project* Pass Fail

New impact Resistant Windows - 13355 SW 16th Ct #306E, Pembroke Pines FL 33027

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

Small Project - New impact Resistant Windows, Windows removal and installation Pass Fail

7.10. Project Information – Project Duration* Pass Fail

8 Weeks

7.11. Project Information – Completion (Anticipated) Date* Pass Fail

8 Weeks

7.12. Project Information – Size of Project* Pass Fail

Small Project

7.13. Project Information – Cost of Project* Pass Fail

10,990.00

8. REFERENCE # 3

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

City of Key Biscayne permirt #B24-044057

8.2. Reference Contact Information – Reference's Business Address* Pass Fail

151 Crandon Blvd #1025, Key Biscayne FL 33149

8.3. Reference Contact Information – Reference's Contact Name & Title* Pass Fail

Blue Reef Properties Holding Corp

8.4. Reference Contact Information – Reference's E-mail Address* Pass Fail

vpcontractingservices@gmail.com

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

3055773443

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

Yes

- 8.7. Project Information – Name of Contactor Performing the Work*** Pass Fail
VP Contracting Service INC -
-
- 8.8. Project Information – Name and location of the project*** Pass Fail
Kitchen Renovations -151 Crandon Blvd #1025, Key Biscayne FL 33149
-
- 8.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for***
Removal and installation new kitchen Pass Fail
-
- 8.10. Project Information – Project Duration*** Pass Fail
2 Months
-
- 8.11. Project Information – Completion (Anticipated) Date*** Pass Fail
2 Months
-
- 8.12. Project Information – Size of Project*** Pass Fail
Small Project
-
- 8.13. Project Information – Cost of Project*** Pass Fail
13,570.22
-
- 9. REFERENCE # 4**
- 9.1. Reference Contact Information – Name of Firm, City, County or Agency** Pass Fail
City of Miami Permit #BD24-017966-001-B001
-
- 9.2. Reference Contact Information – Reference's Business Address** Pass Fail
1865 Brickell Ave #A1802, Miami FL 33129
-
- 9.3. Reference Contact Information – Reference's Contact Name & Title** Pass Fail
Fernando Zozaya - Owner
-
- 9.4. Reference Contact Information – Reference's E-mail Address** Pass Fail
vpcontractingservices@gmail.com
-
- 9.5. Reference Contact Information – Reference's Phone Number** Pass Fail
9542329730
-
- 9.6. Project Information – Was your firm the prime contractor for the listed project?** Pass Fail
Yes
-
- 9.7. Project Information – Name of Contactor Performing the Work** Pass Fail
New soundproofing membrane and vinyl planks flooring - VP Contracting Service INC
-
- 9.8. Project Information – Name and location of the project** Pass Fail

1865 Brickell Ave #A1802, Miami FL 33129 - New sounproofing membrane and vinyl planks flooring

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

Vinyl flooring removal and installation Pass Fail

9.10. Project Information – Project Duration

2 Months Pass Fail

9.11. Project Information – Completion (Anticipated) Date

2 Months Pass Fail

9.12. Project Information – Size of Project

Small Project Pass Fail

9.13. Project Information – Cost of Project

10,144.00 Pass Fail

10. REFERENCE # 5

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

City of Miami permit #BD24-010325-001-B001 Pass Fail

10.2. Reference Contact Information – Reference's Business Address

2501 Brickell Ave #1001 Miami FL 33129 Pass Fail

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

Cliff Hawkins - Owner Pass Fail

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

cliff53@yahoo.com Pass Fail

10.5. Reference Contact Information – Reference's Phone Number

6469329755 Pass Fail

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

Yes Pass Fail

10.7. Project Information – Name of Contactor Performing the Work

Kitchen and 2 Bathrooms remodeling - VP Contracting Service INC Pass Fail

10.8. Project Information – Name and location of the project

Kitchen and 2 Bathrooms remodeling - 2501 Brickell Ave #1001 Miami FL 33129 Pass Fail

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

Pass Fail

Kitchen and 2 Bathrooms remodeling

10.10. Project Information – Project Duration

Pass Fail

2 Months

10.11. Project Information – Completion (Anticipated) Date

Pass Fail

2 Months

10.12. Project Information – Size of Project

Pass Fail

Medium Project

10.13. Project Information – Cost of Project

Pass Fail


44,207.92

11. PROJECT DOCUMENTS

11.1. PROPOSERS BACKGROUND INFORMATION FORM*

Pass Fail

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

 [Proposers Background Information Form.xlsx](#)

 [Proposers_Background_Information_Form.xlsx](#)

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

12.1. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM*

Pass Fail

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

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

 [Sworn Statement On Public.pdf](#)

12.2. Public Entity Crimes Status*

Pass Fail

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

management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

- B3) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

A) No convictions.

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

Pass Fail

No

12.4. Did you select option B3 above?*

Pass Fail


No

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

13.1. EQUAL BENEFITS CERTIFICATION FORM*

Pass Fail

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

 [Equal Benefits Certification Form.pdf](#)

 [Equal_Benefits_Certification.pdf](#)

13.2. Equal Benefits Status*

Pass Fail

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

benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;

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

A) Contractor currently complies.

13.3. Did you select option D2 above?*

Pass Fail

No


14. DRUG-FREE WORKPLACE CERTIFICATION

14.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION*

Pass Fail

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

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

 [Vendor_Drug-Free.pdf](#)

14.2. Drug-Free Status*

Pass Fail

Complies fully.


15. STANDARD DOCUMENTS

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

15.1. NON-COLLUSIVE AFFIDAVIT*

Pass Fail

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

 [Non-Collusive Affidavit.pdf](#)

 [VP_Contracting_NON-COLLUSION_AFFIDAVIT.pdf](#)

15.2. SCRUTINIZED COMPANY CERTIFICATION*

Pass Fail

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

 [Scrutinized Company Certification.pdf](#)


 [Scrutinized_Company_Certification.pdf](#)

15.3. E-VERIFY SYSTEM CERTIFICATION*

Pass Fail

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

 [E-Verify_System_Certification_Statement.pdf](#)

 [E-Verify_System_Certificatiin.pdf](#)

15.4. HUMAN TRAFFICKING AFFIDAVIT*

Pass Fail

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

 [Human_Trafficking_Affidavit.pdf](#)

 [Human_Trafficking_Affidavit.pdf](#)

16. VENDOR REGISTRATION

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

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

No

16.2. VENDOR INFORMATION FORM*

Pass Fail

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


 [Vendor_Information_Form.pdf](#)

 [Vendor_information_Form.pdf](#)

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

Pass Fail

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

 [Form W-9 \(Rev March 2024\).pdf](#)

 [W9_Form_VP_Contracting.pdf](#)

17. OPTIONAL DOCUMENTATION

17.1. TRADE SECRETS

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

No response submitted

17.2. FINANCIAL STATEMENTS

1. The City is **NOT** requesting the vendor to submit any financial statements for this project and prefers if the vendor does not submit financial statements. In addition, if the City needs a copy of the vendor's financial statements, the City can contact the vendor after the bid due date to request those documents. However, if the vendor does submit the financial statements, they should be uploaded in this section.

2. Any claim of confidentiality on financial statements must be asserted at the time of submittal. The firm must identify the specific statute that authorizes the exemption from the Public Records Law. Please note that the financial statement exemption provided for in Section 119.071(1)c, Florida Statutes only applies to submittals in response to a solicitation for a “public works” project.

No response submitted

17.3. ALTERNATIVES

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

No response submitted

17.4. ADDITIONAL INFORMATION

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

No response submitted

17.5. PROFESSIONAL LICENSES

Pass Fail

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

 [Licencias_VP_Contracting.pdf](#)

18. VENDOR CLASSIFICATION

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

Pass Fail

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

No

18.2. Is your firm a Minority-Owned Business Enterprise (MBE)?* Pass Fail

No

18.3. Is your firm a Woman-Owned Business Enterprise (WBE)?* Pass Fail

No

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

No

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

No

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

No

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

No

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

No

19. FEDERAL DOCUMENTS

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


1. **Lobbying:** Pass Fail

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

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

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

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

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

 [Federal_Certification_for_Lobbying_and_Debarment_and_Form_LLL_\(4\)_\(2\).pdf](#)

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

Pass Fail

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

No

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


No


Pass Fail

19.4. Form 1 of HUD Section 3 Implementation Plan*

Pass Fail

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

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

 [293f1a81-b556-444f-97aa-98d7b7959ec9_Form_1_of_HUD_Section_3_Implementation_Plan_\(2\).pdf](#)

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

Confirmed

Pass Fail