



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

EVALUATION TABULATION
IFB No. PSUT-25-09
Lift Station # 64 Rehabilitation
RESPONSE DEADLINE: September 23, 2025 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
SOP Consulting LLC	\$552,062.00
INTERCOUNTY ENGINEERING, INC.	\$695,391.00
Foster Marine Contractors Inc	\$788,040.00
Southern Underground Industrie, Inc.	\$861,663.00
David Mancini and Sons, Inc.	\$1,431,000.00

				SOP Consulting LLC	INTERCOUNTY ENGINEERING, INC.	Foster Marine Contractors Inc	Southern Underground Industrie,Inc.	David Mancini and Sons, Inc.
Line Item	Description	Qty	UM	Total	Total	Total	Total	Total
1	Lift Station 64	1	Lump Sum	\$552,062.00	\$695,391.00	\$788,040.00	\$861,663.00	\$1,431,000.00

	Payment & Performance Bonds			SOP Consulting LLC	INTERCOUNTY ENGINEERING, INC.	Foster Marine Contractors Inc	Southern Underground Industrie,Inc.	David Mancini and Sons, Inc.
Line Item	Description		UM	Percentage	Percentage	Percentage	Percentage	Percentage
1	Cost to provide a Payment & Performance Bond for the project, in the form of a percent		Perc.	3.0%	2.5%	3.0%	2.0%	1.5%

Question	SOP Consulting LLC	INTERCOUNTY ENGINEERING, INC.	Foster Marine Contractors Inc
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE			
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.			
Please upload your current certificate(s) of insurance.			
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	Yes	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.	Included		
Do you plan on using subcontractors for this project?	Yes	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes	Yes
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES			
EQUAL BENEFITS CERTIFICATION FORM			
Equal Benefits Status	D1) Does not comply due to an exemption: No spousal benefits for anyone.	D1) Does not comply due to an exemption: No spousal benefits for anyone.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM			
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included
VENDOR REGISTRATION	Included	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	Yes	Yes
What is your Vendor Number?		3687	6008
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			
FINANCIAL STATEMENTS			
ALTERNATIVES			
ADDITIONAL INFORMATION			Annual Report Traffic Control Course OSHA 10Hr OSHA 30Hr GHS and OSHA Hazardous Communication Stormwater Management Inspector Professional Experience Completed Projects List of Equipment Employee Safety Program E-Verify Memorandum of understanding Litigation Summary
PROFESSIONAL LICENSES	General Contractor License	General Contractor License Underground Utility & excavation License	General Contractor License Underground Utility & excavation License
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	Yes	No
Please indicate your Local Vendor Status	N/A	Local Broward County Vendor (LBCV)	N/A
Local Vendor Preference Certification	N/A	Meet Requirement	N/A
Local Business Tax Receipts	N/A	LBTR-Broward -09-30-25	LBTR-West Palm Beach - 09-30-26
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A
MBE Certification Documentation	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	Yes	No	No
SBE Certification Documentation	SBE Certificate	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	Yes	No	No
Other Vendor Classification Certification Documentation	DBE Certificate	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A

Question	Southern Underground Industrie,Inc.	David Mancini and Sons, Inc.
CONFIRMATION TO BIND		
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Please upload your current certificate(s) of insurance.		
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Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.		
Do you plan on using subcontractors for this project?	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included	Included
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VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
VENDOR REGISTRATION	Included	Included
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FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	SunBiz Everify System Form Equipment & Vehicles	SunBiz Everify System form Annual Report Project Experience Financial Statement Letter State Registration
PROFESSIONAL LICENSES	General Contractor License Underground & Excavation_License	General Contractor License Underground & Excavation_License
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	Yes	Yes
Please indicate your Local Vendor Status	Local Broward County Vendor (LBCV)	Local Broward County Vendor (LBCV)
Local Vendor Preference Certification	Meet Requirements(Not Signed)	Meet Requirement
Local Business Tax Receipts	LBTR-Deerfield Beach-09-30-26	LBTR-Broward-09-30-25 LBTR-Deerfield Beach-09-30-25
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
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MBE Certification Documentation	N/A	N/A
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WMBE Certification Documentation	N/A	N/A
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HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
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SBE Certification Documentation	N/A	N/A
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CBE Certification Documentation	N/A	N/A
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Proof of Registration Upload	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A