



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/19/2025

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).

<b>PRODUCER</b> Insurance by Rob 4801 Johnson Road #13-14 Coconut Creek FL 33073		<b>CONTACT NAME:</b> Alberto Corona <b>PHONE (A/C. No. Ext):</b> (954) 331-4468 <b>E-MAIL ADDRESS:</b> service@InsuranceByRob.com <b>FAX (A/C. No):</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> SECURITY NATL INS CO	<b>NAIC #</b> 19879
<b>INSURED</b> CONCORD TECHNOLOGIES INC 7721 NW 16TH CT PEMBROKE PINES FL 33024		<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	SES1818414 01	12/13/2024	12/13/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
							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
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

City of Miami is listed as additional insured with respect to general liability and auto liability. Coverage is afforded for contingent and contractual liability and x.c.u. (explosion, collapse, and underground) hazards. This insurance is on a primary and non-contributory basis.

**CERTIFICATE HOLDER****CANCELLATION**

	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>Felipe Ryeda</i>

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# Proposer's Background Information Form

#	Question	Response	Comment	Status
<b>Contact Information</b>				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	Shahin Shafiq, 561-254-4403, President, shahin@myconcordtech.com		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.	Shahin Shafiq, 561-254-4403, President, shahin@myconcordtech.com		Complete
<b>Organization Background</b>				
1.2.1	Please state the year that you company started its business.	2021		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2021		Complete
1.2.3	What State is your Company Registered In?	FL		Complete
<b>Former Business</b>				
1.3.1	Under what former name has your business operated? Include a description of the business.	N/A		Complete
1.3.2	At what address was that business located?	7721 Nnw 16 ct, pembroke pines, FL 33024		Complete
<b>Past Failure</b>				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
<b>Inspected</b>				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes		Complete
<b>Subcontracting</b>				
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	Electrical, mechanical, plumbing etc.	Complete
<b>Bankruptcy Petitions</b>				
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.	None		Complete
<b>Bond Claims</b>				
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).	None		Complete
<b>Claims, Arbitrations, Administrative Hearings and Lawsuits</b>				
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.	None		Complete
<b>Criminal Proceedings or Hearings</b>				

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.	None		Complete
<b>Company Classification</b>				
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
<b>Debarment/Suspension</b>				
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
<b>Similar Experience &amp; Contracts</b>				
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.	business change of use, legalization, respond and correction to the violations		Complete
<b>Professional License Information</b>				
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	PE. 65195, CGC 1531435	Complete
<b>Conflict of Interest</b>				
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
<b>19 Questions</b>		<b>100.00% Complete</b>		



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

1. This sworn statement is submitted Concord Technologies, Inc.  
(name of entity submitting sworn statement) whose business address is  
7721 NW 16 CT, Pembroke Pines, FL 33024  
and (if applicable) its Federal Employer Identification Number (FEIN) is  
87-2315905. (If the entity has no FEIN, include the Social Security  
Number of the individual signing this sworn statement: 635-68-7698.)
2. My name is Shahin M. Shafiq 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.)**

Shahin Shafiq  
Bidder's Name/Signature

Concord technologies, Inc.  
Company

11/18/2025  
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: Concord Technologies, Inc.

AUTHORIZED OFFICER NAME / SIGNATURE: Shahin M Shafiq Digitally signed by Shahin M Shafiq  
Date: 2025.11.18 06:33:03 -05'00'



## 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.**

Shahin M  
Shafiq

Digitally signed by Shahin M  
Shafiq  
Date: 2025.11.18 06:35:15  
-05'00'

Shahin Shafiq

Concord Technologies, Inc

Authorized Signature

Authorized Signer Name

Company Name



**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the Owner,  
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature Shahin M Shafiq Digitally signed by Shahin M Shafiq  
Date: 2025.11.18 06:37:24 -05'00'

Title President

Name of Company Concord Technologies, Inc.



**SCRUTINIZED COMPANY CERTIFICATION  
PURSUANT TO FLORIDA STATUTE § 287.135.**

I, Shahin Shafiq, President, on behalf of Concord Technologies, Inc.,  
Print Name and Title Company Name

certify that Concord Technologies, 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.

Concord Technologies, Inc.  
Company Name

Shahin Shafiq  
Print Name / Signature

President  
Title



**E-VERIFY SYSTEM CERTIFICATION STATEMENT  
(UNDER SECTION 448.095, FLORIDA STATUTES)**

1. Definitions:
  - a. **“Contractor”** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.
  - b. **“Subcontractor”** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
  - c. **“E-Verify system”** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.
  
2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:
  - a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
  - b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
  - c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. 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.
  
3. Contract Termination
  - a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
  - b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
  - c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
  - d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
  - e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

**Concord Technologies, Inc.**

COMPANY NAME: \_\_\_\_\_

**Shahin Shafiq**

PRINTED NAME / AUTHORIZED SIGNATURE: \_\_\_\_\_



**AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS**

In accordance with section 787.06 (13), Florida Statutes, the undersigned, on behalf of the entity listed below (“Entity”), hereby attests under penalty of perjury that:

1. The Affiant is an officer or representative of the Entity entering into an agreement with the City of Pembroke Pines.
2. The Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled “Human Trafficking”.
3. The Affiant is authorized to execute this Affidavit on behalf of the Entity.
4. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.
5. Pursuant to Sec. 92.525(2), Fla. Stat., under penalties of perjury, I declare that I have read the foregoing affidavit of compliance with Human Trafficking Laws and that the facts stated in it are true.

FURTHER AFFIANT SAYETH NAUGHT.

DATE: 11/18/2025

SIGNATURE: Shahin Shafiq

ENTITY: Concord Technologies, Inc.

NAME: Shahin Shafiq

TITLE: President



**VENDOR INFORMATION FORM**

MAIN CONTACT INFORMATION			
<b>Company Name (Legal Name as filed with IRS)</b>		Concord Technologies, Inc.	
<b>Doing Business As (DBA)</b>			
<b>Primary Business Address</b>		7721 NW 16 CT	
<b>City:</b>		Pembroke Pines	
<b>State:</b>		FL	<b>Zip:</b> 33024
<b>Country:</b>		USA	
<b>Remit To Address</b>		Same	
<b>City:</b>			
<b>State:</b>			<b>Zip:</b>
<b>Country:</b>			
<b>Order From Address</b>		Same	
<b>City:</b>			
<b>State:</b>			<b>Zip:</b>
<b>Country:</b>			
<b>Foreign Entity (Yes/No)</b>		No	
<b>Telephone Number</b>		561-254-4403	
<b>Primary Company E-mail</b>		shahin@myconcordtech.com	
<b>Fax</b>			
<b>Website</b>			
<b>DUNS</b>			
<b>Independent Contractor (Yes/No)</b>			
<b>Identification Number</b>		<b>SSN:</b>	<b>FID:</b> 87-2315909

GENERAL PAYMENT TERMS		
<b>Discount Percent</b> Defines the discount percentage the vendor extends to your organization.	<b>Days to Discount</b> Number of days which payment must be received to claim the discount percent.	<b>Days to Net</b> Number of days that the vendor allows before requiring net payment.

CONTACT # 1	
<b>Contact Name (First &amp; Last Name)</b>	
<b>Description/Title/Position</b>	
<b>Phone (Voice)</b>	
<b>Phone (Text)</b>	<b>Opt In (Y/N):</b>
<b>Fax</b>	
<b>E-mail</b>	

STATE REGISTRATION	
<b>Is your company registered with the State of Florida? (Y/N)</b>	
<b>If not, what state is your company registered in?</b>	

Please attach the print out from <https://dos.myflorida.com/sunbiz/> or the appropriate state showing your active registration and any applicable fictitious names that are registered.

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b> 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.) <b>Concord Technologies, Inc.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <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) _____ <b>Note:</b> 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) _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b> 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"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>7721 NW 16 CT</b>	<b>Requester's name and address (optional)</b>
	<b>6</b> City, state, and ZIP code <b>Pembroke Pines, FL 33024</b>	<b>City of Pembroke Pines</b>
<b>7</b> List account number(s) here (optional)		

## 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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
8	7	-	2	3	1	5	9	0	9

**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.

<b>Sign Here</b>	Signature of U.S. person <i>Shahin Shafiq</i>	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](http://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

**SHAFIQ, SHAHIN MUHAMMAD**

CONCORD TECHNOLOGIES, INC.  
7721 NW 16TH CT  
PEMBROKE PINES FL 33024

**LICENSE NUMBER: CGC1531435**

**EXPIRATION DATE: AUGUST 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](https://www.MyFloridaLicense.com)

ISSUED: 07/02/2024

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



**FBPE**  
FLORIDA BOARD OF  
PROFESSIONAL ENGINEERS

**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**BOARD OF PROFESSIONAL ENGINEERS**

THE PROFESSIONAL ENGINEER HEREIN IS LICENSED UNDER THE  
PROVISIONS OF CHAPTER 471, FLORIDA STATUTES

**SHAFIQ, SHAHIN MUHAMMAD**

7721 NW 16 CT  
PEMBROKE PINES FL 33024

**LICENSE NUMBER: PE65195**

**EXPIRATION DATE: FEBRUARY 28, 2027**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



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.

CONCORD TECHNOLOGIES, INC.  
7721 NW 16TH CT  
PEMBROKE PINES FL 33024-5247

**CITY OF PEMBROKE PINES**  
601 CITY CENTER WAY, LBTR-4TH FLOOR  
PEMBROKE PINES, FL 33025

## LOCAL BUSINESS TAX RECEIPT

### Local Business Tax Certificate

In the event the business to which this receipt was issued changes hands, the receipt will become null and void. An application for a new receipt must be made.

**Receipt Date: October 1, 2025 through September 30, 2026**

**Business Name:** CONCORD TECHNOLOGIES, INC. **DBA:**

**Business Location:** 7721 NW 16TH CT  
PEMBROKE PINES, FL 33024-5247

**Receipt Number:** 20221832

**Invoice Number:** INV-00110929

**Business Description:** ADMINISTRATIVE OFFICE & GENERAL CONTRACTOR

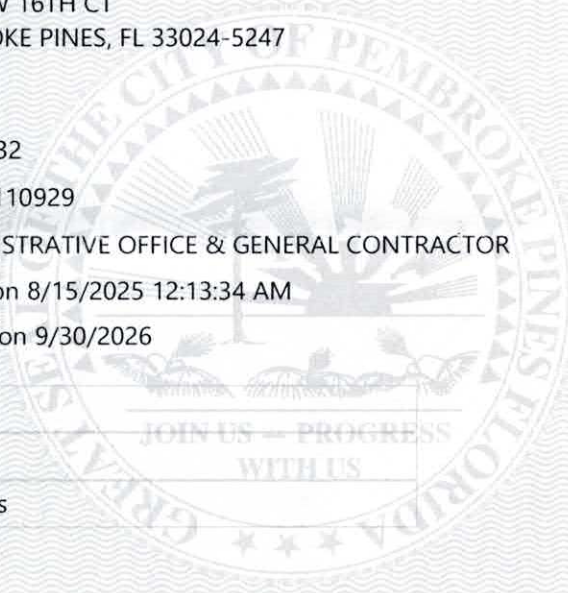
**Receipt Issued:** Issued on 8/15/2025 12:13:34 AM

**Receipt Expiration:** Expires on 9/30/2026

**Business Classifications**

CGC-General Contractor

ADMSER-administrative services





OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT

Governmental Center Annex

115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 • 954-357-6400

August 19, 2025

**ANNIVERSARY DATE: August 19<sup>th</sup>.**

Mr. Shahin Shafiq  
**CONCORD TECHNOLOGIES, INC.**  
7721 NW 16th Court  
Pembroke Pines, FL, 33024

Dear Mr. Shafiq:

The Broward County Office of Economic and Small Business Development (OESBD) is pleased to award your company certification as a **County Business Enterprise (CBE) and Small Business Enterprise (SBE)**. Your firm is now eligible to participate in the Office of Economic and Small Business Development programs.

**Please note: your certifications are continuous but are contingent upon your firm verifying annually its eligibility in each of the two programs.** Each year, on the anniversary of the date you were awarded certification, you **must submit to OESBD** a Personal Net Worth Worksheet, a copy of the previous year's Business Tax Return, copies of the current professional licenses, and County and local business tax receipts. As a courtesy, OESBD will notify you in advance of your obligation to provide the continuing eligibility documents. **However, the responsibility to ensure continued certification is yours.**

To access and respond to Broward County's solicitations, you will need to be a registered vendor with Broward County. The current web-based procurement platform is **BPRO, powered by Bonfire**. All vendors must complete the vendor registration process in Broward County's **BPRO** system. It is free to do so. Information on how to register your company can be found on the Purchasing Division's webpage: [www.broward.org/Purchasing](http://www.broward.org/Purchasing). Alternatively, you may use your camera to scan the QR code in this letter.



To review current Broward County Government bid opportunities visit: [www.broward.org/Purchasing](http://www.broward.org/Purchasing) and click on "Current Solicitations and Results." Also, from this website, you can log into your firm's profile in **BPRO** to ensure you have added all appropriate classification codes. Bid opportunities over \$3,500 will be advertised to vendors via e-mail and according to classification codes, so please ensure that both the Purchasing Division and OESBD are apprised of your current e-mail address.

Your primary certification group is: **Construction Services**. This is also how your listing in our directory will read. You may access your firm's listing by visiting the Office of Economic and Small Business Development Directory, located on the internet at: [www.broward.org/EconDev](http://www.broward.org/EconDev) and click on "Certified Firm Directories."

Broward County Board of County Commissioners

Mark D. Bogen • Alexandra P. Davis • Lamar P. Fisher • Beam Furr • Steve Geller • Robert McKinzie • Nan H. Rich • Hazelle P. Rogers • Michael Udine  
[www.broward.org](http://www.broward.org)

Your firm may compete for, and perform work on Broward County projects in the following areas:

**NAICS CODES: 236118, 237310**

We look forward to working with you to achieve greater opportunities for your business through county procurement.

Sincerely,

MARIBEL  
FELICIANO

Digitally signed by  
MARIBEL FELICIANO  
Date: 2025.08.25  
05:49:22 -04'00'

Maribel Feliciano, Director  
Office of Economic and Small Business Development

**Cert Agency: BC-CBE-SBE**



# THIS CERTIFICATE IS AWARDED TO

CONCORD TECHNOLOGIES, INC.

AS SET FORTH IN THE BROWARD COUNTY BUSINESS OPPORTUNITY ACT, THE CERTIFICATION  
REQUIREMENTS HAVE BEEN MET FOR:

County Business Enterprise (CBE) and Small Business Enterprise (SBE)

**MARIBEL FELICIANO** Digitally signed by MARIBEL FELICIANO  
Date: 2025.08.25 05:48:44 -04'00'

Anniversary Date: August 19th.

THE OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT MUST BE NOTIFIED WITHIN 30 DAYS OF ANY MATERIAL CHANGES IN THE BUSINESS WHICH  
MAY AFFECT OWNERSHIP AND CONTROL. FAILURE TO DO SO MAY RESULT IN THE REVOCATION OF THIS CERTIFICATE AND/OR IMPOSITION OF OTHER SANCTIONS.

A SERVICE OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
[BROWARD.ORG/ECONDEV](http://BROWARD.ORG/ECONDEV)

GOVERNMENTAL CENTER ANNEX 115 S. ANDREWS AVENUE, ROOM A680 FORT LAUDERDALE, FL 33301  
TEL: 954-357-6400 • EMAIL: [SBCERT@BROWARD.ORG](mailto:SBCERT@BROWARD.ORG) • TTY: 954-357-5664





**OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT**

**Governmental Center Annex**

115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 • 954-357-6400

**September 10, 2025**

**Shahin Shafiq  
Concord Technologies, Inc  
7721 NW 16th Court  
Pembroke Pines, Florida 33024**

**ANNIVERSARY DATE – Annually, on September 5<sup>th</sup>**

Dear Mr. Shafiq:

**Broward County** is pleased to announce that Concord Technologies, Inc. has been certified as a **Disadvantaged Business Enterprise [DBE]** in Florida, under a **Unified Certification Program [UCP]** in accordance with 49 CFR, PART 26.

DBE certification continues from your anniversary date but is contingent upon Concord Technologies, Inc renewing its eligibility annually through this office, Office of Economic and Small Business Development (OESBD). OESBD will notify you in advance of your obligation to provide continuing eligibility documents; however, ensuring continued certification is your responsibility. Failure to continue your eligibility will result in immediate action to decertify Concord Technologies, Inc.

Concord Technologies, Inc will be listed in Florida's **Business Directory**, which can be accessed via the internet at:

<https://fdotxwp02.dot.state.fl.us/EqualOpportunityOfficeBusinessDirectory/CustomSearch>

As long as Concord Technologies, Inc is listed in the Florida Business Directory, it is considered eligible to bid throughout the state under the assigned NAICS.

DBE Certification is subject to actions by governmental agencies impacting the disadvantaged status Concord Technologies, Inc.

DBE certification is **NOT** a guarantee of work, but enables Concord Technologies, Inc to compete for, and perform, contract work on all USDOT Federal Aid (FAA, FTA and FHWA) projects in Florida as a DBE contractor, sub-contractor, consultant, sub-consultant or material supplier.

**RE: Concord Technologies, Inc**

**September 8, 2025**

If, at any time, there is a material change in Concord Technologies, Inc, including, but not limited to, ownership, officers, directors, scope of work being performed, daily operations, affiliations with other businesses or individuals or physical location of Concord Technologies, Inc. you must notify OESBD, in writing, without delay. Notification should include supporting documentation. You will receive acknowledgement and confirmation of continued eligibility, if applicable after notification of changes.

Concord Technologies, Inc. may compete for, and perform, work on all USDOT Federal Aid projects throughout Florida, receiving DBE credit consistent with 49 CFR part 26 for work performed in the following areas:

**NAICS CODE(S): 236118 Residential Remodelers**  
**236115 New Single-Family Housing Construction**  
**236220 Commercial and Institutional Building Construction**  
**237310 Highway, Street, and Bridge Construction**

Please feel free to contact OESBD for any questions or concerns pertaining to your DBE certification. Our telephone number is (954) 357-6400; our fax number is (954) 357-5674.

Sincerely,



Maribel Feliciano, Director  
Office of Economic and Small Business Development

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

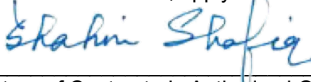
**LOBBYING**

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  
  
**Concord Technologies, Inc.**  
\_\_\_\_\_  
Contractor / Name of Company

**Shahin Shafiq**  
\_\_\_\_\_  
Printed Name and Title of Contractor's Authorized Official  
  
**11/18/2025**  
\_\_\_\_\_  
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  
  
**Concord Technologies, Inc.**  
\_\_\_\_\_  
Contractor / Name of Company

**Shahin Shafiq**  
\_\_\_\_\_  
Printed Name and Title of Contractor's Authorized Official  
  
**11/18/2025**  
\_\_\_\_\_  
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)

<b>1. Type of Federal Action:</b> _____ a. contract _____ b. grant _____ c. cooperative agreement _____ d. loan _____ e. loan guarantee _____ f. loan insurance	<b>2. Status of Federal Action:</b> _____ a. bid / offer / application _____ b. initial award _____ c. post-award <small>Shahin Shafiq</small>	<b>3. Report Type:</b> _____ a. initial filing _____ b. material change  <b>For material change only:</b> Year _____ quarter _____ Date of last report _____
<b>4. Name and Address of Reporting Entity:</b> _____ Prime _____ Subawardee _____ Tier _____, if Known:  <b>Congressional District, if known:</b>	<b>5. If Reporting Entity in No. 4 is Subawardee,</b> Enter Name and Address of Prime:   <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, <i>if applicable</i> : _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>  \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>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.</b>	<b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No.:</b> _____ <b>Date:</b> _____	

## **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: <b>Home Repair</b>
Project Location or Address(es): <b>Pembroke Pines</b>

Developer/Contactor Information:

Name of Firm: <b>Concord technologies, Inc.</b>	Address: <b>7721 NW 16 CT, Pembroke Pines</b>
Authorized Representative: <b>Shahin Shafiq</b>	Title: <b>Presidewnt</b>
Phone: <b>561-254-4403</b>	Email: <b>shahin@myconcordtech.com</b>

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.*

Shahin Shafiq  
Authorized Representative Signature

11/18/2025  
Date

# Concord Technologies, Inc. Response

Pricing unsealed at Nov 18, 2025 2:34 PM

## CONTACT INFORMATION

Company

[Concord Technologies, Inc.](#)

Email

[shahin@myconcordtech.com](mailto:shahin@myconcordtech.com)

Contact

Shahin Shafiq

Address

7721 NW 16 CT  
Pembroke Pines, FL 33024

Phone

(561) 254-4403

Website

N/A

Submission Date

Nov 18, 2025 12:26 PM (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

 [4\\_COI\\_Liability.pdf](#)

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

Yes

Pass  Fail

2.4.1. Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.\*

Pass  Fail

 [5\\_WorkersComp\\_Exemption.pdf](#)

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.\*  Pass  Fail

Our firm is experienced in designing, permitting and construction of building projects. We are committed to completing projects on time, on budget and with high quality. We take every project with the highest importance, big or small.

3.2. Describe the size of your firm.\*  Pass  Fail

We are County certified small business.

5 people

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

We are in strong financial position. We can handle multiple projects at a time with our financial capabilities.

3.4. Describe your firm's range of activities.\*  Pass  Fail

We are located in Pembroke Pines; we work all over Broward County.

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

We have inhouse design, permitting and construction capabilities. The project manager is a FL PE (65195) and a CGC (1531435) 25 years of design and 15 years of construction experience.

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

We have 5 years of experience.

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

We are located in Pembroke Pines. Our business LBT is from City of Pembroke Pines. We are very familiar with the different communities within the city. As we live within the City, we can start any assignments withing the shortest possible time. Especially for the emergency or time sensitive work, we can start as soon as we have the work order.

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

We are 100% available. Project manager from our company, Shahin Shafiq, PE, CGC lives in the same City and can jump on the assigned project as soon as the city wishes.

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.\*

Shahin Shafiq, PE, CGC with 25 years of design and permitting experience and 15 years of construction experience. He is the qualifier for Concord Technologies, Inc.  Pass  Fail

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.\*  Pass  Fail

Shahin Shafiq, PE, CGC-Design, permitting, construction

Haji Farhan-15 years of experience in construction. Superintendent.

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

Field staff are well experienced in doing day to day construction. As a small firm, our PM, Shahin Shafiq will be at the site on daily basis. Any issues arrive will be addressed immediately without any delay.

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.\*

Qualifier for the contractor holds the professional Engineering license (PE 65195), MOT advanced certification, FDOT CTQP Asphalt Level 1 & 2, Final Estimates Level 1 & 2, and QC Manager certifications.  Pass  Fail

His educational qualifications

Bachelor's in civil engineering, Bangladesh, 1998

Master's in civil engineering, Lamar University, Beaumont, Texas-2003

Master's in computer science, Texas A&M University, Texas, 2002

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

Annual Maintenance project, Town of Southwest Ranches, 2025-2026

Different private projects.

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

Highly technically sound, committed to complete job on time without stories. Budget is the bottom line and try our best to avoid change orders.

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

Pass  Fail

We strive for the quality.

We completed 5 governments projects so far. All are on time and on budget.

Jurisdiction	Bid No.	Project	Budget	Completed	Plan Finish	Actual Finish
City of Coral Springs	ITB--24-C-309F	NW 118 Drive	\$160k	\$133K	April, 2025	Mar, 2025
City of Coral Springs	24-C-001F	Police Dept. building floor replacement	\$155K	\$131K	Nov 2024	Oct 2024
Town of Davie	ITB-RS--24-41	Davie Linear Park Pier #10	\$120K	\$102K	June 2025	April 2025
Town of Miami Lakes	ITQ-25-09	K9 Cove Park	\$30K	\$22K	Oct 2025	Sep 2025
City of Lauderdale Lakes	ITB25-6310-21B	Otis Gray Park	\$840K	Just won	May 2026	

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

Pass  Fail

We dedicate ourselves to take the ownership of the projects. We try to solve the problem rather finding holes for change orders. Every job is important.

The PM was an FDOT employee who knows the aspect the agencies are looking for. Works need to be done, jobs need to be completed, on time, on budget with acceptable quality.

This is the story, nothing else.

**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.\***

We're highly technically sound, well experienced in permitting and diverse experienced in building construction with our inhouse capabilities, located within the city limit, capable of responding to the city at any time they call us.  Pass  Fail

**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.\***

This is an annual home repair services contract. project may include correcting code violation, respond to safety concerns, electrical or mechanical systems, making home more energy efficient, improving home general conditions.  Pass  Fail

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

Pass  Fail

We will discuss the project specific scope of work and budget, provide the city our schedule. Project might need design efforts which will include plans/drawings, calculations, etc. We will generate plans if required and submit for permitting if required. after securing permit approval, we will proceed to the construction/repair work.

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

Pass  Fail

- We will discuss the project scope and budget.
- Provide schedule
- Design/permitting
- Construction

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

Pass  Fail

Design

permitting

Construction

- 30%
- 60%
- 90%

- 100%

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

Pass  Fail

We will notify the City any issues that might delay the project with possible solutions.

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

Pass  Fail

Quality is not a sudden event, but a result of continuous effort. We track our activities daily and monitor conformity with the design plans and scope.

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

Pass  Fail

Following the proper steps and specifications without making short cuts.

**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?\***

Pass  Fail

I have very few mistakes because I spend decent time on planning, analyzing cause and effect. Still, I do mistakes. I acknowledge and take responsibilities of my mistakes without pointing fingers.

I immediately apply correction schemes and keep moving. Agencies don't like to hear stories but to see the work is moving forward.

**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.\***

Pass  Fail

We have independent quality control officer who inspects work in regular basis.

**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

20+

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

Pass  Fail

City Coral Spring Springs-Building renovations-2024

Town of Southwest ranches, Annual Misc. project, 2025-2026

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

Pass  Fail

Solidify scopes, keeping on budget, finishing on time.

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

Pass  Fail

All

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

Pass  Fail

\$250K

**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 records are very clean. We take work as an opportunity to serve the community. All projects we completed so far under the budgets and on time.

Pass  Fail

**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 Lauderdale Lakes, , , City of Lauderdale Lakes

**6.2. Reference Contact Information - Reference's Business Address\***

Pass  Fail

4300 NW 36 St, Lauderdale Lakes, FL 33319

<b>6.3. Reference Contact Information – Reference's Contact Name &amp; Title*</b> Maqsood Nasir, P.E., Director of Engineering	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>6.4. Reference Contact Information – Reference's E-mail Address*</b> mmnasir@lauderdalelakes.org	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>6.5. Reference Contact Information – Reference's Phone Number*</b> 954-535-2712	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>6.6. Project Information – Was your firm the prime contractor for the listed project?*</b> Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>6.7. Project Information – Name of Contactor Performing the Work*</b> Concord Technologies, Inc.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>6.8. Project Information – Name and location of the project*</b> Otis gray Park, Lauderdale Lakes, FL	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>6.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for*</b> Park improvements, 3,000 LF pedestrian pathway, fitness center, benches, water fountain etc.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>6.10. Project Information – Project Duration*</b> 6 months	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>6.11. Project Information – Completion (Anticipated) Date*</b> May 30, 20216	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>6.12. Project Information – Size of Project*</b> 10 Acre park	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>6.13. Project Information – Cost of Project*</b> \$840K	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7. REFERENCE # 2</b>	
<b>7.1. Reference Contact Information – Name of Firm, City, County or Agency*</b> City of Coral Springs	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.2. Reference Contact Information – Reference's Business Address*</b> 2801 Coral Springs Blvd, Coral Springs	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.3. Reference Contact Information – Reference's Contact Name &amp; Title*</b> Henry H. Giraldo, Fleet/Facilities Supervisor	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.4. Reference Contact Information – Reference's E-mail Address*</b> hgiraldo@coralsprings.org	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.5. Reference Contact Information – Reference's Phone Number*</b> 954 346-1346	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.6. Project Information – Was your firm the prime contractor for the listed project?*</b> Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.7. Project Information – Name of Contactor Performing the Work*</b> Concord Technologies, Inc.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.8. Project Information – Name and location of the project*</b> Coral Springs Police Department Building	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for*</b> Replace existing tiles at Police Department Building	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.10. Project Information – Project Duration*</b> Replace existing tiles at Police Department Building	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.11. Project Information – Completion (Anticipated) Date*</b> Oct 2024	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

<b>7.12. Project Information – Size of Project*</b> Replace 9,000 sf floor and wall tiles	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>7.13. Project Information – Cost of Project*</b> \$131K	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8. REFERENCE # 3</b>	
<b>8.1. Reference Contact Information – Name of Firm, City, County or Agency*</b> Town of Davie	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.2. Reference Contact Information – Reference's Business Address*</b> 6901 Orange Drive, Davie, FL, 33314	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.3. Reference Contact Information – Reference's Contact Name &amp; Title*</b> Keith Pursell, Project Manager	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.4. Reference Contact Information – Reference's E-mail Address*</b> kpursell@davie-fl.gov	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.5. Reference Contact Information – Reference's Phone Number*</b> 954-797-1191	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.6. Project Information – Was your firm the prime contractor for the listed project?*</b> Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.7. Project Information – Name of Contactor Performing the Work*</b> Concord Technologies, Inc.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.8. Project Information – Name and location of the project*</b> Davie Linear Park, pier#10, 9800 Orange Drive, Davie, FL	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for*</b> Install sidewalk, pedestrian bridge, replace existing pier with new pier on SFWMD Canal C-11	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.10. Project Information – Project Duration*</b> 6 months	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.11. Project Information – Completion (Anticipated) Date*</b> April 2025	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.12. Project Information – Size of Project*</b> Install 300 SF sidewalk Install new 20'X20' pier	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>8.13. Project Information – Cost of Project*</b> \$102K	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9. REFERENCE # 4</b>	
<b>9.1. Reference Contact Information – Name of Firm, City, County or Agency</b> Town of Miami Lakes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.2. Reference Contact Information – Reference's Business Address</b> 6601 Main Street, Miami Lakes, FL	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.3. Reference Contact Information – Reference's Contact Name &amp; Title</b> Rachel Dominguez, Project Manager	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.4. Reference Contact Information – Reference's E-mail Address</b> dominguezr@miamilakes-fl.gov	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.5. Reference Contact Information – Reference's Phone Number</b> 305.512.7127	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.6. Project Information – Was your firm the prime contractor for the listed project?</b> Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

<b>9.7. Project Information – Name of Contactor Performing the Work</b> Concord Technologies, Inc.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.8. Project Information – Name and location of the project</b> K9 Cove Park	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for</b> Roadside swale improvements	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.10. Project Information – Project Duration</b> Roadside swale improvements	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.11. Project Information – Completion (Anticipated) Date</b> Sep 2025	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.12. Project Information – Size of Project</b> Roadside swale improvements	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>9.13. Project Information – Cost of Project</b> \$22k	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10. REFERENCE # 5</b>	
<b>10.1. Reference Contact Information – Name of Firm, City, County or Agency</b> Town of Southwest Ranches	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.2. Reference Contact Information – Reference's Business Address</b> 13400 Griffin Road, Southwest Ranches, FL	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.3. Reference Contact Information – Reference's Contact Name &amp; Title</b> December Lauretano-Haines, project manager	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.4. Reference Contact Information – Reference's E-mail Address</b> dlauretano@southwestranches.org	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.5. Reference Contact Information – Reference's Phone Number</b> 954.343.7452	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.6. Project Information – Was your firm the prime contractor for the listed project?</b> Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.7. Project Information – Name of Contactor Performing the Work</b> Concord technologies, Inc.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.8. Project Information – Name and location of the project</b> 13400 Griffin Road, Southwest Ranches, FL ITQ-25-09	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for</b> Annual Misc. maintenance projects	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.10. Project Information – Project Duration</b> June 2025-June 2026	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.11. Project Information – Completion (Anticipated) Date</b> June 2026	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.12. Project Information – Size of Project</b> Annual Misc. maintenance projects	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>10.13. Project Information – Cost of Project</b> \$24,999	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>11. PROJECT DOCUMENTS</b>	
<b>11.1. PROPOSERS BACKGROUND INFORMATION FORM*</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> 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 Entity Crimes.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 Form.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 Workplace Certification Form.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](#)

[Non-Collusive 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 Certification Statement.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?\*

Pass  Fail

- The City of Pembroke Pines utilizes OpenGov as its e-Procurement platform for 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](#)

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

## 17. OPTIONAL DOCUMENTATION

### 17.1. TRADE SECRETS

Pass  Fail

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.

[2\\_Concord\\_Technologies\\_LBRT\\_City.pdf](#)

### 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.

[1\\_Concord\\_Technologies\\_GC\\_License.pdf](#)

[PE\\_License.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

Yes

18.5.1. SBE Certification Documentation\*

Pass  Fail

1. Upload your SBE Certification Documentation from Broward County's Office of Economic and Small Business Development (OESBD). If you have multiple certifications, please combine them into one (1) document and upload.

[Concord\\_Technologies,\\_Inc\\_CBE\\_SBE\\_25-26\\_-\\_new.pdf](#)

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

Pass  Fail

Yes

18.6.1. CBE Certification Documentation\*

Pass  Fail

1. Upload your CBE Certification Documentation from Broward County's Office of Economic and Small Business Development (OESBD). If you have multiple certifications, please combine them into one (1) document and upload.

[Concord\\_Technologies,\\_Inc\\_CBE\\_SBE\\_25-26\\_-\\_new.pdf](#)

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

Pass  Fail

Yes

18.7.1. DBE Certification Documentation\*

Pass  Fail

1. Upload your DBE Certification Documentation from Broward County's Office of Economic and Small Business Development (OESBD). If you have multiple certifications, please combine them into one (1) document and upload.

[Concord\\_Technologies,\\_Inc\\_DBE\\_Approval.pdf](#)

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\*

Pass  Fail

### 1. Lobbying:

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.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](#)

 [Form 1 of HUD Section 3 Implementation Plan.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