

Exhibit "B"

Proposer's Background Information Form

#	Question	Response	Comment	Status
Contact Information				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.		ANA SALAZAR -OWNER- anas@absgeneralcontractors.com. 954-682-9855	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.		ANA SALAZAR -OWNER- anas@absgeneralcontractors.com. 954-682-9855	Complete
Organization Background				
1.2.1	Please state the year that you company started its business.		2009	Complete
1.2.2	Please state the year that your company started providing service under your current business name.		2009	Complete
1.2.3	What State is your Company Registered In?		Florida	Complete
Former Business				
1.3.1	Under what former name has your business operated? Include a description of the business.		ABS GENERAL CONTRACTORS INC.	Complete
1.3.2	At what address was that business located?		11200 NW 14th Court, pembroke Pines, FL 33026	Complete
Past Failure				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No	NO	Complete
Inspected				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes	YES	Complete
Subcontracting				
1.6.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	Yes	Certified Electrical Contractor will be contract in the case is needed.	Complete
Bankruptcy Petitions				
1.7.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.		Not Applicable	Complete
Bond Claims				
1.8.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).		Not Applicable	Complete
Claims, Arbitrations, Administrative Hearings and Lawsuits				
1.9.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.		Not Applicable	Complete

Criminal Proceedings or Hearings				
1.10.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.		Not Applicable	Complete
Company Classification				
1.11.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides \"Original Provider\" please explain.	Original Provider		Complete
Debarment/Suspension				
1.12.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No		Complete
Similar Experience & Contracts				
1.13.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.		See attached previous experience	Complete
Professional License Information				
1.14.1	Are professional licenses required to perform the services requested in this solicitation? If so, please list any applicable professional licenses that your company has that are required to provide these services.	Applicable	Certified General Contractor CGC 1518199	Complete
Conflict of Interest				
1.15.1	Do you need to disclose any conflicts of interest? The award of any contract hereunder is subject to the provisions of Chapter 112, Florida Statutes. Proposers must disclose with their Proposal the name of any officer, director, partner, proprietor, associate or agent who is also an officer or employee of CITY or any of its agencies. Further, all Proposers must disclose the name of any officer or employee of CITY who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer 's firm or any of its branches or affiliate companies.	No		Complete
19 Questions		100.00% Complete		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/28/2025

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

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

PRODUCER Florida Bankers Insurance 6874 SW 8 St Miami FL 33144	CONTACT NAME: Marta Alonso PHONE (A/C No. Ext): (305) 266-6493 E-MAIL ADDRESS: marta@floridabankersinsurance.com	FAX (A/C, No): (305) 262-0679	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED ABS GENERAL CONTRACTORS, INC 11200 Northwest 14th Court, Pembroke Pines, FL 33026	INSURER A: Sutton Specialty Insurance Company		
	INSURER B: Progressive Express Ins Company		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	ISCP04000051978	04/25/25	04/25/26	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	996447786	04/25/25	04/25/26	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

CITY OF PEMBROKE PINES
 601 CITY CENTER WAY
 PEMBROKE PINES, FL 33025

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marta Alonso

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

1. This sworn statement is submitted ABS GENERAL CONTRACTORS INC.
(name of entity submitting sworn statement) whose business address is
11200 NW 14TH CT PEMBROKE PINES FL 33026
and (if applicable) its Federal Employer Identification Number (FEIN) is
27-0649201. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: _____.)

2. My name is ANA MILENA SALAZAR and my
(Please print name of individual signing)
relationship to the entity named above is OWNER.

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.)**

Olivia Salazar
Bidder's Name/Signature

ABS General Contractors Inc. 11/10/2025
Company 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: ABS GENERAL CONTRACTORS INC.

AUTHORIZED OFFICER NAME / SIGNATURE: Jesus Salazar



VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

SECTION 1 GENERAL TERM

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

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

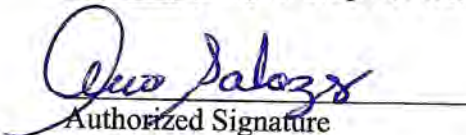
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about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

SECTION 2 AFFIRMATION

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

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

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


Authorized Signature

ANA MILENA SALAZAR
Authorized Signer Name

ABS GENERAL CONTRACTORS INC
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 Ana Salazar

Title ANA SALAZAR

Name of Company ABS GENERAL CONTRACTORS INC



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

I, ANA SALAZAR-OWNER, on behalf of ABS GENERAL CONTRACTORS INC
Print Name and Title Company Name

certify that ABS GENERAL CONTRACTORS 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.

ABS GENERAL CONTRACTORS
Company Name

ANA SALAZAR/Ana Salazar OWNER
Print Name / Signature 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.

ABS GENERAL CONTRACTORS INC.

COMPANY NAME: _____

PRINTED NAME / AUTHORIZED SIGNATURE: ANA SALAZAR/ *Ana Salazar*



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: 11/10/2025

ENTITY: ABS GENERAL CONTRATORS INC

SIGNATURE: *Ana Salazar*

NAME: ANA SALAZAR

TITLE: OWNER



VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)		ABS GENERAL CONTRACTORS INC.	
Doing Business As (DBA)			
Primary Business Address		11200 NW 14TH COURT	
		City:	PEMBROKE PINES
		State:	FLORIDA Zip: 33026
		Country:	USA
Remit To Address		11200 NW 14TH COURT	
		City:	PEMBROKE PINES
		State:	FLORIDA Zip: 33026
		Country:	USA
Order From Address		11200 NW 14TH COURT	
		City:	PEMBROKE PINES
		State:	FLORIDA Zip: 33026
		Country:	USA
Foreign Entity (Yes/No)		NO	
Telephone Number		954-682-9855	
Primary Company E-mail		anas@absgeneralcontractors.com	
Fax			
Website			
DUNS		041111577	
Independent Contractor (Yes/No)		YES	
Identification Number		SSN:	FID: 27-0649201

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

CONTACT # 1	
Contact Name (First & Last Name)	ANA SALAZAR
Description/Title/Position	OWNER
Phone (Voice)	954-682-9855
Phone (Text)	954-682-9855Y Opt In (Y/N):
Fax	
E-mail	ANAS@ABSGENERALCONTRACTORS.COM

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

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 for instructions and the latest information.

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

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

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) ABS GENERAL CONTRACTORS INC	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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) _____ Note: 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) _____	4 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) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 11200 NW 14TH COURT	Requester's name and address (optional)
6 City, state, and ZIP code PEMBROKE PINE ,FL 33026	
7 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.

Social security number													
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or													
Employer identification number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">2</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">7</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">0</td> </tr> <tr> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">6</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">4</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">9</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">2</td> </tr> <tr> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">0</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">1</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>	2	7	-	0	6	4	9	2	0	1			
2	7	-	0										
6	4	9	2										
0	1												

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person

Date **11/10/2025**

General Instructions

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

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

What's New

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

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

Purpose of Form

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



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SALAZAR, ANA MILENA

ABS GENERAL CONTRACTORS INC
11200 NW 14TH CT
PEMBROKE PINES FL 33026

LICENSE NUMBER: CAC1822197

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 07/11/2024

Do not alter this document in any form.

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





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

SALAZAR, ANA MILENA

ABS GENERAL CONTRACTORS INC
11200 NW 14TH CT
PEMBROKE PINES FL 33026

LICENSE NUMBER: CGC1518199

EXPIRATION DATE: AUGUST 31, 2026

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ISSUED: 07/11/2024

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

SALAZAR, ANA MILENA

ABS GENERAL CONTRACTORS, INC.
11200 NW 14TH CT
PEMBROKE PINES FL 33026

LICENSE NUMBER: CFC1432018

EXPIRATION DATE: AUGUST 31, 2026

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

SALAZAR, ANA MILENA

ABS GENERAL CONTRACTORS INC
11200 NW 14TH CT
PEMBROKE PINES FL 33026

LICENSE NUMBER: CCC1334544

EXPIRATION DATE: AUGUST 31, 2026

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ISSUED: 07/11/2024

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SALAZAR, ANA MILENA

ABS GENERAL CONTRACTORS INC
11200 NW 14TH CT
PEMBROKE PINES FL 33026

LICENSE NUMBER: CUC1226038

EXPIRATION DATE: AUGUST 31, 2026

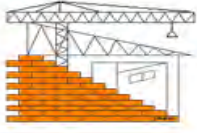
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ISSUED: 07/11/2024

Do not alter this document in any form.

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**General
ABS Contractors Inc.**

Residential-Commercial
New Construction-Remodeling

RFQ No. PL-25-02

General Contractors for Home Repair Projects

City of Pembroke Pines

Date: 11/18/2025 at 2:00 PM

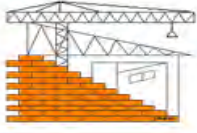
ABS General Contractors Inc.

Ana M. Salazar – President

954-682-9855

absgcinc@gmail.com

anas@absgeneralcontractors.com



ABS General Contractors Inc.

Residential-Commercial
New Construction-Remodeling

Qualifications - Letter of Interest

This letter is to express my interest in participate in “General Contractors for Home Repair Projects” City of Pembroke Pines RFQ No. PL-25-02

General Company Description

ABS General Contractors Inc. is a construction company established in 2009 in Broward, Fl. The company was created with the purpose to offer a service as general contractor, construction manager, estimating, project manager in new constructions, remodeling and renovation, at projects such residential, commercial and government buildings.

The idea of business was inspired for your owner based on over 20 years de experience in the Construction industry as a professional in B.S. Civil Engineer and Certificated General Contractor.

Mission Statement

Provide an excellent service of quality, fulfillment and effective cost in all activities linked with the construction on new projects, remodeling, renovations to our residential, commercials and government clients. Work as team with Architect, Engineers, Subcontractors and Regulatory Entities to obtain a highest level of customer services and satisfaction to clients.

Vision

ABS General Contractors Inc. Will want in the year 2025 to be a recognized company in the Construction Industry as result of excellent services we offer to our clients.

To achieve built projects that help save energy and preserve the environmental.

To create new jobs to employees and subcontractors that work with the same philosophy to obtain an economic welfare.

Values

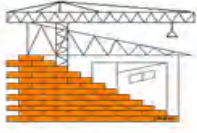
Hard Work

Courage

Personal Responsibility

Product & Services

Consultant, Construction, Project manager, Construction Manager and Supervisor



ABS General Contractors Inc.

Residential-Commercial
New Construction-Remodeling

Certificates

Certified General Contractor CGC 1518199

Home Inspector HI5272

Certified Underground Utility and Excavation Contractor CUC1226038

Certified Air Conditioning Contractor CAC1822197

Certified Roofing Contractor CCC1334544

Certified Plumbing Contractor CFC1432018

State of Florida Woman & Minority Business Certification

The School Board of Broward County, FL. Small/Minority/Women Enterprise (S/M/WBE)

United States Environmental Protection Agency EPA Certified Firm

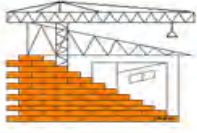
LEED AP BD+C Certified

Note: GIVE CERTIFICATION AS PER YOUR REQUEST

ABS General Contractors Inc.

Ana M Salazar

CGC 1518199



**General
ABS Contractors Inc.**

Residential-Commercial
New Construction-Remodeling

Experience and Ability

- **ANA SALAZAR – GENERAL CONTRACTOR Experience and Ability**

Based on my skills in Construction Project Manager, studies in Civil Engineer, and Certificated General Contractor I am confident that I would be a great contributor to your team.

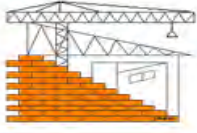
I am certified as LEED AP Building Design & Construction which proves my knowledge and understanding of green building practices.

My resume that highlights my expertise as Project manager and supervisor within Building projects.

In my last Job, I was able to increase productivity, quality and optimized the resources, in execution of contracted projects.

This helping to client meets goals and ensure project remains on Schedule and within budget.

I would appreciate the opportunity to review my qualifications in more detail. See attached Resume.



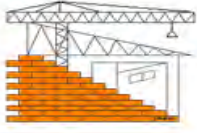
**General
ABS Contractors Inc.**

Residential-Commercial
New Construction-Remodeling

Previous Experience

ABS General Contractors Inc. Ana Salazar

Company	Project
<ul style="list-style-type: none">• City of Hollywood Grantland Allen Phone: 954-921-3031 Liliana Beltran Phone: 954-924-2923	<p>Community Development Division Housing Rehabilitation Program Three projects of remodeling and repair houses</p>
<ul style="list-style-type: none">• City of Pembroke Pines Nercida Casado Phone:954-431-3937	<p>Residential Rehabilitation Program Three projects of remodeling and repair houses</p>
<ul style="list-style-type: none">• City of North Lauderdale Larry Rivero Phone : 954-597-4739	<p>Community Development Department's home mitigation Program and Parking Improvement Program.</p>
<ul style="list-style-type: none">• City of Aventura Anthony Mihalko Public Works Storm Water Coordinator Phone:305-466-8927	<p>New Irrigation Meter at NW 191 St & Biscayne</p>
<ul style="list-style-type: none">• City of Aventura Antonio Tomei project Manager Phone:305-466-8923	<p>Peace Park Restroom Improvements, sanitary sewer and water tie-in to main in R.O.W.</p>
<ul style="list-style-type: none">• David Kutch Phone: 914-912-1815	<p>Wilton Manors House Remodeling</p>
<ul style="list-style-type: none">• Dauriel Calliste Phone: 786-704-345	<p>Cooper City House Remodeling Add ADA Bathroom</p>



**General
ABS Contractors Inc.**

Residential-Commercial
New Construction-Remodeling

- **Housing Cabinets and Counter Tops**
City of Pembroke Pines
Garth Leclerc
Phone 954-518-9065
Provide and Install New Kitchen Cabinet at various location Housing Unit for rent.
- **Hollywood Cemetery Restrooms**
Seminole Tribe of Florida
Tanya McMillion
954-9636600 x 11268
Provide Construction Services for the New Rural (Design) Cemetery Restroom Facility at the Hollywood Seminole Indian Reservation.
- **City of Coral Gables**
Grettel Duran Project Architect
Phone: 305-406-5053
Selective Sign Repairs, new Venetian pool Sign.
- **Conservation of Public Art Sculptures**
City of Pembroke Pines
Holly Bonkowski – Div Director
Phone 954-3922122
Conserve and repair existing sculptures at the 9/11 Memorial located at Memorial Park.
- **Top Mix Concrete (Project Manager)**
Carlos Cabrera
Phone 786-543-7640
US Southern Command Walkway Covers
- **Azulejo Inc (Project Manager)**
Eivy Vallejo
Phone 305-9828770
Vacant Preparation (Miami Dade Public Housing).
Annie Coleman UFAS 15 ADA Remodeling (MDPH).
Phyllis Whealtley ADA Remodeling (MDPH).
ABE Arronovitz ADA Remodeling (MDPH).
Wind Mitigation Retrofit (City of Hallandale)
Partners Park New Side Walk (Miami Dade Public school)
Kerdyk Tennis Center – City of Coral Gables
History Court House Remodeling MDC
- **FG Consulting (Project Manager)**
Alberto Osorto
Phone 786-263-3895
New House 1641 South Bayshore DR. Coconut Grove
New House 420 Island Drive Key Biscayne.
- **Sebastian Chachan (Contractor)**
Phone 305-213-8589
Los Perros Restaurant ADA Bathroom Remodeling
Quantum Apartment remodeling Biscayne



ABS General Contractors Inc.

Residential-Commercial
New Construction-Remodeling

- **Global Village Management** **North Miami Beach house Remodeling**
Basil Phillis
Phone: 954-501-4017

Additional Information:

- Ana Salazar Resume
- ABS General Contractors Inc. Certifications and GC License
- Certificate of Insurance
- Worker's Comp Insurance
- Local Business Tax Receipts

Firm's Understanding & Approach to the work

ABS General Contractors Inc. is confident and capable of meeting the requirements of the City of Pembroke Pines, doing the work of Scope of work mentioned in RFQ # PL-25-02 "General Contractors for Home Repair Projects"; With high standards of quality and responsibility.

ABS General Contractors Inc. are qualified licensed contractors capable to perform the services required include, but are not necessarily limited to the following:

Complete residential home repairs per specifications and requirements provided by the City.

Submit permits (and drawings) for construction repairs as required.

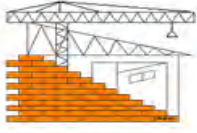
Produce quality work.

Abide by and adhere to all conditions and requirements of the rehabilitation program.

Correcting municipal code violations

Abating any health and safety problems in the resident's home.

Providing safe electrical and mechanical systems.



**ABS General
Contractors Inc.**

Residential-Commercial
New Construction-Remodeling

Stopping weather penetration to make the resident's home more energy efficient.

Improving the general condition of the resident's structure

Complete all repairs in a prompt/timely manner, and within budget.

Effectively practice sound financial business practices and fiscal responsibility.

Establish and maintain professional and pleasant rapport with the City and property Owners.

ABS General Contractors Inc.

Ana M Salazar

CGC 1518199

**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
ABS GENERAL CONTRACTORS INC

Contractor / Name of Company

ANA SALAZAR-OWNER

Printed Name and Title of Contractor's Authorized Official
11/10/2025

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
ABS GENERAL CONTRACTORS INC

Contractor / Name of Company

ANA SALAZAR-OWNER

Printed Name and Title of Contractor's Authorized Official
11/10/2025

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)

<p>1. Type of Federal Action: _____ a. contract _____ b. grant _____ c. cooperative agreement _____ d. loan _____ e. loan guarantee _____ f. loan insurance</p>	<p>2. Status of Federal Action: <small>ANA SALAZAR-OWNER</small> _____ a. bid / offer / application _____ b. initial award _____ c. post-award</p>	<p>3. Report Type: _____ a. initial filing _____ b. material change</p> <p>For material change only: Year _____ quarter _____ Date of last report _____</p>
<p>4. Name and Address of Reporting Entity: _____ Prime _____ Subawardee _____ Tier _____, if Known:</p> <p>Congressional District, if known:</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, if known:</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</p>	<p>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</p>	
<p>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.</p>	<p>Signature: <u>ANA SALAZAR</u> Print Name: ANA SALAZAR Title: OWNER Telephone No.: 954-682-9855 Date: 11/10/2025</p>	

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



Ana Salazar <absgcinc@gmail.com>

Registration Activated for ABS GENERAL CONTRACTORS INC / TNPHEM3NQH1 / 76ZZ9 in the U.S. Government's System for Award Management (SAM.gov)

1 message

donotreply@sam.gov <donotreply@sam.gov>
To: absgcinc@gmail.com
Cc: absgcinc@gmail.com

Wed, Jan 1, 2025 at 7:47 AM

Ana Salazar,

The registration for ABS GENERAL CONTRACTORS INC / TNPHEM3NQH1 / 76ZZ9 is now active in the U.S. federal government's System for Award Management (SAM.gov). If you did not provide a Commercial and Government Entity (CAGE) Code during the registration process, one has been assigned to you by the Defense Logistics Agency (DLA) CAGE Program.

To remain eligible to do business with the federal government, you must renew your entity's registration in SAM.gov every year. The annual renewal date for the registration is 2025-12-30 14:19:56.548.

You may invite additional users to manage or review your entity registration by following these steps:

1. Go to the [SAM.gov](https://sam.gov) website and sign in
2. On your Workspace page, scroll down to the "User Directory"
3. Enter the email address of the user you want to invite and select the email address from the list
4. On the next page, select the "Assign Role" button in the top right corner of the page
5. On the assign role page, follow the instructions provided and then select "Send Invitation" at the bottom of the page
6. The user will be notified

All invitees will receive an email message from SAM.gov with instructions on how to complete the process.

Remember, it is free to register in SAM.gov. Get free help at [SAM.gov](https://sam.gov) in the "Help" section and at the [Federal Service Desk \(FSD\)](#) where you will find SAM.gov user guides, quick start guides, helpful hints, videos, and frequently asked questions. If you are going through entity validation at SAM.gov for the first time and have questions, visit [this list of FAQs](#).

In addition, if you are located in the U.S. and its outlying areas, you can get FREE support from your local [APEX Accelerator](#) (formerly known as PTAC), an official resource for government contracting assistance. Go to <https://www.apexaccelerators.us> to find your closest office.

Do not reply to this auto-generated email.

This email was sent from Production.

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:
Project Location or Address(es):

Developer/Contactor Information:

Name of Firm: ABS GENERAL CONTRACTORS INC	Address: 11200 NW 14 CT PEMBROKE PINES FL 33026
Authorized Representative: ANA SALAZAR	Title: OWNER
Phone: 954-682-9855	Email: ANAS@ABSGENERALCONTRACTORS.COM

1. Check all that apply to your business:

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

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

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

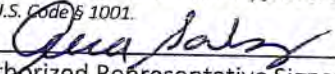
4. Is your bid/contract amount greater than \$200,000? Yes No

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

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

Certifications		YES	NO	N/A
All Projects:	By completing and signing this form, I agree to comply with all applicable requirements of the Section 3 of the Housing and Urban Development Act of 1968 (24 CFR Part 75)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	I understand that I must complete and submit FORM 1 with my bid even if my bid is under \$200,000.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Projects over \$200K:	I will include the Section 3 Clause (FORM 5) in all subcontracts for which Section 3 compliance is required.	<input 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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


Authorized Representative Signature

11/10/2025
Date

ABS General Contractors Inc Response

Pricing unsealed at Nov 18, 2025 2:34 PM

CONTACT INFORMATION

Company

[ABS General Contractors Inc](#)

Email

anas@absgeneralcontractors.com

Contact

Ana Salazar

Address

11200 NW 14th Court
Pembroke Pines, FL 33026

Phone

(954) 682-9855

Website

N/A

Submission Date

Nov 10, 2025 4:32 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

 [CITY_OF_PEMBROKE_PINES.pdf](#)

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

No

Pass Fail

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

Yes

Pass Fail

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

Pass Fail

Yes

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

ABS General Contractors Inc. wants to express its interest in becoming a pool of contractors in as the City of Pembroke Pines will contact us to get a quote to do the project "H at Residential Homes located in the City of Pembroke Pines. Request for Qualifications # PL-25-02. Provide an excellent service of quality, availability, and complete the project schedule to obtain the highest level of customer service and satisfaction for clients.

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

ABS General Contractors Inc. It is a Local Small Business with two fixed employees and with the capacity to hire more workers depending on the size of the projects.

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

ABS General Contractors is a growing company, which, during its years of creation, has increased its financial capacity to the point of being able to fulfill the development of the

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

ABS General Contractors Inc. is a construction company established in 2009 in Broward, FL. The company was created with the purpose of offering a service as general contractor, estimator, and project manager in new constructions, remodeling, and renovation, on projects such as residential, commercial, and government buildings. The idea was inspired by your owner based on over 20 years of experience in the Construction industry as an equivalent professional in B.S. Civil Engineer and Certificated General Contractor. ABS General Contractors has the licenses as Plumbing Contractor, AIR Class B Contractor, Roofing Contractor, and underground and excavation contractor to offer an integrated architectural service.

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

ANA SALAZAR, OWNER AND GENERAL CONTRACTOR Experience and Ability. Based on my skills as a Construction Project Manager, studies in Civil Engineering, and Certified Contractor, I am confident that I would be a great contributor to your team. I am certified as a LEED AP Building Design & Construction, which proves my knowledge and understanding of building practices. My resume highlights my expertise as a Project manager and supervisor within Building projects. In my last Job, I was able to increase productivity, quality, and resources in the execution of contracted projects. This helps to client meet goals and ensure the project remains on Schedule and within budget. I would appreciate the opportunity to provide more qualifications in more detail. See attached Resume.

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

Yes, ABS General Contractors Inc. has more than 19 years of experience. It was created in 2009.

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

As a Local Business and resident of Pembroke Pines, we are very familiar with the locations of the buildings where the project will be performed.

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

Ana Salazar, as Owner of the ABS General Contractors Inc., has enough experience managing personnel as employees and subcontractors.

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.*

Ana Salazar See attached Resume

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.*

Ana Salazar, See attached resume

Pass Fail

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

Pass Fail

ABS General Contractors will be hiring people with enough years of experience for this kind of project.

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

Pass Fail

Certified General Contractor CGC 1518199, Home Inspector HI5272, State of Florida Woman & Minority Business Certification, The School Board of Broward County, FL. Sma Enterprise (S/M/WBE), United States Environmental Protection Agency EPA Certified Firm, LEED AP BD+C Certification, Underground utility and excavation contractor CUC12 Conditioning Contractor CAC1822197, Roofing Contractor CCC1334544, Plumbing Contractor CFC1432018, and County Business Enterprise (CBE) and Small Business Enterprise Certified.

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

See attached company experience resume

Pass Fail

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

ABS General Contractors Inc. has a good reputation in the market

Pass Fail

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

Provide an excellent service of quality, fulfillment, and effective cost in all activities linked with the construction of new projects, remodeling, and renovations to our residential, commercial, and government clients. Work as a team with the Architect, Engineers, Subcontractors, and Regulatory Entities to obtain the highest level of customer service and satisfaction for clients.

Pass Fail

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

Provide an excellent service of quality, fulfillment, and effective cost in all activities linked with the construction of new projects, remodeling, and renovations to our residential, commercial, and government clients. Work as a team with the Architect, Engineers, Subcontractors, and Regulatory Entities to obtain the highest level of customer service and satisfaction for clients.

Pass Fail

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.*

ABS General Contractors Inc. can increase productivity, quality, and optimize the resources in the execution of contracted projects.

Pass Fail

This helps to client meet goals and ensure the project remains on Schedule and within budget.

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.*

ABS General Contractors Inc. is confident and capable of meeting the requirements of the City of Pembroke Pines, doing the work of the Scope of work mentioned in RFQ # PL-25-02 " General Contractors for Home Repair Projects", with high standards of quality and responsibility.

Pass Fail

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

Complete residential home repairs per specifications and requirements provided by the City.

Pass Fail

Submit permits (and drawings) for construction repairs as required.

Produce quality work.

Abide by and adhere to all conditions and requirements of the rehabilitation program.

Correcting municipal code violations

Abating any health and safety problems in the resident's home.

Providing safe electrical and mechanical systems.

Stopping weather penetration to make the resident's home more energy efficient.

Improving the general condition of the resident's structure

Complete all repairs in a prompt/timely manner and within budget.

Effectively practice sound financial business practices and fiscal responsibility.

Establish and maintain a professional and pleasant rapport with the City and property Owner

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

Pass Fail

Complete residential home repairs per specifications and requirements provided by the City.

Submit permits (and drawings) for construction repairs as required.

Produce quality work.

Abide by and adhere to all conditions and requirements of the rehabilitation program.

Correcting municipal code violations

Abating any health and safety problems in the resident's home.

Providing safe electrical and mechanical systems.

Stopping weather penetration to make the resident's home more energy efficient.

Improving the general condition of the resident's structure

Complete all repairs in a prompt/timely manner and within budget.

Effectively practice sound financial business practices and fiscal responsibility.

Establish and maintain a professional and pleasant rapport with the City and property Owner

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

Pass Fail

To organize a construction project effectively, breaking it down into clear milestones helps track progress, manage resources, and ensure timely delivery. Here's a typical structure we can adapt based on your project's scope.

Submit permits (and drawings) for construction repairs as required, schedule and coordinate the activities to be performed to complete all repairs with quality in a timely manner budget.

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

Pass Fail

N/A

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

Pass Fail

Doing directly the supervision of the works. Hiring specialized personnel for the type of work, using the appropriate and specified materials for the respective repairs. The criteria quality are linked to customer satisfaction.

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

Pass Fail

Customer satisfaction and profitability.

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

We study and understand the project before starting it to avoid making any mistakes. If we find any discrepancy, we will inform to Project Manager about the problem, find the cause together, and carry out the necessary activities to solve the problem as soon as possible

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

ABS applies quality control by purchasing the materials specified for the project, doing the quality tests required by the manufacturers, following the design and specifications and also implementing the daily report of activities, including labor, equipment, and used tools.

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

Eight Clients

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

Pass Fail

- **City of Hollywood** **Community Development Division Housing Rehabilitation Program: Three projects of remodeling and repairing houses**
- **City of Pembroke Pines** **Residential Rehabilitation Program : Three projects of remodeling and repairing houses**

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

Pass Fail

Not Applicable

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

Pass Fail

Four Clients

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

Pass Fail

90 % of our Revenue is derived from managing similar projects.

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.*

Pass Fail

Accessibility to Clients

- **Responsiveness:** Consistently available via email, phone, and virtual meetings. Responds to inquiries within 24 hours.
- **Client Support:** Maintains open channels for feedback and troubleshooting. Offers flexible scheduling to accommodate client needs.
- **Availability:** Demonstrates a strong commitment to being reachable during critical project phases.

Ability to Meet Schedules

- **Timeliness:** Delivers projects and milestones on or ahead of schedule with minimal delays.
- **Deadline Management:** Uses project management tools to track progress and ensure timely completion.
- **Contingency Planning:** Proactively addresses potential delays and communicates adjustments clearly.

Communication Skills

- **Clarity:** Communicates complex ideas in a clear, concise manner tailored to the audience.
- **Frequency:** Provides regular updates and status reports to keep stakeholders informed.
- **Professionalism:** Maintains a courteous and constructive tone in all interactions.

Coordination Skills

- **Team Collaboration:** Works effectively with cross-functional teams, ensuring alignment and shared goals.
- **Workflow Integration:** Coordinates seamlessly with external vendors and internal departments.
- **Problem Solving:** Demonstrates agility in resolving conflicts and adapting to changing project requirements.

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 Hollywood Department of Community Development

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

Pass Fail

2600 Hollywood Blvd, Hollywood, FL 33020

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

Pass Fail

Grantland Allen Housing Inspector

6.4. Reference Contact Information – Reference's E-mail Address*

Pass Fail

Grallen@hollywoodfl.org

6.5. Reference Contact Information – Reference's Phone Number*

Pass Fail

6.6. Project Information - Was your firm the prime contractor for the listed project?* Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.7. Project Information - Name of Contactor Performing the Work* ABS General Contractors Inc	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.8. Project Information - Name and location of the project* Remodeling and repairing houses at various addresses	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for* Replace Windows and doors, Replace the roof, Bathroom remodeling, Kitchen remodeling, New water Heater, termite fumigation, Exterior and interior paint, Electrical work.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.10. Project Information - Project Duration* Each project 120 days of duration	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.11. Project Information - Completion (Anticipated) Date* 11/06/2025	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.12. Project Information - Size of Project* Three houses for remodeling.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.13. Project Information - Cost of Project* Approximately \$ 230,000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7. REFERENCE # 2	
7.1. Reference Contact Information - Name of Firm, City, County or Agency* City of North Lauderdale	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.2. Reference Contact Information - Reference's Business Address* 701 SW 71 Ave , North Lauderdale Fl 33068	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.3. Reference Contact Information - Reference's Contact Name & Title* Larry Rivero project Manager	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.4. Reference Contact Information - Reference's E-mail Address* lrivero@nlauderdale.org	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.5. Reference Contact Information - Reference's Phone Number* 954-597-4739	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.6. Project Information - Was your firm the prime contractor for the listed project?* Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.7. Project Information - Name of Contactor Performing the Work* ABS General Contractors Inc.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.8. Project Information - Name and location of the project* City of North Lauderdale, various addresses.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for* Driveways	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.10. Project Information - Project Duration* Three years contract	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.11. Project Information - Completion (Anticipated) Date* January 8/2027	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.12. Project Information - Size of Project* New driveway at 25 Addresses	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
7.13. Project Information - Cost of Project* Approximately \$ 340,000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

8. REFERENCE # 3

8.1. Reference Contact Information – Name of Firm, City, County or Agency* Pass Fail
City of Pembroke Pines Community Redevelopment Associates of Florida Inc.

8.2. Reference Contact Information – Reference's Business Address* Pass Fail
8569 Pines Blvd Fl 33024 Pembroke Pines Fl 33024

8.3. Reference Contact Information – Reference's Contact Name & Title* Pass Fail
Nercida Casado Senior Program Specialist

8.4. Reference Contact Information – Reference's E-mail Address* Pass Fail
NCasado@crafla.org

8.5. Reference Contact Information – Reference's Phone Number* Pass Fail
954-431-3937

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

8.7. Project Information – Name of Contactor Performing the Work* Pass Fail
ABS General Contractors Inc.

8.8. Project Information – Name and location of the project* Pass Fail
Remodeling Houses at different addresses.

8.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for* Pass Fail
New Windows and doors, Bathroom Remodeling, Kitchen remodeling, A/C change out. electrical and plumbing work . Paint, Flooring .

8.10. Project Information – Project Duration* Pass Fail
120 days per house

8.11. Project Information – Completion (Anticipated) Date* Pass Fail
January 2026

8.12. Project Information – Size of Project* Pass Fail
Three hoses to remodeling

8.13. Project Information – Cost of Project* Pass Fail
Approx \$ 250.000

9. REFERENCE # 4

9.1. Reference Contact Information – Name of Firm, City, County or Agency Pass Fail
City of Aventura

9.2. Reference Contact Information – Reference's Business Address Pass Fail
19200 W Country Club Dr, Aventura, FL 33180

9.3. Reference Contact Information – Reference's Contact Name & Title Pass Fail
Antonio Tomei Project Manager

9.4. Reference Contact Information – Reference's E-mail Address Pass Fail
tomeit@cityofaventura.com

9.5. Reference Contact Information – Reference's Phone Number Pass Fail
305-466-8923

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

9.7. Project Information – Name of Contactor Performing the Work Pass Fail
ABS General Contractors Inc.

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

Construction of Restroom Facility at City Peace Park, including sanitary sewer and water tie-in to the main in R.O.W. At Peace Park Aventura

9.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for Pass Fail
New construction of ADA Bathrooms, footings, masonry, and interior finishes, roof, plumbing, and electrical work, windows, and doors.

9.10. Project Information - Project Duration Pass Fail
Five months

9.11. Project Information - Completion (Anticipated) Date Pass Fail
8/10/2022

9.12. Project Information - Size of Project Pass Fail
Approx 800 SQ

9.13. Project Information - Cost of Project Pass Fail
\$192,339.59

10. REFERENCE # 5

10.1. Reference Contact Information - Name of Firm, City, County or Agency Pass Fail
Hollywood Seminole Tribe of Florida

10.2. Reference Contact Information - Reference's Business Address Pass Fail
5700 Griffin Road, Davie, FL 3314

10.3. Reference Contact Information - Reference's Contact Name & Title Pass Fail
Tanya MacMillion Project Manager

10.4. Reference Contact Information - Reference's E-mail Address Pass Fail
TanyaMcMillion@semtribe.com

10.5. Reference Contact Information - Reference's Phone Number Pass Fail
954-9636600 x 11268

10.6. Project Information - Was your firm the prime contractor for the listed project? Pass Fail
Yes

10.7. Project Information - Name of Contactor Performing the Work Pass Fail
ABS General Contractors Inc.

10.8. Project Information - Name and location of the project Pass Fail
New Restroom Facilities at Cemetery of Hollywood, Seminole Tribe of Florida

10.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for Pass Fail
Construction of a New ADA Male and Female Bathroom, including drainage system, electric service, water, and sewer services. Landscaping, Masonry, and concrete.

10.10. Project Information - Project Duration Pass Fail
Eight Months

10.11. Project Information - Completion (Anticipated) Date Pass Fail
09/16/2020

10.12. Project Information - Size of Project Pass Fail
600 Sq ADA Bathroom and Underground Utilities

10.13. Project Information - Cost of Project Pass Fail
\$214,787.75

11. PROJECT DOCUMENTS

11.1. PROPOSERS BACKGROUND INFORMATION FORM*

Pass Fail

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

[Proposers_Background_Information_Form.xlsx](#)

[Proposers_Background_Information_Form.pdf](#)

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_UNDER_FLORIDA_STATUTES_CHAPTER_287.133\(3\)\(a\).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_FOR_DOMESTIC_PARTNERS_AND_ALL_MARRIED_COUPLES.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.

[!\[\]\(7f50a65ef176fba5c4484a605d815a8e_img.jpg\) Vendor Drug-Free Workplace Certification Form.pdf](#)

[!\[\]\(469fe3264811c530cbfecc2f0e3bf98a_img.jpg\) 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.

[!\[\]\(2cc838742a61409f21769883fdf5527a_img.jpg\) Non-Collusive Affidavit.pdf](#)

[!\[\]\(3c462566a1246e6bf7613857aac0a35d_img.jpg\) 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.

[!\[\]\(d8498c2297b7c23837074e6c8b0e6c4d_img.jpg\) Scrutinized Company Certification.pdf](#)

[!\[\]\(68f5e0dfba8a78c34b6303beaa609843_img.jpg\) SRUTINIZED_COMPANY_CERTIFICATION_PERSUANT_TO_FLORIDA_STATUS_287.135.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.

[!\[\]\(b9c07f341a0e7a2cd91ea6dbb16af13b_img.jpg\) E-Verify System Certification Statement.pdf](#)

[!\[\]\(eb81cc8e0c13a45e1c138be3f6086709_img.jpg\) 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.

[!\[\]\(eec229f1d2f52de6bb9f60e2578c3f47_img.jpg\) Human Trafficking Affidavit.pdf](#)

[!\[\]\(dcb3358877bb6a6fbb33f769bfb280c2_img.jpg\) AFFIDAVIT_OF_COMPLIANCE_WITH_HUMAN_TRAFFICKING_LAWS.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.

[!\[\]\(0f6b96babad444ac5521dc1f33960fa9_img.jpg\) Vendor Information Form.pdf](#)

[!\[\]\(2cc01c130fc5828cedb3c5b1a68d0756_img.jpg\) 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](#)

[W-9.pdf](#)

17. OPTIONAL DOCUMENTATION

17.1. TRADE SECRETS

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

No response submitted

17.2. FINANCIAL STATEMENTS

1. The City is **NOT** requesting the vendor to submit any financial statements for this project and prefers if the vendor does not submit financial statements. In addition, if the City needs a copy of the vendor's financial statements, the City can contact the vendor after the bid due date to request those documents. However, if the vendor does submit the financial statements, they should be uploaded in this section.
2. Any claim of confidentiality on financial statements must be asserted at the time of submittal. The firm must identify the specific statute that authorizes the exemption from the Public Records Law. Please note that the financial statement exemption provided for in Section 119.071(1)c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

No response submitted

17.3. ALTERNATIVES

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

No response submitted

17.4. ADDITIONAL INFORMATION

Pass Fail

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.

[Letter_of_Intend_Pembroke_Pines.pdf](#)

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.

[CGC1518199.pdf](#)

[license8756272.pdf](#)

[license8758499.pdf](#)

[license8758434.pdf](#)

[license8756267.pdf](#)

18. VENDOR CLASSIFICATION

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

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

No

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

No

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

No

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

No

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

No

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

No

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

No

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

No

19. FEDERAL DOCUMENTS

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

[CERTIFICATION REGARDING LOBBYING.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.

Yes

19.2.1. If yes, please provide your Unique Entity ID (UEI)* Pass Fail

TNPHHEM3NQH1

19.2.2. What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)* Pass Fail

12/30/2025

19.2.3. Proof of Registration Upload* Pass Fail

1. Please upload a PDF copy or screenshot of your entity's active registration status from SAM.gov that includes:
 1. Entity Name
 2. Unique Entity ID (UEI)
 3. DUNS (if applicable)

4. Registration Status ("Active")

5. Expiration Date

2. This document must be downloaded from <https://sam.gov> and must show the current status at the time of bid submission.

 [SAM_REGISTRATION.pdf](#)

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](#)

 [FORM1-SECTION 3 ASSESMENT AND CERTIFICATIONS.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