



EVALUATION TABULATION

IFB No. TS-25-13

Axis Cameras Re-bid

RESPONSE DEADLINE: September 2, 2025 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
Midwest Alarm Company Inc.	\$108,376.91
GHA Technologies, Inc	\$109,563.39
ODP Business Solutions LLC	\$112,567.61
Riverside Technologies, Inc.	\$113,744.90
Tech Advanced Computers Inc	\$115,390.00
FOCUS CAMERA	\$116,055.7965
Fortified Security Solutions	\$117,271.00
AN Systems Marketing LLC	\$117,365.00
AKA Comp Solutions, INC.	\$120,499.46
ProLogic ITS, LLC	\$121,443.81
NWN Corporation	\$122,258.12
AVI-SPL LLC	\$123,277.14
Robert J Young Company, LLC (doing business as RJ Young)	\$125,467.75
MIAMI BUSINESS TELEPHONE CORP	\$125,686.45
COMMSKI, LLC	\$125,816.74
Mission Critical Solutions, Inc.	\$126,972.00

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Vendor	Total
Hypertec USA Inc.	\$128,288.28
EIDIM Group, Inc. dba EIDIM AV Technology	\$129,193.54
vCloud Tech Inc	\$131,846.10
Imperium Data Networks	\$132,424.32
Audio Video Systems, Inc.	\$134,043.99
Strictly Technology	\$134,348.37
Integrated Fire and Security Solutions Inc.	\$135,020.95
vPrime Tech Inc	\$135,944.50
SOLOTECH SALES & INTEGRATION USA INC	\$136,918.00
International Global Solution (IGS)	\$137,806.29
Sai Infotek Inc	\$138,570.69
United Safety and Alarms, Inc	\$139,151.87
ANCE Engineering Inc	\$140,181.83
Total Network Consulting, LLC	\$149,106.45
Servexo Protective Services	\$149,301.54
Safeware Inc	\$149,993.17
Kijero LLC	\$151,771.71
Verity Partners Inc	\$152,190.00
Orion Connectivity Services, Inc.	\$155,939.90
Next Link Communications	\$157,174.00

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IFB No. TS-25-13

Axis Cameras Re-bid

Vendor	Total
EVERYNEED SUPPLY LLC	\$159,330.04
Construction 95 LLC	\$163,600.00
Tadeos Engineering LLC	\$167,040.20
THE ARCHIE CORPORATION LLC	\$184,367.29

	Line #	1	2	3	4	5	6	7	8	9	10	
	Description	M2036-LE Bullet Camera	M4327-P Panoramic Camera	P1455-LE Network Camera	P3737-PLE Network Camera Quad	P4707 PLVE Dual Lens Panoramic Camera	Q1808-LE Network Camera (with 12-48mm Lenses)	Q3538-LVE Dome Camera	Q3819-PVE Panoramic Camera 180	Q6100-E Network Camera Quad	Q6315-LE PTZ Network Camera	
	Qty.	40	5	18	15	15	7	7	8	5	5	
	UOM	Each	Each	Each	Each	Each	Each	Each	Each	Each	Each	TOTAL
Midwest Alarm Company Inc.	Unit Cost	\$313.71	\$389.95	\$480.66	\$1,394.52	\$808.55	\$1,514.10	\$1,437.88	\$1,702.59	\$1,325.61	\$2,253.64	
	Total	\$12,548.40	\$1,949.75	\$8,651.88	\$20,917.80	\$12,128.25	\$10,598.70	\$10,065.16	\$13,620.72	\$6,628.05	\$11,268.20	\$108,376.91
GHA Technologies, Inc	Unit Cost	\$310.41	\$386.46	\$476.34	\$1,382.03	\$801.28	\$1,499.55	\$1,423.51	\$1,686.50	\$1,610.00	\$2,377.50	
	Total	\$12,416.40	\$1,932.30	\$8,574.12	\$20,730.45	\$12,019.20	\$10,496.85	\$9,964.57	\$13,492.00	\$8,050.00	\$11,887.50	\$109,563.39
ODP Business Solutions LLC	Unit Cost	\$347.32	\$428.27	\$525.41	\$1,375.47	\$889.72	\$1,658.81	\$1,213.55	\$1,569.77	\$1,456.41	\$2,630.30	
	Total	\$13,892.80	\$2,141.35	\$9,457.38	\$20,632.05	\$13,345.80	\$11,611.67	\$8,494.85	\$12,558.16	\$7,282.05	\$13,151.50	\$112,567.61
Riverside Technologies, Inc.	Unit Cost	\$322.28	\$401.22	\$494.54	\$1,434.77	\$831.87	\$1,556.79	\$1,477.85	\$1,750.55	\$1,671.60	\$2,468.28	
	Total	\$12,891.20	\$2,006.10	\$8,901.72	\$21,521.55	\$12,478.05	\$10,897.53	\$10,344.95	\$14,004.40	\$8,358.00	\$12,341.40	\$113,744.90
Tech Advanced Computers Inc	Unit Cost	\$327.00	\$407.00	\$502.00	\$1,455.00	\$844.00	\$1,579.00	\$1,499.00	\$1,776.00	\$1,696.00	\$2,504.00	
	Total	\$13,080.00	\$2,035.00	\$9,036.00	\$21,825.00	\$12,660.00	\$11,053.00	\$10,493.00	\$14,208.00	\$8,480.00	\$12,520.00	\$115,390.00
FOCUS CAMERA	Unit Cost	\$330.309	\$412.8915	\$506.856	\$1,462.965	\$853.713	\$1,603.434	\$1,506.288	\$1,784.979	\$1,697.5665	\$2,473.9365	
	Total	\$13,212.36	\$2,064.4575	\$9,123.408	\$21,944.475	\$12,805.695	\$11,224.038	\$10,544.016	\$14,279.832	\$8,487.8325	\$12,369.6825	\$116,055.7965
Fortified Security Solutions	Unit Cost	\$361.00	\$442.00	\$547.00	\$1,406.00	\$920.00	\$1,846.00	\$1,342.00	\$1,608.00	\$1,501.00	\$2,640.00	
	Total	\$14,440.00	\$2,210.00	\$9,846.00	\$21,090.00	\$13,800.00	\$12,922.00	\$9,394.00	\$12,864.00	\$7,505.00	\$13,200.00	\$117,271.00
AN Systems Marketing LLC	Unit Cost	\$332.00	\$414.00	\$510.00	\$1,481.00	\$858.00	\$1,607.00	\$1,525.00	\$1,807.00	\$1,726.00	\$2,548.00	
	Total	\$13,280.00	\$2,070.00	\$9,180.00	\$22,215.00	\$12,870.00	\$11,249.00	\$10,675.00	\$14,456.00	\$8,630.00	\$12,740.00	\$117,365.00
AKA Comp Solutions, INC.	Unit Cost	\$341.67	\$425.39	\$524.30	\$1,521.17	\$881.96	\$1,650.53	\$1,566.83	\$1,635.38	\$1,772.36	\$2,951.00	
	Total	\$13,666.80	\$2,126.95	\$9,437.40	\$22,817.55	\$13,229.40	\$11,553.71	\$10,967.81	\$13,083.04	\$8,861.80	\$14,755.00	\$120,499.46
ProLogic ITS, LLC	Unit Cost	\$343.99	\$427.78	\$528.30	\$1,531.27	\$887.45	\$1,662.99	\$1,577.58	\$1,869.89	\$1,785.28	\$2,637.12	
	Total	\$13,759.60	\$2,138.90	\$9,509.40	\$22,969.05	\$13,311.75	\$11,640.93	\$11,043.06	\$14,959.12	\$8,926.40	\$13,185.60	\$121,443.81
NWN Corporation	Unit Cost	\$346.31	\$430.69	\$531.84	\$1,541.58	\$893.44	\$1,674.08	\$1,588.17	\$1,882.35	\$1,797.20	\$2,654.66	
	Total	\$13,852.40	\$2,153.45	\$9,573.12	\$23,123.70	\$13,401.60	\$11,718.56	\$11,117.19	\$15,058.80	\$8,986.00	\$13,273.30	\$122,258.12
AVI-SPL LLC	Unit Cost	\$350.66	\$436.08	\$538.53	\$1,526.50	\$904.65	\$1,695.20	\$1,608.14	\$1,906.09	\$1,819.81	\$2,687.68	
	Total	\$14,026.40	\$2,180.40	\$9,693.54	\$22,897.50	\$13,569.75	\$11,866.40	\$11,256.98	\$15,248.72	\$9,099.05	\$13,438.40	\$123,277.14
Robert J Young Company, LLC	Unit Cost	\$355.47	\$442.57	\$545.50	\$1,582.65	\$917.61	\$1,717.25	\$1,630.16	\$1,931.01	\$1,843.92	\$2,722.73	
	Total	\$14,218.80	\$2,212.85	\$9,819.00	\$23,739.75	\$13,764.15	\$12,020.75	\$11,411.12	\$15,448.08	\$9,219.60	\$13,613.65	\$125,467.75
Miami Business Telephone Corp	Unit Cost	\$356.10	\$443.34	\$546.45	\$1,585.41	\$919.20	\$1,720.23	\$1,632.99	\$1,934.37	\$1,847.13	\$2,727.47	
	Total	\$14,244.00	\$2,216.70	\$9,836.10	\$23,781.15	\$13,788.00	\$12,041.61	\$11,430.93	\$15,474.96	\$9,235.65	\$13,637.35	\$125,686.45
COMMSKI, LLC	Unit Cost	\$364.44	\$449.33	\$551.25	\$1,599.27	\$933.47	\$1,740.38	\$1,666.49	\$1,974.38	\$1,528.04	\$2,759.64	
	Total	\$14,577.60	\$2,246.65	\$9,922.50	\$23,989.05	\$14,002.05	\$12,182.66	\$11,665.43	\$15,792.40	\$7,640.20	\$13,798.20	\$125,816.74
Mission Critical Solution, Inc	Unit Cost	\$359.00	\$448.00	\$552.00	\$1,599.00	\$929.00	\$1,749.00	\$1,649.00	\$1,955.00	\$2,749.00	\$1,869.00	
	Total	\$14,360.00	\$2,240.00	\$9,936.00	\$23,985.00	\$13,935.00	\$12,243.00	\$11,543.00	\$15,640.00	\$13,745.00	\$9,345.00	\$126,972.00
Hypertec USA Inc.	Unit Cost	\$363.47	\$452.51	\$557.75	\$1,618.23	\$938.23	\$1,755.85	\$1,666.81	\$1,974.42	\$1,885.37	\$2,783.94	
	Total	\$14,538.80	\$2,262.55	\$10,039.50	\$24,273.45	\$14,073.45	\$12,290.95	\$11,667.67	\$15,795.36	\$9,426.85	\$13,919.70	\$128,288.28
EIDIM Group, Inc. dba EIDIM AV Technology	Unit Cost	\$366.04	\$455.72	\$561.69	\$1,629.64	\$944.85	\$1,768.24	\$1,678.56	\$1,988.34	\$1,898.68	\$2,803.57	
	Total	\$14,641.60	\$2,278.60	\$10,110.42	\$24,444.60	\$14,172.42	\$12,377.68	\$11,749.92	\$15,906.72	\$9,493.40	\$14,017.85	\$129,193.54
vCloud Tech Inc	Unit Cost	\$406.99	\$506.23	\$590.75	\$1,811.72	\$998.75	\$1,967.22	\$1,866.42	\$2,260.74	\$107.76	\$2,956.92	
	Total	\$16,279.60	\$2,531.15	\$10,633.50	\$27,175.80	\$14,981.25	\$13,770.54	\$13,064.94	\$18,085.92	\$538.80	\$14,784.60	\$131,846.10
Imperium Data Networks	Unit Cost	\$363.66	\$452.77	\$558.05	\$1,619.07	\$938.72	\$1,756.77	\$1,667.68	\$2,180.69	\$2,082.34	\$3,074.79	
	Total	\$14,546.40	\$2,263.85	\$10,044.90	\$24,286.05	\$14,080.80	\$12,297.39	\$11,673.76	\$17,445.52	\$10,411.70	\$15,373.95	\$132,424.32
Audio Video Systems, Inc.	Unit Cost	\$379.78	\$472.82	\$582.78	\$1,690.83	\$980.32	\$1,834.62	\$1,741.58	\$2,063.00	\$1,969.96	\$2,908.84	
	Total	\$15,191.20	\$2,364.10	\$10,490.04	\$25,362.45	\$14,704.80	\$12,842.34	\$12,191.06	\$16,504.00	\$9,849.80	\$14,544.20	\$134,043.99
Strictly Technology	Unit Cost	\$376.70	\$469.00	\$578.06	\$1,677.15	\$1,869.84	\$1,773.82	\$2,007.39	\$2,102.34	\$2,007.25	\$2,885.32	
	Total	\$15,068.00	\$2,345.00	\$10,405.08	\$25,157.25	\$14,585.85	\$13,088.88	\$12,416.74	\$16,818.72	\$10,036.25	\$14,426.60	\$134,348.37
Integrated Fire and Security Solutions	Unit Cost	\$382.55	\$476.27	\$587.03	\$1,703.15	\$987.47	\$1,847.99	\$1,754.27	\$2,078.03	\$1,984.31	\$2,930.03	
	Total	\$15,302.00	\$2,381.35	\$10,566.54	\$25,547.25	\$14,812.05	\$12,935.93	\$12,279.89	\$16,624.24	\$9,921.55	\$14,650.15	\$135,020.95
vPrime Tech Inc	Unit Cost	\$385.17	\$479.52	\$591.05	\$1,714.80	\$994.22	\$1,860.63	\$1,766.26	\$2,092.24	\$1,997.88	\$2,950.07	
	Total	\$15,406.80	\$2,397.60	\$10,638.90	\$25,722.00	\$14,913.30	\$13,024.41	\$12,363.82	\$16,737.92	\$9,989.40	\$14,750.35	\$135,944.50
SOLOTECH SALES & INTEGRATION USA INC	Unit Cost	\$387.00	\$484.00	\$603.00	\$1,721.00	\$998.00	\$1,869.00	\$1,772.00	\$2,099.00	\$2,010.00	\$3,010.00	
	Total	\$15,480.00	\$2,420.00	\$10,854.00	\$25,815.00	\$14,970.00	\$13,083.00	\$12,404.00	\$16,792.00	\$10,050.00	\$15,050.00	\$136,918.00
International Global Solution	Unit Cost	\$392.53	\$488.06	\$600.64	\$1,736.40	\$1,008.11	\$1,883.86	\$1,788.42	\$2,117.87	\$2,022.46	\$2,984.88	
	Total	\$15,701.20	\$2,440.30	\$10,811.52	\$26,046.00	\$15,121.65	\$13,187.02	\$12,518.94	\$16,942.96	\$10,112.30	\$14,924.40	\$137,806.29
Sai Infotek Inc	Unit Cost	\$400.89	\$495.46	\$608.80	\$1,740.82	\$1,014.24	\$1,889.41	\$1,793.05	\$2,122.79	\$2,027.34	\$2,975.45	
	Total	\$16,035.60	\$2,477.30	\$10,958.40	\$26,112.30	\$15,213.60	\$13,225.87	\$12,551.35	\$16,982.32	\$10,136.70	\$14,877.25	\$138,570.69
United Safety and Alarms, Inc	Unit Cost	\$384.32	\$475.98	\$586.68	\$1,693.17	\$982.59	\$1,847.66	\$1,739.83	\$2,294.10	\$2,198.01	\$3,249.45	
	Total	\$15,372.80	\$2,379.90	\$10,560.24	\$25,397.55	\$14,738.85	\$12,933.62	\$12,178.81	\$18,352.80	\$10,990.05	\$16,247.25	\$139,151.87
ANCE Engineering Inc	Unit Cost	\$397.45	\$494.76	\$599.88	\$1,794.20	\$1,036.36	\$1,956.38	\$1,848.26	\$2,169.62	\$2,076.40	\$2,036.47	
	Total	\$15,898.00	\$2,473.80	\$10,797.84	\$26,913.00	\$15,545.40	\$13,694.66	\$12,937.82	\$17,356.96	\$14,382.00	\$10,182.35	\$140,181.83
Total Network Consulting, LLC	Unit Cost	\$426.57	\$529.48	\$651.18	\$1,877.15	\$1,091.03	\$2,036.26	\$1,933.30	\$2,288.93	\$2,185.99	\$3,224.80	
	Total	\$17,062.80	\$2,647.40	\$11,721.24	\$28,157.25	\$16,365.45	\$14,253.82	\$13,533.10	\$18,311.44	\$10,929.95	\$16,124.00	\$149,106.45

	Line #	1	2	3	4	5	6	7	8	9	10	
	Description	M2036-LE Bullet Camera	M4327-P Panoramic Camera	P1455-LE Network Camera	P3737-PLE Network Camera Quad	P4707 PLVE Dual Lens Panoramic Camera	Q1808-LE Network Camera (with 12-48mm Lenses)	Q3538-LVE Dome Camera	Q3819-PVE Panoramic Camera 180	Q6100-E Network Camera Quad	Q6315-LE PTZ Network Camera	
	Qty.	40	5	18	15	15	7	7	8	5	5	
	UOM	Each	Each	Each	Each	Each	Each	Each	Each	Each	Each	TOTAL
Servexo Protective Services, Inc.	Unit Cost	\$423.76	\$537.17	\$650.28	\$1,852.35	\$1,093.86	\$2,047.10	\$1,943.28	\$2,301.93	\$2,238.07	\$3,245.73	
	Total	\$16,950.40	\$2,685.85	\$11,705.04	\$27,785.25	\$16,407.90	\$14,329.70	\$13,602.96	\$18,415.44	\$11,190.35	\$16,228.65	\$149,301.54
Safeware Inc	Unit Cost	\$463.64	\$557.14	\$596.10	\$2,006.49	\$1,180.52	\$2,271.43	\$2,167.53	\$1,596.10	\$2,466.17	\$2,790.91	
	Total	\$18,545.60	\$2,785.70	\$10,729.80	\$30,097.35	\$17,707.80	\$15,900.01	\$15,172.71	\$12,768.80	\$12,330.85	\$13,954.55	\$149,993.17
Kijero, LLC	Unit Cost	\$428.36	\$533.31	\$657.34	\$1,932.99	\$1,108.25	\$2,072.16	\$1,969.07	\$2,326.91	\$2,242.27	\$3,280.96	
	Total	\$17,134.40	\$2,666.55	\$11,832.12	\$28,994.85	\$16,623.75	\$14,505.12	\$13,783.49	\$18,615.28	\$11,211.35	\$16,404.80	\$151,771.71
Verity Partners, LLC	Unit Cost	\$449.00	\$569.00	\$689.00	\$1,989.00	\$1,188.00	\$2,199.00	\$2,039.00	\$1,909.00	\$1,979.00	\$3,299.00	
	Total	\$17,960.00	\$2,845.00	\$12,402.00	\$29,835.00	\$17,820.00	\$15,393.00	\$14,273.00	\$15,272.00	\$9,895.00	\$16,495.00	\$152,190.00
Orion Connectivity Services, Inc	Unit Cost	\$441.82	\$550.06	\$677.98	\$1,967.02	\$1,140.46	\$2,134.30	\$2,026.06	\$2,399.98	\$2,291.74	\$3,383.98	
	Total	\$17,672.80	\$2,750.30	\$12,203.64	\$29,505.30	\$17,106.90	\$14,940.10	\$14,182.42	\$19,199.84	\$11,458.70	\$16,919.90	\$155,939.90
Next Link Communications	Unit Cost	\$463.00	\$552.00	\$680.00	\$1,973.00	\$1,143.00	\$2,141.00	\$2,032.00	\$2,406.00	\$2,298.00	\$3,393.00	
	Total	\$18,520.00	\$2,760.00	\$12,240.00	\$29,595.00	\$17,145.00	\$14,987.00	\$14,224.00	\$19,248.00	\$11,490.00	\$16,965.00	\$157,174.00
EVERYNEED SUPPLY LLC	Unit Cost	\$455.89	\$402.16	\$588.24	\$1,878.82	\$1,245.88	\$3,135.06	\$2,186.00	\$1,889.40	\$2,118.69	\$3,733.75	
	Total	\$18,235.60	\$2,010.80	\$10,588.32	\$28,182.30	\$18,688.20	\$21,945.42	\$15,302.00	\$15,115.20	\$10,593.45	\$18,668.75	\$159,330.04
Construction 95 LLC	Unit Cost	\$550.00	\$600.00	\$700.00	\$1,900.00	\$1,100.00	\$2,200.00	\$2,100.00	\$2,300.00	\$2,500.00	\$4,000.00	
	Total	\$22,000.00	\$3,000.00	\$12,600.00	\$28,500.00	\$16,500.00	\$15,400.00	\$14,700.00	\$18,400.00	\$12,500.00	\$20,000.00	\$163,600.00
Tadeos Engineering LLC	Unit Cost	\$487.00	\$606.31	\$747.32	\$2,168.20	\$1,257.10	\$2,352.59	\$2,233.28	\$2,330.90	\$2,059.74	\$3,730.08	
	Total	\$19,480.00	\$3,031.55	\$13,451.76	\$32,523.00	\$18,856.50	\$16,468.13	\$15,632.96	\$18,647.20	\$10,298.70	\$18,650.40	\$167,040.20
The Archie Corporation LLC	Unit Cost	\$528.48	\$657.95	\$800.18	\$2,352.83	\$1,364.15	\$2,380.84	\$2,423.45	\$2,887.79	\$2,561.90	\$4,047.71	
	Total	\$21,139.20	\$3,289.75	\$14,403.24	\$35,292.45	\$20,462.25	\$16,665.88	\$16,964.15	\$23,102.32	\$12,809.50	\$20,238.55	\$184,367.29

Question	Midwest Alarm Company Inc.	GHA Technologies, Inc	ODP Business Solutions LLC	Riverside Technologies, Inc.
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VII" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	N/A	N/A	N/A	N/A
Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	Yes	No	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes			
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included	Included
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		Does not Meet Requirements		
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	Yes	No	No
What is your Vendor Number?		6748		
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ADDITIONAL INFORMATION			Annual Report Company Presentation Sun Biz	Quote
PROFESSIONAL LICENSES	Alarm System Contractor License Electrical Contractor License			
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	Yes	No
Please indicate your Local Vendor Status	N/A	N/A	Local Broward County Vendor (LBCV)	N/A
Local Vendor Preference Certification	N/A	N/A	Meet Requirement	N/A
Local Business Tax Receipts	N/A	N/A	Broward - 09-30-25	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	African-American MBE	N/A	N/A	N/A
MBE Certification Documentation	MBE Certificate	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	Yes	No	No	No
WMBE Certification Documentation	WBE Certificate	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	Yes	No
Other Vendor Classification Certification Documentation	N/A	N/A		N/A
If yes, please provide your Unique Entity ID (UEI)	Not Included	Not Included	Not Included	Not Included
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	Not Included	Not Included	Not Included	Not Included
Proof of Registration Upload	Not Included	Not Included	Not Included	Not Included
If yes, please provide an explanation.	Not Included	Not Included	Not Included	Not Included
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

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

Question	AKA Comp Solutions, INC.	ProLogic ITS, LLC	NWN Corporation	AVI-SPL LLC
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VII" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	No	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	N/A	N/A	N/A	N/A
Please upload your current certificate(s) of insurance.	Included	Included (Sample)	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	No	No	No
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?				
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM				
Equal Benefits Status	Included	Included	Included	Included
Did you select option D2 above?	A) Contractor currently complies.(Have 2 selections)	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.	No	No	No	No
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM				
Drug-Free Status	Complies fully.	Complies fully.	No Selection Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	Yes	Yes
What is your Vendor Number?			7903	3419
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ADDITIONAL INFORMATION	Profile			Location
PROFESSIONAL LICENSES				
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	Yes
Please indicate your Local Vendor Status	N/A	N/A	N/A	Local Broward County Vendor (LBCV)
Local Vendor Preference Certification	N/A	N/A	N/A	Meet Requirement
Local Business Tax Receipts	N/A	N/A	N/A	
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A	N/A
MBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	Not Included	Not Included	Not Included	Not Included
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	Not Included	Not Included	Not Included	Not Included
Proof of Registration Upload	Not Included	Not Included	Not Included	Not Included
If yes, please provide an explanation.	Not Included	Not Included	Not Included	Not Included
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

Question	Robert J Young Company, LLC (doing business as RJ Young)	MIAMI BUSINESS TELEPHONE CORP	COMMSKI, LLC	Mission Critical Solutions, Inc.
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VII" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	No	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	N/A	N/A	N/A	N/A
Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	Yes	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	No	No	No
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?				
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included	Included
Equal Benefits Status	C) Will not comply.	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM				
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Not Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included (Not City Form)
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	No
What is your Vendor Number?				
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ADDITIONAL INFORMATION	Sun Biz Reseller Letter	State Registration	Workers Compensation Exemption Letter of Supply Proposal	
PROFESSIONAL LICENSES				Electrical Contractor License
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	Local Pembroke Pines Vendor (LPPV)	N/A
Local Vendor Preference Certification	N/A	N/A	Not Included	N/A
Local Business Tax Receipts	N/A	N/A	Not Included	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A	Hispanic-American MBE
MBE Certification Documentation	N/A	N/A	N/A	
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	Yes	No
WMBE Certification Documentation	N/A	N/A	WMBE Certificate	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise	No	No	Yes	No
DBE Certification Documentation	N/A	N/A	DBE Certification	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	Yes	No
Other Vendor Classification Certification Documentation	N/A	N/A	Not Included	N/A
If yes, please provide your Unique Entity ID (UEI)	Not Included	Not Included	Not Included	Not Included
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	Not Included	Not Included	Not Included	Not Included
Proof of Registration Upload	Not Included	Not Included	Not Included	Not Included
If yes, please provide an explanation.	Not Included	Not Included	Not Included	Not Included
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

Question	Hypertec USA Inc.	EIDIM Group, Inc. dba EIDIM AV Technology	vCloud Tech Inc	Imperium Data Networks
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VII" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	No	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	N/A	N/A	N/A	N/A
Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	No	No	No
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?				
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM	Included	Included (have 2 Selections)	Included - Will Comply	Included
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.	D1) Does not comply due to an exemption: No spousal benefits for anyone.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM				
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	No
What is your Vendor Number?				
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ADDITIONAL INFORMATION	Quote Partner Letter	Quote	Annual Resale Quote Re-Bid	
PROFESSIONAL LICENSES				
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A	N/A
MBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	Not Included	Not Included	Not Included	Not Included
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	Not Included	Not Included	Not Included	Not Included
Proof of Registration Upload	Not Included	Not Included	Not Included	Not Included
If yes, please provide an explanation.	Not Included	Not Included	Not Included	Not Included
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

Question	Audio Video Systems, Inc.	Strictly Technology	Integrated Fire and Security Solutions Inc.	vPrime Tech Inc
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VII" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	No
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	N/A	N/A	N/A	N/A
Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	No	No	No
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?				
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included	Included
Equal Benefits Status	A) Contractor currently complies.	B) Will comply by contract award.	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM				
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	Yes	No	No
What is your Vendor Number?		0		
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ADDITIONAL INFORMATION		Capability Statement Line Card	References Brochure	
PROFESSIONAL LICENSES			Electrical Contractor License	
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	Yes	No	No
Please indicate your Local Vendor Status	N/A	Local Broward County Vendor (LBCV)	Not Included	
Local Vendor Preference Certification	N/A	Meet Requirement	Not Included	
Local Business Tax Receipts	N/A	Not included	Broward - 09-30-25 Coral Spring - 09-30-25	
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A	Asian-American MBE
MBE Certification Documentation	N/A	N/A	N/A	
Is your firm a Woman-Owned Business Enterprise (WBE)?	Yes	Yes	No	No
WMBE Certification Documentation	WBE Certificate	WBE Certificate	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	Yes	No	No
SBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	Yes	Yes	No
CBE Certification Documentation	N/A	CBE Certificate	Not Included	N/A
Is your firm a Broward County Disadvantaged Business Enterprise	Yes	No	No	No
DBE Certification Documentation	DBE Certificate	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	Not Included	Not Included	Not Included	Not Included
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	Not Included	Not Included	Not Included	Not Included
Proof of Registration Upload	Not Included	Not Included	Not Included	Not Included
If yes, please provide an explanation.	Not Included	Not Included	Not Included	Not Included
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

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

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

Question	Kijero LLC	Verity Partners Inc	Orion Connectivity Services, Inc.	Next Link Communications
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VII" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	N/A	N/A	N/A	N/A
Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	Yes	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		Yes		
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989. (Not Signed)	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions. (Not Signed)	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM				
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies. (Not Signed)	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM				
Drug-Free Status	Complies fully.	Complies fully.	Complies fully. (Not Signed)	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included (Not Signed)	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included (Not Signed)	Included
VENDOR REGISTRATION				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	No
What is your Vendor Number?				
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ADDITIONAL INFORMATION	Quote		0	
PROFESSIONAL LICENSES			Electrical Contractor License	
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A	N/A
MBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	Not Included	Not Included	Not Included	Not Included
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	Not Included	Not Included	Not Included	Not Included
Proof of Registration Upload	Not Included	Not Included	Not Included	Not Included
If yes, please provide an explanation.	Not Included	Not Included	Not Included	Not Included
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

Question	EVERYNEED SUPPLY LLC	Construction 95 LLC	Tadeos Engineering LLC	THE ARCHIE CORPORATION LLC
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VII" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	No	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	N/A	N/A	N/A	N/A
Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	Yes	Yes	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	No	No	No
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?				
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included	Included
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.	Limited Liability Company			
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM				
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	No
What is your Vendor Number?				
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ADDITIONAL INFORMATION		Workers Compensation Certificate	Review Report	Presentation
PROFESSIONAL LICENSES		General Contractor License	General Contractor License Professional Engineer License	
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A	N/A
MBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Certification Documentation	N/A	N/A	SBE Certification	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	Yes	No
Other Vendor Classification Certification Documentation	N/A	N/A		N/A
If yes, please provide your Unique Entity ID (UEI)	Not Included	Not Included	Not Included	Not Included
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	Not Included	Not Included	Not Included	Not Included
Proof of Registration Upload	Not Included	Not Included	Not Included	Not Included
If yes, please provide an explanation.	Not Included	Not Included	Not Included	Not Included
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A