

City of Pembroke Pines

Procurement

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

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

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

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 \$12,548.40	\$389.95	\$480.66	\$1,394.52	\$808.55	\$1,514.10	\$1,437.88	\$1,702.59	\$1,325.61		\$108,376.91
GHA Technologies Inc	Total Unit Cost	\$12,548.40 \$310.41	\$1,949.75 \$386.46	\$8,651.88 \$476.34	\$20,917.80 \$1,382.03	\$12,128.25 \$801.28	\$10,598.70 \$1,499.55	\$10,065.16 \$1,423.51	\$13,620.72 \$1,686.50	\$6,628.05 \$1,610.00	\$11,268.20 \$2,377.50	\$108,376.91
GHA Technologies, Inc	Total	\$310.41 \$12,416.40	\$1,932.30	\$8,574.12	\$1,382.03 \$20,730.45	\$12,019.20	\$1,499.55 \$10,496.85	\$1,423.51	\$1,686.50	\$1,610.00	\$2,377.50	\$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		\$203,500.03
02. Basiness ociations 220	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		
	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	
ANG THE MAN TO SEE THE	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		\$117,271.00
AN Systems Marketing LLC	Unit Cost Total	\$332.00 \$13,280.00	\$414.00 \$2,070.00	\$510.00 \$9,180.00	\$1,481.00 \$22,215.00	\$858.00 \$12,870.00	\$1,607.00 \$11,249.00	\$1,525.00 \$10,675.00	\$1,807.00 \$14,456.00	\$1,726.00 \$8,630.00	\$2,548.00 \$12,740.00	\$117,365.00
AKA Comp Solutions, INC.	Unit Cost	\$13,280.00 \$341.67	\$2,070.00	\$9,180.00 \$524.30	\$22,215.00 \$1,521.17	\$12,870.00	\$11,249.00 \$1,650.53	\$10,675.00 \$1,566.83	\$14,456.00 \$1,635.38	\$8,630.00	\$12,740.00	\$117,303.00
And comp solutions, live.	Total	\$13,666.80	\$2,126.95	\$9,437.40	\$22,817.55	\$13,229.40	\$1,553.71	\$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		\$1,577.58	\$1,869.89	\$1,785.28		,
	Total	\$13,759.60	\$2,138.90	\$9,509.40	\$22,969.05	\$13,311.75		\$11,043.06	\$14,959.12	\$8,926.40		\$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	4425 505 45
001111111111111111111111111111111111111	Total Unit Cost	\$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		\$125,686.45
COMMSKI, LLC	Total	\$364.44 \$14,577.60	\$449.33 \$2,246.65	\$551.25 \$9,922.50	\$1,599.27 \$23,989.05	\$933.47 \$14,002.05	\$1,740.38 \$12,182.66	\$1,666.49 \$11,665.43	\$1,974.05 \$15,792.40	\$1,528.04 \$7,640.20	\$2,759.64 \$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	\$123,010.7 4
Wission Critical Solution, Inc	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	\$14,172.75	\$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		6422 424 22
Audia Vidas Custanas Inc	Total Unit Cost	\$14,546.40 \$379.78	\$2,263.85 \$472.82	\$10,044.90 \$582.78	\$24,286.05 \$1,690.83	\$14,080.80 \$980.32	\$12,297.39 \$1,834.62	\$11,673.76 \$1,741.58	\$17,445.52 \$2,063.00	\$10,411.70 \$1,969.96	\$15,373.95 \$2,908.84	\$132,424.32
Audio Video Systems, Inc.	Total	\$379.78 \$15,191.20	\$2,364.10	\$10,490.04	\$25,362.45	\$14,704.80	\$1,834.62	\$1,741.58	\$2,063.00 \$16,504.00	\$9,849.80	\$2,908.84	\$134,043.99
Strictly Technology	Unit Cost	\$376.70	\$469.00	\$578.06	\$1,677.15	\$972.39	\$1,869.84	\$1,773.82	\$2,102.34	\$2,007.25	\$2,885.32	+== 1,0 13.33
,,	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		
	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		\$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		\$12,404.00		\$10,050.00		\$136,918.00
International Global Solution	Unit Cost Total	\$392.53 \$15,701.20	\$488.06 \$2,440.30	\$600.64 \$10,811.52	\$1,736.40 \$26,046.00	\$1,008.11 \$15,121.65	\$1,883.86 \$13,187.02	\$1,788.42 \$12,518.94	\$2,117.87 \$16,942.96	\$2,022.46 \$10,112.30	\$2,984.88 \$14,924.40	\$137,806.29
Sai Infotek Inc	Unit Cost	\$15,701.20 \$400.89	\$2,440.30 \$495.46	\$608.80	\$26,046.00	\$15,121.65	\$13,187.02	\$12,518.94 \$1,793.05	\$2,122.79	\$10,112.30		7137,000.23
Sar in otek ine	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	
The state of the s	Total	\$15,372.80	\$2,379.90	\$10,560.24	\$25,397.55	\$14,738.85		\$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		\$2,876.40		
	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
		-			Page	e 1 of 2						

	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	Confirmed	Confirmed	Confirmed	Confirmed
of my company. 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 VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Walver 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. Do you believe you are exempt from one or more insurance	Included No	Included No	Included No	Included No
requirements (e.g., Workers' Compensation)? Please upload written documentation requesting an exemption on your	110	110	110	110
company letterhead, subject to City approval. Do you plan on using subcontractors for this project? Do you acknowledge that all subcontractors must also carry the same	Yes	No	No	No
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)	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	Neither the entity submitting this sworn statement, nor any officers, directors, executives,
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	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.	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.	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.	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 Did you select option B1 or B2 above?	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
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 83 above? Please describe any action taken by or pending with the Department of	No	No	No	No
General Services. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL				
MARRIED COUPLES	to de de d	hadadad	balada d	to de de d
EQUAL BENEFITS CERTIFICATION FORM Equal Benefits Status	Included A) Contractor currently complies.	Included A) Contractor currently complies.	Included A) Contractor currently complies.	Included 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 STANDARD DOCUMENTS	Complies fully.	Complies fully.	Complies fully.	Complies fully.
NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION	Included Included	Included Included	Included Included	Included Included
E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT	Included Included Included	Included Included	Included Included	Included Included
VENDOR REGISTRATION	included	included	included	included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number?	No	Yes 6748	No	No
What is your vehicle nation in VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included	Included Included	Included	Included Included
OPTIONAL DOCUMENTATION	Included	included	Included	included
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	Ma	Ma	Vaa	Ma
County Vendor (LBCV)? Please indicate your Local Vendor Status	No N/A	No N/A	Yes Local Broward County Vendor (LBCV)	No N/A
Local Vendor Preference Certification Local Business Tax Receipts	N/A	N/A N/A	Meet Requirement Broward - 09-30-25	N/A N/A
Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)?	N/A No	N/A No	Broward - 09-30-25 No	N/A No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been	N/A	N/A	N/A	N/A
approved as a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
agency(res) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business	Yes	No	No .	No
Please indicate the classification of your minority-Owned business Enterprise (MBE) MBE Certification Documentation	African-American MBE MBE Certificate	N/A N/A	N/A N/A	N/A N/A
MBE CERTIFICATION DOCUMENTATION Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation	Yes WBE Certificate	No No N/A	N/A No N/A	N/A No N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Is your firm a Broward County Small Business Enterprise (SBE)?	N/A No	N/A No	N/A No	N/A No
SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)?	N/A No	N/A No	N/A No	N/A No
CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise	N/A No	N/A No	N/A No	N/A No
DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above?	N/A No	N/A No	N/A Yes	N/A No
Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI)	N/A Not Included	N/A Not included	Not Included	N/A 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 If yes, please provide an explanation.	Not Included Not Included	Not Included Not Included	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	Confirmed	Confirmed	Confirmed	Confirmed
of my company. 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 VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	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
Please upload your current certificate(s) of insurance. Do you believe you are exempt from one or more insurance	Included No	Included No	Included No	Included No
requirements (e.g., Workers' Compensation)? Please upload written documentation requesting an exemption on your		NO	NO	NO
company letterhead, subject to City approval. Do you plan on using subcontractors for this project? Do you acknowledge that all subcontractors must also carry the same	No	No	No	No
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 SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	Included	Included	Included	Included
STATUTES CHAPTER 287.133(3)(a) SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	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,	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,	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,	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,
	and convicted of a public entity crime subsequent to July 1, 1989.	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	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 Did you select option B1 or B2 above?	A) No convictions. No	A) No convictions. No	A) No convictions. No	A) No convictions. 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? Please describe any action taken by or pending with the Department of	No	No	No	No
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? Please upload a notarized affidavit detailing the reasonable efforts	No	No	No	No
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 STANDARD DOCUMENTS	Complies fully.	Complies fully.	Complies fully.	Complies fully.
NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION	Included Included	Included Included	Included Included	Included Included
E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT	Included Included	Included Included	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) OPTIONAL DOCUMENTATION	Included	Included	Included	Included
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	No	No	No	No
County Vendor (LBCV)? Please indicate your Local Vendor Status			N/A	N/A
Local Vendor Preference Certification 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	N/A	N/A	N/A	N/A
approved as a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
agency(tes) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business	Yes	Yes	No	Yes
Please indicate the classification of your minority-Owned business Enterprise (MBE) MBE Certification Documentation	Asian-American MBE MBE Certificate	Other option not listed above MBE Certificate	N/A N/A	Hispanic-American MBE MBE Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm?	N/A No	N/A No	N/A No	N/A No
HubZone Business / Labor Surplus Area Firm Certification Is your firm a Broward County Small Business Enterprise (SBE)?	N/A No	N/A No	N/A No	N/A No
SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)?	N/A No	N/A No	N/A No	N/A No
CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise	N/A No	N/A No	N/A No	N/A No
DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above?	N/A No	N/A No	N/A No	N/A No
Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI)	N/A Not Included	N/A Not included	N/A Not included	N/A 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 If yes, please provide an explanation.	Not Included Not Included	Not Included Not Included	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	Confirmed	Confirmed	Confirmed	Confirmed
of my company. 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	Confirmed	Confirmed	Confirmed	Confirmed
REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Commined	Commed	commed	Commed
Do you confirm that you will only use insurance carriers licensed to do				
business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M	. Yes	Yes	No	Yes
Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?				
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS	Yes	Yes	Yes	Yes
section of this solicitation?		1.03	163	163
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation		Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to	N/A	N/A	N/A	N/A
Insure, Evidence of Insurability, or a Conditional Certificate of Insurance Please upload your current certificate(s) of insurance.	Included	Included (Sample)	Included	Included
Do you believe you are exempt from one or more insurance	No	No	No	No
requirements (e.g., Workers' Compensation)? Please upload written documentation requesting an exemption on you				
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)				
	 A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, 	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	 A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, 	 A) Neither the entity submitting this sworn statement, nor any officers, directors, executives,
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	partners, shareholders, employees, members, or agents who are active in management of the entity,	partners, shareholders, employees, members, or agents who are active in management of the entity,	partners, shareholders, employees, members, or agents who are active in management of the entity,	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	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to
Public Entity Crimes Status	July 1, 1989. A) No convictions.			
Did you select option B1 or B2 above? Please upload a copy of the final order issued by the hearing officer of	No	No	No	No
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		NO	NO	NO
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.(Have 2 selections)	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				
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Complies fully.	Complies fully.	No Selection Complies fully.	Complies fully.
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS	Complies fully.	Complies fully.	Complies fully.	
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION	Included Included	Included Included	Complies fully. Included Included	Included Included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Complies fully.	Included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION	Included Included Included Included	Included Included Included Included	Complies fully. Included Included Included Included	included Included Included Included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a city of Pembroke Pines Vendor Number registered in the PaymentWorks System?	Included Included Included	Included Included Included	Complies fully. Included Included Included	Included Included Included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM	Included Included Included Included No	Included Included Included Included No	Complies fully. Included Included Included Included Yes 7903 Included	Included Included Included Included Yes 3419 Included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION	Included Included Included Included No	Included Included Included Included No	Complies fully. Included Included Included Included Included Yes	Included Included Included Included Yes 3419
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included Included Included Included No	Included Included Included Included No	Complies fully. Included Included Included Included Yes 7903 Included	Included Included Included Included Included Yes 3419 Included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS	Included Included Included Included Included Included Included Included	Included Included Included Included No	Complies fully. Included Included Included Included Yes 7903 Included	included included included included Yes 3419 included included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION	Included Included Included Included No	Included Included Included Included No	Complies fully. Included Included Included Included Yes 7903 Included	Included Included Included Included Included Yes 3419 Included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES	Included Included Included Included Included Included Included Included	Included Included Included Included No	Complies fully. Included Included Included Included Yes 7903 Included	included included included included Yes 3419 included included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward	Included Included Included Included Included Included Included Included	Included Included Included Included No	Complies fully. Included Included Included Included Yes 7903 Included	included included included included Yes 3419 included included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLUSIVE AFPIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LIPCV) and Local Broward County Vendor (LIBCV)? Please indicate your Local Vendor Status	Included	Included	Complies fully. Included	Included Included Included Included Included Included Included Yes 3419 Included Included Included Included Included Location
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFPIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LIPV) and Local Broward County Vendor (LIBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification	Included	Included Included Included Included Included Included Included No Included Included Included Included Included	Complies fully. Included Included Included Included Included Included Included Yes 7903 Included Included Included	Included Included Included Included Included Included Yes 3419 Included Included Included Included
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION IS your firm a Local Pembroke Pines Vendor (LIPV) and Local Broward County Vendor (LIBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts	Included Inc	Included Included Included Included Included Included Included No Included Included Included Included Included Included	Complies fully. Included Included Included Included Included Included Included Yes 7903 Included Included Included Included Included	included included included included included Yes 3419 included included included Location Yes Local Broward County Vendor (LBCV) Meet Requirement
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLUSIVE AFPIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a city of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department	Included Inc	Included Inc	Complies fully. Included Incl	Included Included Included Included Included Included Yes 3419 Included In
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DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLUSIVE AFPIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LIPV) and Local Broward County Vendor (LIBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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)? Upload Veteran Owned Small Business (VOSB)? Is your firm a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of you	Included Inc	Included Inc	Complies fully. Included Incl	included included included included included included included Yes 3419 included in
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Question CONFIRMATION TO BIND	Robert J Young Company, LLC (doing business as RJ Young)	MIAMI BUSINESS TELEPHONE CORP	COMMSKI, LLC	Mission Critical Solutions, Inc.
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 VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	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. Do you believe you are exempt from one or more insurance	Included	Included	Included	Included
requirements (e.g., Workers' Compensation)? Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.	No	No	Yes	No
Do you plan on using subcontractors for this project? Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such	No	No	No	No
coverage must be provided to the City? PROJECT DOCUMENTS				
PROJECT DOCUMENTS PROPOSERS BACKGROUND INFORMATION FORM SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	Included	Included	Included	Included
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, and the control of the control o	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	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	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.	and convicted of a public entity crime subsequent to July 1, 1989.	and convicted of a public entity crime subsequent to July 1, 1989.	and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status Did you select option B1 or B2 above?	A) No convictions. No	A) No convictions. No	A) No convictions. No	A) No convictions. 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? Please describe any action taken by or pending with the Department of	No	No	No	No
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? Please upload a notarized affidavit detailing the reasonable efforts	No No	No	No	No
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 E-VERIFY SYSTEM CERTIFICATION	Included Included	Not Included Included	Included Included	Included Included (Not City Form)
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION	Included	Included	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number?	No	No	No	No
VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included Included	Included Included	Included Included	Included Included
OPTIONAL DOCUMENTATION TRADE SECRETS				
FINANCIAL STATEMENTS ADDITIONAL INFORMATION	Sun Biz Reseller Letter	State Registration	Workers Compensation Exemption Letter of Supply	
PROFESSIONAL LICENSES			Proposal	Electrical Contractor License
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No N/A	No N/A	No	No N/A
Please indicate your Local Vendor Status Local Vendor Preference Certification	N/A N/A	N/A N/A	Local Pembroke Pines Vendor (LPPV) Not Included	N/A N/A
Local Business Tax Receipts	N/A	N/A	Not Included	N/A
Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department	No No	No No	No No	No No
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) Is your firm a Minority-Owned Business Enterprise (MBE)?	N/A No	N/A No	N/A No	N/A Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A	Hispanic-American MBE
MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)?	N/A No	N/A No	N/A Yes	MBE Certification No
WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm?	N/A No	N/A No	WMBE Certificate No	N/A No
is your lim a Hubzone Business / Labor Surplus Area rimr HubZone Business / Labor Surplus Area Firm Certification Is your firm a Broward County Small Business Enterprise (SBE)?	N/A N/O	N/A No	N/A No	N/A No
SBE Cerification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation	No N/A	No N/A	No N/A	No N/A
Is your firm a Broward County Disadvantaged Business Enterprise DBE Certification Documentation	No N/A	No N/A	Yes DBE Certification	No N/A
Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation	No N/A	No N/A	Yes Not Included	No N/A
If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration?	Not Included Not Included	Not Included Not Included	Not Included Not Included	Not Included Not Included
(MM/DD/YYYY) Proof of Registration Upload	Not Included	Not Included	Not Included	Not Included
If yes, please provide an explanation. If yes, please upload any relevant documentation, if applicable.	Not Included N/A	Not included N/A	Not included N/A	Not included 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	Confirmed	Confirmed	Confirmed	Confirmed
of my company. 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	Confirmed	Confirmed	Confirmed	Confirmed
REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Commed	Committee	Commied	Commied
Do you confirm that you will only use insurance carriers licensed to do				
business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M	. Yes	Yes	No	Yes
Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?				
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
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. Do you believe you are exempt from one or more insurance	Included	Included	Included	Included
requirements (e.g., Workers' Compensation)? Please upload written documentation requesting an exemption on you	No	No	No	No
company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project? Do you acknowledge that all subcontractors must also carry the same	No	No	No	No
insurance or be covered under your policy, and that proof of such coverage must be provided to the City?				
PROJECT DOCUMENTS	and the stand	10 di di d	to all also d	to all all
PROPOSERS BACKGROUND INFORMATION FORM SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA	Included	Included	Included	Included
STATUTES CHAPTER 287.133(3)(a)	A) Neither the entity submitting this sworn	A) Neither the entity submitting this sworn	Neither the entity submitting this sworn	Neither the entity submitting this sworn
	statement, nor any officers, directors, executives, partners, shareholders, employees, members, or	statement, nor any officers, directors, executives, partners, shareholders, employees, members, or	statement, nor any officers, directors, executives, partners, shareholders, employees, members, or	statement, nor any officers, directors, executives, partners, shareholders, employees, members, or
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	agents who are active in management of the entity, nor any affiliate of the entity have been charged with	agents who are active in management of the entity, nor any affiliate of the entity have been charged with	agents who are active in management of the entity, nor any affiliate of the entity have been charged with	agents who are active in management of the entity,
	and convicted of a public entity crime subsequent to July 1, 1989.	and convicted of a public entity crime subsequent to July 1, 1989.	and convicted of a public entity crime subsequent to July 1, 1989.	and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status Did you select option B1 or B2 above?	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Please upload a copy of the final order issued by the hearing officer of	NO	NO	NO	110
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? Please upload a notarized affidavit detailing the reasonable efforts	No	No	No	No
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	Complies fully.	Complies fully.	Complies fully.	Complies fully.
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS	Complies fully.	Complies fully.	Complies fully.	Complies fully.
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION	Included Included	Included Included	Included Included	Included Included
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
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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	Confirmed	Confirmed	Confirmed	Confirmed
of my company. 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	Confirmed	Confirmed	Confirmed	Confirmed
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 VI" as to financial strength by A.M	. Yes	Yes	Yes	No
Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?				
Do you currently carry insurance policies that meet or exceed the	West	V	V.	V
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
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to	N/A	N/A	N/A	N/A
Insure, Evidence of Insurability, or a Conditional Certificate of Insurance			·	· ·
Please upload your current certificate(s) of insurance. Do you believe you are exempt from one or more insurance	Included No	Included No	Included No	Included No
requirements (e.g., Workers' Compensation)? Please upload written documentation requesting an exemption on your		NO	NO	110
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	110	140	NO	110
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)				
31A10123 CHAFTEN 207:133(3)(d)	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives,	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	Neither the entity submitting this sworn statement, nor any officers, directors, executives,
CHAODN STATEMENT ON DURING ENTITY COUNTS FORM	partners, shareholders, employees, members, or			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	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	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	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	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
Rublia Fastis, Colonna Fastus	July 1, 1989.	July 1, 1989.	July 1, 1989.	July 1, 1989.
Public Entity Crimes Status Did you select option B1 or B2 above?	A) No convictions. No	A) No convictions. No	A) No convictions. No	A) No convictions. 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? Please describe any action taken by or pending with the Department of	No	No	No	No
General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included	Included
Equal Benefits Status Did you select option D2 above?	A) Contractor currently complies.	B) Will comply by contract award.	A) Contractor currently complies.	A) Contractor currently complies. No
Please upload a notarized affidavit detailing the reasonable efforts	110	1,10	1,10	.,,,
made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
along with the amount of the cash equivalent provided. DRUG-FREE WORKPLACE CERTIFICATION	Complies fully.	Complies fully.	Complies fully.	Complies fully.
along with the amount of the cash equivalent provided. DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
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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	Confirmed	Confirmed	Confirmed	Confirmed
of my company. 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 VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	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. Do you believe you are exempt from one or more insurance	Included	Included	Included	Included
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? 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?	No No	No	No	No
PROJECT DOCUMENTS	to de de d	to the died	to the de d	to ded a
PROPOSERS BACKGROUND INFORMATION FORM SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	Included A) Neither the entity submitting this sworn	Included A) Neither the entity submitting this sworn	Included A) Neither the entity submitting this sworn	Included A) Neither the entity submitting this sworn
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM		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	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	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.	and convicted of a public entity crime subsequent to July 1, 1989.	and convicted of a public entity crime subsequent to July 1, 1989.	and convicted of a public entity crime subsequent to July 1, 1989.
Public Entity Crimes Status Did you select option B1 or B2 above?	A) No convictions. No	A) No convictions. No	A) No convictions. No	A) No convictions. 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? Please describe any action taken by or pending with the Department of	No	No	No	No
General Services. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL				
MARRIED COUPLES	to do do	In all ad a d	la de de d	La de de d
EQUAL BENEFITS CERTIFICATION FORM Equal Benefits Status	Included A) Contractor currently complies.	Included D1) Does not comply due to an exemption:	Included B) Will comply by contract award.	Included A) Contractor currently complies.
Did you select option D2 above?	No	No spousal benefits for anyone. 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 STANDARD DOCUMENTS	Complies fully.	Complies fully.	Complies fully.	Complies fully.
NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION	Included Included	Included Included	Included Included	Included Included
E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT	Included Included	Included Included	Included Included	Included Included
VENDOR REGISTRATION Do you currently have a City of Rembroke Pines Vendor Number	included	meladed	meidded	included
registered in the PaymentWorks System? What is your Vendor Number?	No	No	No	No
VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included Included	Included Included	Included Included	Included Included
OPTIONAL DOCUMENTATION TRADE SECRETS				
FINANCIAL STATEMENTS ADDITIONAL INFORMATION	Electrical Contractor License	Brochure	Quote	References
PROFESSIONAL LICENSES		Siocial C	quote	Sun Biz
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 Local Vendor Preference Certification	N/A N/A	N/A N/A	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	N/A	N/A	N/A	N/A
approved as a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification(s) from any relevant	N/A	N/A	N/A	N/A
agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)?	No 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 Is your firm a Woman-Owned Business Enterprise (WBE)?	N/A No	MBE Certification No	N/A No	N/A No
WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm?	N/A No	N/A Yes	N/A No	N/A 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)? SBE Cerification Documentation	No N/A	No N/A	No N/A	No N/A
Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation	No N/A	No N/A	No N/A	No N/A
Is your firm a Broward County Disadvantaged Business Enterprise DBE Certification Documentation	No N/A	No N/A	No N/A	No N/A
Does your firm have a Vendor Classification that was not listed above?	No	Yes	No	No
Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI)	N/A Not Included	SBE Certification Not Included	N/A Not Included	N/A 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 If yes, please provide an explanation.	Not Included Not Included	Not Included Not Included	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	Auter Engineering me	Total rection consuming, EEC	SCITCAS ITSCCCUTE SCITICES	Saleware me
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	Confirmed	Confirmed	Confirmed	Confirmed
of my company. 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	Confirmed	Confirmed	Confirmed	Confirmed
REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Commed	Commied	Committee	Commed
Do you confirm that you will only use insurance carriers licensed to do				
business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M	. Yes	Yes	Yes	Yes
Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?				
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS	Yes	Yes	Yes	Yes
section of this solicitation? 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	N/A	N/A	N/A	N/A
Insure, Evidence of Insurability, or a Conditional Certificate of Insurance 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 you	1			
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			Yes	
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)				
	 A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, 	 A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, 	 A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, 	Neither the entity submitting this sworn statement, nor any officers, directors, executives,
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	partners, shareholders, employees, members, or agents who are active in management of the entity,	partners, shareholders, employees, members, or agents who are active in management of the entity,	partners, shareholders, employees, members, or agents who are active in management of the entity,	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	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to
Public Entity Crimes Status	July 1, 1989. A) No convictions.	July 1, 1989. A) No convictions.	July 1, 1989. A) No convictions.	July 1, 1989. A) No convictions.
Did you select option B1 or B2 above? Please upload a copy of the final order issued by the hearing officer of	No	No	No	No
the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above? Please describe any action taken by or pending with the Department of	No	No	No	No
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		2 9 6 9		
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS	Complies fully.	Complies fully.	Complies fully.	Complies fully.
DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
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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	Confirmed	Confirmed	Confirmed	Confirmed
of my company. 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	Confirmed	Confirmed	Confirmed	Confirmed
REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	committee	commed	commica	Committee
Do you confirm that you will only use insurance carriers licensed to do				
business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M.	Yes	Yes	Yes	Yes
Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?				
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS	Yes	Yes	Yes	Yes
section of this solicitation?	103	10	103	163
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	N/A	N/A	N/A	N/A
Insure, Evidence of Insurability, or a Conditional Certificate of Insurance. Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance	No	No	No	No
requirements (e.g., Workers' Compensation)? 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		Yes		
coverage must be provided to the City?		165		
PROJECT DOCUMENTS PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
- Toleston	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	 A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, 	Neither the entity submitting this sworn statement, nor any officers, directors, executives,
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	partners, shareholders, employees, members, or agents who are active in management of the entity,	partners, shareholders, employees, members, or agents who are active in management of the entity,	partners, shareholders, employees, members, or agents who are active in management of the entity,	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	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to	nor any affiliate of the entity have been charged with
Public Entity Crimes Status	July 1, 1989. A) No convictions.	July 1, 1989. A) No convictions.	July 1, 1989. (Not Signed) A) No convictions. (Not Signed)	July 1, 1989. A) No convictions.
Did you select option B1 or B2 above?	No No	No 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? Please describe any action taken by or pending with the Department of	No	No	No	No
General Services. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL				
MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM Equal Benefits Status	Included A) Contractor currently complies.	Included A) Contractor currently complies.	Included A) Contractor currently complies. (Not	Included A) Contractor currently complies.
Did you select option D2 above?	No	No	Signed) 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.				
along with the amount of the cash equivalent provided. DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM				
along with the amount of the cash equivalent provided. DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS	Complies fully.	Complies fully.	Complies fully. (Not Signed)	Complies fully.
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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	Confirmed	Confirmed	Confirmed	Confirmed
of my company. 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	Confirmed	Confirmed	Confirmed	Confirmed
REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.				
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to				
management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g.,	Yes	Yes	Yes	Yes
Additional Insured, Waiver of Subrogation, etc.) must be included?				
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS	No	Yes	Yes	Yes
section of this solicitation? Please upload your current certificate(s) of insurance that demonstrate	Included	Included	Included	Included
compliance with the insurance requirements outlined in this solicitation Please upload documentation showing that you have obtained a letter		meladea	madea	moracca
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. Do you believe you are exempt from one or more insurance	Included	Included	Included	Included
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? Do you acknowledge that all subcontractors must also carry the same	No	No	No	No
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)				
3/M/3/E3 CITAL TEN 207-233(3)(a)	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	Neither the entity submitting this sworn statement, nor any officers, directors, executives,	Neither the entity submitting this sworn statement, nor any officers, directors, executives,
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	partners, shareholders, employees, members, or agents who are active in management of the entity,	partners, shareholders, employees, members, or agents who are active in management of the entity,	partners, shareholders, employees, members, or agents who are active in management of the entity,	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	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to	nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to	
Public Entity Crimes Status	July 1, 1989. A) No convictions.			
Did you select option B1 or B2 above? Please upload a copy of the final order issued by the hearing officer of	No	No	No	No
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	INO	NO	NO	NU
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.			
Did you select option D2 above? Please upload a notarized affidavit detailing the reasonable efforts	No	No	No	No
made to provide benefits to employees' Domestic Partners or spouses,	Limited Liability Company			
	zimited zidomey company			
along with the amount of the cash equivalent provided. DRUG-FREE WORKPLACE CERTIFICATION	Elimed Eddinty Company			
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.
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