PINES PLACE				
South Florida Pest Solutions				
TOTAL UNIT COST	YEARLY TOTAL			
\$250.00	\$5,280.00			
Northwest Ext	erminating			
TOTAL UNIT COST	YEARLY TOTAL			
\$1,890.60	\$19,087.20			
Tower Pest	Control			
TOTAL UNIT COST	YEARLY TOTAL			
\$1,777.60	\$19,531.20			
Orange Pest Contro	Orange Pest Control & Services, Inc			
TOTAL UNIT COST	YEARLY TOTAL			
\$1,972.20	\$21,866.40			
Express Pest S	olutions, Inc			
TOTAL UNIT COST	YEARLY TOTAL			
\$1,998.75	\$22,185.00			
Pestmaster of Miami South				
TOTAL UNIT COST	YEARLY TOTAL			
\$2,831.00	\$33,244.00			
Grow Care Outdoor Solutions				
TOTAL UNIT COST	YEARLY TOTAL			
\$3,253.60	\$38,563.20			

HOWARD C FORMAN			
Grow Care Outdoor Solutions			
TOTAL UNIT COST	YEARLY TOTAL		
\$80.00	\$960.00		
Tower Pest	Control		
TOTAL UNIT COST	YEARLY TOTAL		
\$100.00	\$1,200.00		
Pestmaster of I	Miami South		
TOTAL UNIT COST	YEARLY TOTAL		
\$101.00	\$1,212.00		
Northwest Ext	erminating		
TOTAL UNIT COST	YEARLY TOTAL		
\$131.00	\$1,572.00		
Orange Pest Contro	I & Services, Inc		
TOTAL UNIT COST	YEARLY TOTAL		
\$140.00	\$1,680.00		
Express Pest Solutions, Inc			
TOTAL UNIT COST	YEARLY TOTAL		
\$290.00	\$3,480.00		
South Florida Pest Solutions			
TOTAL UNIT COST	YEARLY TOTAL		
\$0.00	\$0.00		

R&R				
Northwest Exterminating				
TOTAL UNIT COST YEARLY TOTA				
\$25.00	\$100.00			
Grow Care Outd	oor Solutions			
TOTAL UNIT COST	YEARLY TOTAL			
\$50.00	\$200.00			
Tower Pest	Control			
TOTAL UNIT COST	YEARLY TOTAL			
\$100.00	\$400.00			
Express Pest S	olutions, Inc			
TOTAL UNIT COST	YEARLY TOTAL			
\$125.00	\$500.00			
Orange Pest Contro	I & Services, Inc			
TOTAL UNIT COST	YEARLY TOTAL			
\$175.00	\$700.00			
Pestmaster of Miami South				
TOTAL UNIT COST	YEARLY TOTAL			
\$100.00	\$400.00			
South Florida Pest Solutions				
TOTAL UNIT COST	YEARLY TOTAL			
\$0.00 \$0.00				

PINES POINT			
South Florida Pest Solutions			
TOTAL UNIT COST	YEARLY TOTAL		
\$250.00	\$2,488.00		
Northwest Ext	erminating		
TOTAL UNIT COST	YEARLY TOTAL		
\$782.00	\$6,784.00		
Tower Pest	Control		
TOTAL UNIT COST	YEARLY TOTAL		
\$750.00	\$6,800.00		
Orange Pest Contro	I & Services, Inc		
TOTAL UNIT COST	YEARLY TOTAL		
\$642.50	\$7,090.00		
Express Pest S	olutions, Inc		
TOTAL UNIT COST	YEARLY TOTAL		
\$730.50	\$7,566.00		
Pestmaster of Miami South			
TOTAL UNIT COST	YEARLY TOTAL		
\$972.00	\$11,184.00		
Grow Care Outdoor Solutions			
TOTAL UNIT COST	YEARLY TOTAL		
\$1,046.00	\$12,232.00		

HEALTH PARK			
Northwest Exterminating			
TOTAL UNIT COST	YEARLY TOTAL		
\$10.00	\$120.00		
Tower Pest	Control		
TOTAL UNIT COST	YEARLY TOTAL		
\$10.00	\$120.00		
Grow Care Outd	oor Solutions		
TOTAL UNIT COST	YEARLY TOTAL		
\$40.00	\$480.00		
Express Pest S	olutions, Inc		
TOTAL UNIT COST	YEARLY TOTAL		
\$125.00	\$1,500.00		
Orange Pest Contro	l & Services, Inc		
TOTAL UNIT COST	YEARLY TOTAL		
\$0.00	\$0.00		
Pestmaster of I	Miami South		
TOTAL UNIT COST	YEARLY TOTAL		
\$0.00	\$0.00		
South Florida Pest Solutions			
TOTAL UNIT COST	YEARLY TOTAL		
\$0.00	\$0.00		

SOUTHWEST				
Grow Care Outdoor Solutions				
TOTAL UNIT COST	YEARLY TOTAL			
\$112.00	\$1,344.00			
Pestmaster of I	Miami South			
TOTAL UNIT COST	YEARLY TOTAL			
\$121.00	\$1,452.00			
Northwest Ext	erminating			
TOTAL UNIT COST	YEARLY TOTAL			
\$179.50	\$2,154.00			
Tower Pest	Control			
TOTAL UNIT COST	YEARLY TOTAL			
\$185.00	\$2,220.00			
Orange Pest Contro	Orange Pest Control & Services, Inc			
TOTAL UNIT COST	YEARLY TOTAL			
\$185.00	\$2,220.00			
South Florida Po	South Florida Pest Solutions			
TOTAL UNIT COST	YEARLY TOTAL			
\$194.00	\$2,328.00			
Express Pest S	olutions, Inc			
TOTAL UNIT COST	YEARLY TOTAL			
\$310.00	\$3,720.00			

TOTAL BID SUBMISSION FOR ALL LOCATIONS		
Northwest Exterminating	\$29,817.20	
Tower Pest Control	\$30,271.20	
Orange Pest Control & Services, Inc	\$33,556.40	
Express Pest Solutions, Inc	\$38,951.00	
Pestmaster of Miami South	\$47,492.00	
Grow Care Outdoor Solutions	\$53,779.20	
South Florida Pest Solutions	\$10,096.00	

Question	Northwest Exterminating	Tower Pest Control	South Florida Pest Solutions	Orange Pest Control & Services, Inc.
CONFIRMATION TO BIND  I certify that I have read, understood and agree to the terms in this solicitation, and that I	Confirmed	Confirmed	Confirmed	Confirmed
am authorized to submit this response on behalf of my company.  CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED	Committee	commed	Commied	Commined
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"	W	V	V	W.
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.				
Please upload your current certificate(s) of insurance.  Do you believe you are exempt from one or more insurance requirements (e.g., Workers'	No	No	No	No
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	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?				
PRICE PROPOSAL PRICING/BID TABLE(S)	Included	Included	Included	Included
PROJECT DOCUMENTS PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Not 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 corvicted 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 an 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 Did you select option B1 or B2 above?	A) No convictions. No	A) No convictions.	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 83 above?  Please describe any action taken by or pending with the Department of General Services.	No	No	No	No
Prease describe any action taken by or perioning with the Department of deficient services.  EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES  EQUAL BENEFITS CERTIFICATION FORM			B) Contractor Will Comply	No Selection in Form
EQUAL BENEFITS CERTIFICATION FORM  Equal Benefits Status  Did you select option D2 above?	A) Contractor currently complies.     No	A) Contractor currently complies.	A) Contractor Will Comply  A) Contractor currently complies.  No	C) Will not comply.
Please upload a notarized affidavit detailing the reasonable efforts made to provide	140	INO	INO	190
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	No	No	No	No
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				
ALTERNATIVES  ADDITIONAL INFORMATION	Annual Report	Sample Service Report Employee Pest Control Licenses	SunBiz	Capability Statement and Qualifications Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications
ALTERNATIVES  ADDITIONAL INFORMATION  PROFESSIONAL LICENSES	Annual Report		SunBiz  Certified Pest Control Operator License Pest Control Busines License	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet
ALTERNATIVES  ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor	Yes	Employee Pest Control Licenses	Certified Pest Control Operator License Pest Control Busines License No	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Certified Pest Control Operator Pest Control License  Yes
ALTERNATIVES  ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (IPPV) and Local Broward County Vendor Please indicate your Local Vendor Status Local Vendor Preference Certification	Yes Local Broward County Vendor (LBCV) Not Included	Employee Pest Control Licenses  No N/A N/A	Certified Pest Control Operator License Pest Control Busines License No N/A N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement
ALTERNATIVES  ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor Please Indicate your Local Vendor Satus.  Local Vendor Preference Certification  Local Business Tax Receipts  Is your firm a Vectan Owned Small Business (VOSB)?	Yes Local Broward County Vendor (LBCV)	Employee Pest Control Licenses  No N/A	Certified Pest Control Operator License Pest Control Busines License No N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV)
ALTERNATIVES  ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor Please indicate your Local Vendor Satus 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	Yes Local Broward County Vendor (LBCV) Not Included Broward - 09-30-26	Employee Pest Control Licenses  No N/A N/A N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A N/A N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor 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 Certification(s) from any relevant agency(ies)	Yes Local Broward County Vendor (LBCV) Not Included Broward - 09-30-25 No N/A N/A	No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 No N/A N/A N/A
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor Please indicate your Local Vendor Satus. 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 Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)?	Yes Local Broward County Vendor (LBCV) Not Included Broward - 09-30-26 No N/A N/A N/A NO N/A	No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 No N/A N/A N/A Yes Hispanic-American MBE
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor Please indicate your Local Vendor Satus.  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 Certification(s) from any relevant agency(ies)  Is your firm a Minority-Owned Business Enterprise (MBE)?  Please indicate the classification of your Minority-Owned Business Interprise (MBE)?  Please indicate the classification of your Minority-Owned Business Interprise (MBE)  MBE Certification Documentation  Is your firm a Woman-Owned Business Interprise (MBE)?	Yes Local Broward County Vendor (LBCV) Not included Broward - 09-30-26 No N/A N/A N/A NO N/A N/A N/A NO N/A N/A N/A N/A N/A N/A N/A	No N/A N/A N/A N/A N/A N/A N/A N/A N/A M/A M/A M/A M/A M/A M/A M/A M/A M/A M	Certified Pest Control Operator License Pest Control Busines License  No N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 No N/A N/A N/A Yes Hispanic-American MBE MBE Certification Yes
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a local Pembroke Pines Vendor (IPPV) and local Broward County Vendor Please indicate your Local Vendor Status  Local Vendor Preference Certification  Local Business Tax Receipts  Local Vendor Preference Certification  Local Business Tax Receipts  Lyload 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 Certification(s) from any relevant agency(ies)  Is your firm a Minority-Owned Business Enterprise (MBE)  Please indicate the classification of your Minority-Owned Business Enterprise (MBE)  Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Yes Local Broward County Vendor (LBCV) Not Included Broward - 09-30-26 No N/A N/A N/A N/A N/A N/A N/A	No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A N/A N/A NO N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 No N/A N/A Yes Hispanic-American MBE MBE Certification
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a local Pembroke Pines Vendor (IPPV) and local Broward County Vendor Pinese indicates your Local Vendor Satus  Local Vendor Preference Certification  Local Business Tax Receipts  Is your firm a Veteran Owned Small Business (VOSB)?  Upload the "Determination Letter" from the Ulited 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 Certification(s) from any relevant agency(les) Is your firm a Minority-Owned Business Enterprise (MBE)?  Please indicate the classification of your Minority-Owned Business Enterprise (MBE)?  MBE Certification Documentation  Is your firm a Woman-Owned Business Enterprise (WBE)?  WMBE Certification Documentation  Is your firm a HubZone Business / Labor Surplus Area Firm?  HubZone Business / Labor Surplus Area Firm?	Yes Local Broward County Vendor (LBCV) Not Included Broward - 09-30-26 No N/A	No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A N/A N/A N/A NO N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Versupplier Performance Verifications  Yes  Certified Pest Control Operator Pest Control License  Yes  Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 No N/A  N/A  Yes Hispanic-American MBE MBE Certification Yes WBE Certification No N/A  No N/A
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (IPPV) and Local Broward County Vendor Pinese inclinate your Local Vendor Status  Local Vendor Preference Certification  Local Susiness Tax Receipts  Is your firm a Vendor Information Letter from the Ulited States Department of Veteran Affairs  Center notifying the business that they have been approved as a Veteran Owned Small Business (Center notifying the Business Williams)  Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)  Is your firm a Misonity-Owned Business Enterprise (MBE)  Please indicate the classification of your Misonity-Owned Business Enterprise (MBE)  MBE Certification Documentation  Is your firm a Woman-Owned Business Circleprise (WBE)  WMBE Certification Documentation  Is your firm a HubZone Business / Labor Surplus Area Firm?  HubZone Business / Labor Surplus Area Firm Certification Documentation  Is your firm a Hospital Sea Firm Certification Documentation  Is your firm a Broward County small Business Enterprise (BE)?	Yes Local Broward County Vendor (LBCV) Not Included Broward - 09-30-26 No N/A N/A N/A N/A NO	No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A N/A N/A N/A N/A N/A NO African-American MBE Not included No N/A NO N/A NO NO N/A NO NO N/A NO NO N/A NO NO NO N/A NO NO N/A NO NO N/A NO NO N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Vest Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 NO N/A Yes Hispanic-American MBE MBE Certification Yes WBE Certification No N/A Yes SBE Certification No N/A Yes SBE Certification
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (ISPPV) and Local Broward County Vendor Piease indicate your Local Vendor Status Local Vendor Preference Certification  Local Vendor Preference Certification  Local Vendor Preference Certification  Local Vendor Preference Certification  Local Vendor Status  Upload the "Determination Letter" from the Ulited 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 Certification(s) from any relevant agency(ies) is your firm a Mismorty-Owned Business Enterprise (MBE)?  Please indicate the classification of your Mismorty-Owned Business Enterprise (MBE)?  Please indicate the disalification of your Mismorty-Owned Business Enterprise (MBE)?  WMEG Certification Documentation  Is your firm a HubZone Business / Labor Surplus Area Firm?  HubZone Business / Labor Surplus Area Firm Certification Documentation  Is your firm a Broward County Small Business Enterprise (BE)?  SEE Certification Documentation  Is your firm a Broward County Business Enterprise (BE)?  CEE Certification Documentation	Yes  Local Broward County Vendor (LBCV)  Not Included  Broward - 09-30-26  NO  N/A  N/A  N/A  NO	No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A N/A N/A N/A NO N/A N/A N/A NO African-American MBE Not Included No N/A NO	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Vest Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 No N/A Yes Hispanic-American MBE MBE Certification Yes SBE Certification No N/A Yes SBE Certification Yes SBE Certification Yes CBE CRETIFICATION YES CBE CERTIFICATION YES YES CBE CERTIFICATION YES
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor Piease indicate your Local Vendor Status Local Vendor Preference Certification Local Vendor Preference Certification Local Vendor Preference Certification Local Vendor Preference Certification Local Vendor Status Local Vendor Local Vendor Local Vendor Status Local Vendor	Yes  Local Broward County Vendor (LBCV)  Not Included  Broward - 09-30-26  No  N/A  N/A  N/A  NO  N/A	No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A N/A N/A N/A N/A N/A N/A N/A NO African-American MBE Not Included No N/A NO NO N/A NO N/A NO N/A NO N/A NO N/A NO N/A NO NO NO N/A NO NO N/A NO NO N/A NO	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Ves  Certified Pest Control Operator Pest Control License  Ves Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 NO N/A Ves Hispanic-American MBE MBE Certification Ves SWE Certification No N/A Yes SBE Certification Ves SBE Certification Ves SBE Certification Ves SBE Certification No N/A Yes CBE Certification No N/A Yes CBE Certification No N/A Yes CBE Certification No N/A No N/A No N/A No No N/A
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  PROFESSIONAL LICENSES  PROFESSIONAL LICENSES  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor Piesae Indicate your Local Vendor Status Local Vendor Preference Certification Local Vendor Preference Certification Local Vendor Preference Certification Local Vendor Status Local Vendor Preference Certification Local Vendor Status Local Vendor	Yes  Local Broward County Vendor (LBCV)  Not included  Broward - 09-30-26  No  N/A  N/A  N/A  NO	No N/A	Certified Pest Control Operator License Pest Control Busines License  No No N/A N/A N/A N/A N/A N/A N/A N/A N/A NO African-American MBE Not included No N/A NO NO NO N/A NO NO N/A NO NO N/A NO NO NO N/A NO NO NO N/A NO NO NO NO NO NO NO N/A NO	Certificate of Best Management Practices Material Safely Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Ves Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - Op-30-26 No N/A N/A Yes Hispanic-American MBE MBE Certification Yes WBE Certification Yes SBE Certification Yes CBE Certification Yes CBE Certification No No N/A Yes CBE Certification Yes CBE Certification No
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor Please Indicate your Local Vendor Status Local Vendor Preference Certification Local Vendor Preference Certification Local Vendor Preference Certification Local Vendor Status Is your firm a Veteran Owned Small Business ViOSB)? Upload the "Determination Letter" from the Uinted States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business Vastes Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business States Department of Veteran Affairs Lyour firm a Small Business Certification(s) from any relevant agency(les) Is your firm a Womann-Owned Business Enterprise (MBE)?  MBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm (effication Documentation Is your firm a Broward County Business Enterprise (BE)?  SEC Certification Documentation Is your firm a Broward County Business Enterprise (BE)?  CBC Certification Documentation Is your firm a Broward County Business Enterprise (BE)?  CBC Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DE)?  DBC Certification Documentation Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation Are you currently registered as an active entity on SAM.gov (System for Award Management)?	Yes  Local Broward County Vendor (LBCV)  Not Included  Broward - 09-30-26  No  N/A  N/A  N/A  NO	No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A N/A N/A N/A N/A N/A N/A N/A N/A NO African-American MBE Not Included No N/A No No No No No N/A No	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Ves  Certified Pest Control Operator Pest Control License  Ves  Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 NO N/A  N/A  Yes  Hispanic-American MBE MBE Certification Ves SWE Certification No N/A Yes SBE Certification Yes SBE Certification No N/A Yes CBE Certification No N/A Yes CBE Certification No N/A No N/A No N/A No N/A Yes
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (1874) and Local Broward County Vendor Please Indicate your Local Vendor Status  Local Vendor Preference Certification  By your firm a Vendor (1874) and Local Broward County Vendor Please Indicate your Local Vendor Status  Local Vendor Preference Certification  Local Vendor Preference Certification County (1882)  Upload the "Determination Letter" from the Ulited States Department of Veteran Affairs  Center notifying the business that they have been approved as a Veteran Owned Small Business (1881)  Lyour firm a Woman Owned Small Business Enterprise (MBE)  MBE Certification Documentation  Ls your firm a Woman Owned Business Interprise (MBE)  WMBE Certification Documentation  Ls your firm a Hub2one Business / Labor Surplus Area Firm?  Hub2one Business / Labor Surplus Area Firm Certification Documentation  Ls your firm a Broward County Business Enterprise (BBE)?  SBE Certification Documentation  Ls your firm a Broward County Business Enterprise (BBE)?  GBE Certification Documentation  Ls your firm a Broward County Business Enterprise (BBE)?  GBE Certification Documentation  Ls your firm a Broward County Disadvantaged Business Enterprise (BBE)?  DBE Certification Documentation  Local Vendor Classification for Certification Documentation  Are you currently registered as an active entity on SAMago (System for Award Managements):  What is the explantation (MM/DD/YYYY)  What is the explantation (PM/DD/YYYY)	Yes  Local Broward County Vendor (LBCV)  Not Included  Broward - 09-30-25  NO  N/A  N/A  N/A  NO  N/A	No No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Ves  Certified Pest Control Operator Pest Control License  Ves Local Broward County Vendor (LBCV) Meter Requirement Broward - 09-30-26 No  N/A  N/A  Ves Hispanic-American MBE MBE Certification Ves WBE Certification Ves SBE Certification Ves SBE Certification Ves CBE Certification Ves CBE Certification Ves CBE Certification No
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (1874) and Local Broward County Vendor Please indicate your Local Vendor Status  Local Vendor Preference Certification  Local Business Tax Receipts  Is your firm a Veteran Owned Small Business (1908)?  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 (1908)?  Upload Veteran Owned Small Business Certification(s) from any relevant agencylies)  Is your firm a Minority-Owned Business Interprise (MBE)  MBE Certification Decumentation  Is your firm a Woman-Owned Business Interprise (MBE)  MBE Certification Decumentation  Is your firm a HubZone Business / Labor Surplus Area Firm?  HubZone Business / Labor Surplus Area Firm (efficient)  Is your firm a Broward County Small Business Interprise (BBE)  SBE Certification Decumentation  Is your firm a Broward County Business Interprise (BBE)  GBE Certification Decumentation  Is your firm a Broward County Business Interprise (BBE)  GBE Certification Decumentation  Is your firm a Broward County Business Interprise (BBE)  GBE Certification Decumentation  Is your firm a Broward County Disadvantaged Business Enterprise (BBE)  DBE Certification Decumentation  Are you currently registered as an active entity on SAMagov (System for Award Management):  If yes, please provide your Unique Entity (UEI)  What is the expiration date of your currents AMgov registration (MM/DD/YYYY)  Proof of Registration Upload  Debarment Status - Is your entity currently debards, usepended, or otherwise excluded	Yes  Local Broward County Vendor (LBCV)  Not Included  Broward - 09-30-26  NO  N/A  N/A  N/A  NO	No No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A	Certificate of Best Management Practices Material Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Ves Certified Pest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 No N/A N/A Yes Hispanic-American MBE MBE Certification Yes SEE Certification No No N/A Yes SEE Certification Ves SEE Certification Ves CEE Certification No
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (1874) and Local Broward County Vendor Please indicate your Local Vendor Status  Local Vendor Preference Certification  Designation of the Business Tax Receipts  Is your firm a Veteran Owned Small Business (1981)?  Upload the "Determination Letter" from the Uinted States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (1981)?  Upload Veteran Owned Small Business Tax Receipts  Leyour firm a Minority-Owned Business Enterprise (MBE)  Please indicate the classification of your Minority-Owned Business Enterprise (MBE)?  Please indicate the classification of your Minority-Owned Business Enterprise (MBE)?  Please indicate the Classification of your Minority-Owned Business Enterprise (MBE)?  MBE Certification Documentation  Is your firm a Woman-Owned Business Sinterprise (MBE)?  WMBE Certification Documentation  Is your firm a Broward County Business Enterprise (BBE)?  SBE Certification Documentation  Is your firm a Broward County Business Enterprise (BBE)?  GBE Certification Documentation  Is your firm a Broward County Business Enterprise (BBE)?  GBE Certification Documentation  Jose your firm have a Vendor Classification that was not listed above?  Other Vendor Classification Fouriementation  Are you currently registered as an active entity on SAMago (System for Award Management)?  If yes, please provide a your Unique Entity (UEI)  What is the expiration date of your current SAMago vergistration; (MM/DD/YYYY)  Proof of Registration Upload  Debarment Status - Is your entity currently debarder, suspended, or otherwise excluded from receiving federal contracts or financial assistance?  If yes, please provide a veraphantion.	Yes  Local Broward County Vendor (LBCV)  Not Included  Broward - 09-30-26  NO  N/A  N/A  N/A  NO	No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A N/A N/A N/A N/A N/A N/A N/A NO African-American MBE Not Included No N/A NO NO N/A NO N/A NO NO NO N/A NO NO NO N/A NO	Certificate of Best Management Practices Marieral Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Ves Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-36 No N/A Yes HispanicAmerican MBE MBE Certification Ves SBE Certification Ves SBE Certification Ves SBE Certification Ves CBE Certification No N/A Yes CBE Certification No N/A Yes CBE Certification No N/A Yes CBE Certification No N/A No N/A No N/A No N/A No No N/A Pes DP3PJ3DKNR1 April 21, 2026 No No N/A No N/A No N/A No N/A No No N/A
ADDITIONAL INFORMATION  PROFESSIONAL LICENSES  VENDOR CLASSIFICATION  Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor Please Indicate your Local Vendor Satus. Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Vertean 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 Cortification (of from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)?  Please indicate the classification of your Minority-Owned Business Interprise (MBE)?  MBE Certification Documentation Is your firm a Broward County Small Business Enterprise (MBE)?  WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)?  SBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)?  CBE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)?  CBE Certification Documentation Does your firm a Broward County Small Business Enterprise (CBE)?  CBE Certification Documentation Does your firm a Broward County Small Business Enterprise (CBE)?  OBE Certification Documentation Are you currently registered as an active entity on SAM gov (System for Award Management)?  If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM gov registration? (MM/DD/YYYY) Provol of Registration Upload Debarment Status Is your entity currently debarred, suspended, or other verse excluded from executing federal contracts or flanaccial assistanced, or otherwise excluded from executing federal contracts or flanaccial assistanced, or otherwise excluded from executing federal contracts or flanaccial assistanced.	Yes  Local Broward County Vendor (LBCV)  Not included  Broward - 09-30-26  NO  N/A  N/A  N/A  N/A  NO	No No N/A	Certified Pest Control Operator License Pest Control Busines License  No N/A N/A N/A N/A N/A N/A N/A N/A N/A NO African-American MBE Not included No N/A N/A NO N/A N/A NO N/A N/A NO N/A	Certificate of Best Management Practices Marieria Safety Data Sheet Performance Report Safetey Data Sheet Supplier Performance Verifications  Vest Control Operator Pest Control License  Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-26 No N/A N/A Yes Hispanic-American MBE MBE Certification Yes WBE Certification Yes SBE Certification Yes CBE Certification Yes CBE Certification No N/A Yes CBE Certification No N/A N/A Yes CBE Certification No N/A

Question CONFIRMATION TO BIND	Express Pest Solutions, Inc.	PESTMASTER OF MIAMI SOUTH	Grow Care Outdoor Solutions
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED  COVERAGE			
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Glass Vi" as to financial strength by A.M. Best, and that you understand all endorsements required	Yes	Yes	Yes
(e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?  Do you currently carry insurance policies that meet or exceed the minimum requirements	Yes	Yes	Yes
outlined in the INSURANCE REQUIREMENTS section of this solicitation?  Please upload your current certificate(s) of insurance that demonstrate compliance with	Included	Included	Included
the insurance requirements outlined in this solicitation.  Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.			
Please upload your current certificate(s) of insurance.  Do you believe you are exempt from one or more insurance requirements (e.g., Workers'			
Compensation)?  Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.	No .	No	No
Do you plan on using subcontractors for this project?  Do you acknowledge that all subcontractors must also carry the same insurance or be	No	Yes	No
covered under your policy, and that proof of such coverage must be provided to the City? PRICE PROPOSAL		Yes	
PRICING/BID TABLE(S) PROJECT DOCUMENTS	Included	Included	Included
PROPOSERS BACKGROUND INFORMATION FORM SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER	Included	Included	Included
287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	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.	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 Did you select option B1 or B2 above? Please upload a copy of the final order issued by the hearing officer of the State of Florida,	A) No convictions. No	A) No convictions. No	A) No convictions. No
Division of Administrative Hearings. Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES			
EQUAL BENEFITS CERTIFICATION FORM Equal Benefits Status	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 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 STANDARD DOCUMENTS	Complies fully.	Complies fully.	Complies fully.
NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION	Included Included	Included Included	Included Included
E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT	Included Included	Included Included	Included Included
VENDOR REGISTRATION  Do you currently have a City of Pembroke Pines Vendor Number registered in the			
PaymentWorks System?  What is your Vendor Number?	Yes 2443	No	No
VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included Included	Included Included	Included Included
OPTIONAL DOCUMENTATION TRADE SECRETS	included	included	included
FINANCIAL STATEMENTS ALTERNATIVES			
ADDITIONAL INFORMATION		Termite Subcontractor Documentation	SunBiz Company Presentation DBE Certification
PROFESSIONAL LICENSES  VENDOR CLASSIFICATION	Certified Pest Control Operator Pest Control License	Pest Control Business License	Certificate of Best Management Practices OSHA Construction Safety and Health OSHA General industry Safety and Health Tier 1 lilicti Discharge Detection ISA Certified Arborsts Certificate of Nursery Registration FROLA Certified Landscape Contractor FOOT Temporary Traffic Control Tree Timming License Certified Pest Control Operator Preventive Termite Treatment
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor Please indicate your Local Vendor Status	Yes Local Broward County Vendor (LBCV)	No N/A	No N/A
riesse mutate your toda venior status Local Vendor Preference Certification Local Business Tax Receipts	Meet Requirement Broward - 09-30-25	N/A N/A N/A	N/A N/A N/A
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	No N/A	No No	No N/A
Business (VOSB)  Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?  Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	No N/A	No Hispanic-American MBE	No N/A
MBE Certification Documentation  MBE Certification Documentation  Is your firm a Woman-Owned Business Enterprise (WBE)?	N/A No	Not Included  No	N/A No
is your inim a womani-owneu ousiness Enterprise (woe);  WMBE Certification Documentation  Is your firm a HubZone Business / Labor Surplus Area Firm?	N/A No	N/A No	N/A No
HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)?	N/A Yes	N/A N/O	N/A N/O
SBE Cerification Documentation	SBE Certification	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?  CBE Certification Documentation  Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	Yes CBE Certification No	No N/A No	No N/A No
DBE Certification Documentation	N/A N/A	NO N/A No	NO N/A No
Does your firm have a Vendor Classification that was not listed above?  Other Vendor Classification Certification Documentation  Are you currently expirated as a partite partity on SAM gray (System for Award	No N/A	No N/A	No N/A
Are you currently registered as an active entity on SAM.gov (System for Award Management)?	No No	Yes	No No
If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A N/A	MQ21SJZLDK11 08/29/2026	N/A N/A
Proof of Registration Upload  Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?	No N/A	No N/A	No N/A
If yes, please provide an explanation.	N/A N/A	N/A N/A	N/A N/A
If yes, please upload any relevant documentation, if applicable.  I certify that the information provided above is true and correct to the best of my	'	· ·	