

PINES PLACE	
South Florida Pest Solutions	
TOTAL UNIT COST	YEARLY TOTAL
\$250.00	\$5,280.00
Northwest Exterminating	
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 Control & Services, Inc	
TOTAL UNIT COST	YEARLY TOTAL
\$1,972.20	\$21,866.40
Express Pest Solutions, 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

R&R	
Northwest Exterminating	
TOTAL UNIT COST	YEARLY TOTAL
\$25.00	\$100.00
Grow Care Outdoor Solutions	
TOTAL UNIT COST	YEARLY TOTAL
\$50.00	\$200.00
Tower Pest Control	
TOTAL UNIT COST	YEARLY TOTAL
\$100.00	\$400.00
Express Pest Solutions, Inc	
TOTAL UNIT COST	YEARLY TOTAL
\$125.00	\$500.00
Orange Pest Control & 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

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 Outdoor Solutions	
TOTAL UNIT COST	YEARLY TOTAL
\$40.00	\$480.00
Express Pest Solutions, Inc	
TOTAL UNIT COST	YEARLY TOTAL
\$125.00	\$1,500.00
Orange Pest Control & Services, Inc	
TOTAL UNIT COST	YEARLY TOTAL
\$0.00	\$0.00
Pestmaster of Miami South	
TOTAL UNIT COST	YEARLY TOTAL
\$0.00	\$0.00
South Florida Pest Solutions	
TOTAL UNIT COST	YEARLY TOTAL
\$0.00	\$0.00

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

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 Miami South	
TOTAL UNIT COST	YEARLY TOTAL
\$101.00	\$1,212.00
Northwest Exterminating	
TOTAL UNIT COST	YEARLY TOTAL
\$131.00	\$1,572.00
Orange Pest Control & 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

PINES POINT	
South Florida Pest Solutions	
TOTAL UNIT COST	YEARLY TOTAL
\$250.00	\$2,488.00
Northwest Exterminating	
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 Control & Services, Inc	
TOTAL UNIT COST	YEARLY TOTAL
\$642.50	\$7,090.00
Express Pest Solutions, 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

SOUTHWEST	
Grow Care Outdoor Solutions	
TOTAL UNIT COST	YEARLY TOTAL
\$112.00	\$1,344.00
Pestmaster of Miami South	
TOTAL UNIT COST	YEARLY TOTAL
\$121.00	\$1,452.00
Northwest Exterminating	
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 Control & Services, Inc	
TOTAL UNIT COST	YEARLY TOTAL
\$185.00	\$2,220.00
South Florida Pest Solutions	
TOTAL UNIT COST	YEARLY TOTAL
\$194.00	\$2,328.00
Express Pest Solutions, Inc	
TOTAL UNIT COST	YEARLY TOTAL
\$310.00	\$3,720.00

Question	Northwest Exterminating	Tower Pest Control	South Florida Pest Solutions	Orange Pest Control & Services, Inc.
<b>CONFIRMATION TO BIND</b>				
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
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>				
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.				
Please upload your current certificate(s) of insurance.				
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	No	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?				
<b>PRICE PROPOSAL</b>				
<b>PRICING/BID TABLE(S)</b>	Included	Included	Included	Included
<b>PROJECT DOCUMENTS</b>				
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included	Included	Not included	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)</b>				
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
<b>Public Entity Crimes Status</b>	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
<b>EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES</b>				
<b>EQUAL BENEFITS CERTIFICATION FORM</b>				
<b>Equal Benefits Status</b>	A) Contractor currently complies.	A) Contractor currently complies.	B) Contractor Will Comply A) Contractor currently complies.	No Selection in Form C) Will not comply.
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.				
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>				
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>				
<b>Drug-Free Status</b>	Complies fully.	Complies fully.	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>				
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	Included	Included	Included	Included
<b>VENDOR REGISTRATION</b>				
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?				
<b>VENDOR INFORMATION FORM</b>	Included	Included	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included	Included	Included
<b>OPTIONAL DOCUMENTATION</b>				
<b>TRADE SECRETS</b>				
<b>FINANCIAL STATEMENTS</b>				
<b>ALTERNATIVES</b>				
<b>ADDITIONAL INFORMATION</b>	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 Safety Data Sheet Supplier Performance Verifications
<b>PROFESSIONAL LICENSES</b>			Certified Pest Control Operator License Pest Control Business License	Certified Pest Control Operator Pest Control License
<b>VENDOR CLASSIFICATION</b>				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor	Yes	No	No	Yes
Please indicate your Local Vendor Status	Local Broward County Vendor (LBCV)	N/A	N/A	Local Broward County Vendor (LBCV)
Local Vendor Preference Certification	Not Included	N/A	N/A	Meet Requirement
Local Business Tax Receipts	Broward - 09-30-26	N/A	N/A	Broward - 09-30-26
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	Yes	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	Hispanic-American MBE	African-American MBE	Hispanic-American MBE
MBE Certification Documentation	N/A	MBE Certification	Not Included	MBE Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	Yes	No	Yes
WMBE Certification Documentation	N/A	WBE Certification	N/A	WBE Certification
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	Yes	No	Yes
SBE Certification Documentation	N/A	SBE Certification	N/A	SBE Certification
Is your firm a Broward County Business Enterprise (CBE)?	No	Yes	No	Yes
CBE Certification Documentation	N/A	CBE Certification	N/A	CBE Certification
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	Yes	No	No
DBE Certification Documentation	N/A	DBE Certification	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
Are you currently registered as an active entity on SAM.gov (System for Award Management)?	No	Yes	No	Yes
If yes, please provide your Unique Entity ID (UEI)	N/A	WHYACLN9XWKB	N/A	D9A9L23DKNR1
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	03/28/2026	N/A	April 21, 2026
<b>Proof of Registration Upload</b>				
<b>Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?</b>	No	No	No	No
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A
I certify that the information provided above is true and correct to the best of my knowledge. I understand that false or misleading statements may disqualify this bid and subject the entity to federal penalties.	Confirmed	Confirmed	Confirmed	Confirmed

Question	Express Pest Solutions, Inc.	PESTMASER OF MIAMI SOUTH	Grow Care Outdoor Solutions
<b>CONFIRMATION TO BIND</b>			
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
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>			
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the <b>INSURANCE REQUIREMENTS</b> 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 "Class VII" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the <b>INSURANCE REQUIREMENTS</b> section of this solicitation?	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.			
Please upload your current certificate(s) of insurance.			
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.			
Do you plan on using subcontractors for this project?	No	Yes	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		Yes	
<b>PRICE PROPOSAL</b>			
<b>PRICING/BID TABLE(S)</b>	Included	Included	Included
<b>PROJECT DOCUMENTS</b>			
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included	Included	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)</b>			
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	<b>A)</b> Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	<b>A)</b> Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.	<b>A)</b> Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
<b>Public Entity Crimes Status</b>	<b>A) No convictions.</b>	<b>A) No convictions.</b>	<b>A) No convictions.</b>
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services, EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES			
<b>EQUAL BENEFITS CERTIFICATION FORM</b>			
<b>Equal Benefits Status</b>	<b>A) Contractor currently complies.</b>	<b>A) Contractor currently complies.</b>	<b>A) Contractor currently complies.</b>
Did you select option D2 above?	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.			
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>			
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>			
<b>Drug-Free Status</b>	Complies fully.	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>			
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	Included	Included	Included
<b>VENDOR REGISTRATION</b>			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	Yes	No	No
What is your Vendor Number?	2443		
<b>VENDOR INFORMATION FORM</b>	Included	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included	Included
<b>OPTIONAL DOCUMENTATION</b>			
<b>TRADE SECRETS</b>			
<b>FINANCIAL STATEMENTS</b>			
<b>ALTERNATIVES</b>			
<b>ADDITIONAL INFORMATION</b>		Termite Subcontractor Documentation	SunBiz Company Presentation DBE Certification
<b>PROFESSIONAL LICENSES</b>	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 Illicit Discharge Detection ISA Certified Arborist Certificate of Nursery Registration FNGLA Certified Landscape Contractor FDOT Temporary Traffic Control Tree Trimming License Certified Pest Control Operator Preventive Termite Treatment
<b>VENDOR CLASSIFICATION</b>			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor	Yes	No	No
Please indicate your Local Vendor Status	Local Broward County Vendor (LBCV)	N/A	N/A
Local Vendor Preference Certification	Meet Requirement	N/A	N/A
Local Business Tax Receipts	Broward - 09-30-25	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
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)?	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	Hispanic-American MBE	N/A
MBE Certification Documentation	N/A	Not Included	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	Yes	No	No
SBE Certification Documentation	SBE Certification	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	Yes	No	No
CBE Certification Documentation	CBE Certification	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A
Are you currently registered as an active entity on SAM.gov (System for Award Management)?	No	Yes	No
If yes, please provide your Unique Entity ID (UEI)	N/A	MQ215JZLXK11	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	08/29/2026	N/A
<b>Proof of Registration Upload</b>			
Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?	No	No	No
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A
I certify that the information provided above is true and correct to the best of my knowledge. I understand that false or misleading statements may disqualify this bid and subject the entity to federal penalties.	Confirmed	Confirmed	Confirmed