



**EVALUATION TABULATION**  
IFB No. RE-25-08  
Pavilion Replacement Project at Various Parks  
RESPONSE DEADLINE: February 10, 2026 at 2:00 pm

**SELECTED VENDOR TOTALS**

Vendor	Total
Advanced Recreational Concepts	\$532,302.00
Lanier Plans Inc. dba KorKat	\$648,582.00
Bejar Construction@msn.com	\$713,593.00
MTI Construction Group	\$715,794.00
The Watauga Company	\$832,223.00

Line Item	Description	Qty	UM	Advanced Recreational Concepts	Lanier Plans Inc. dba KorKat	Bejar Construction @msn.com	MTI Construction Group	The Watauga Company
1-1	Pines Recreation Center Pavilion	1	Lump Sum	\$197,870.00	\$171,145.00	\$214,772.00	\$203,758.00	\$239,923.00
1-2	Walnut Creek Pavilion #1	1	Lump Sum	\$74,267.50	\$104,528.00	\$118,144.00	\$100,676.00	\$109,060.00
1-3	Walnut Creek Pavilion #2	1	Lump Sum	\$73,022.50	\$65,536.00	\$99,772.00	\$119,022.00	\$142,860.00
1-4	Flamingo Park Pavilion	1	Lump Sum	\$187,142.00	\$307,373.00	\$280,905.00	\$292,338.00	\$340,380.00
	Total			\$532,302.00	\$648,582.00	\$713,593.00	\$715,794.00	\$832,223.00
2-1	Payment & Performance Bonds			3.00%	5.00%	2.50%	3.00%	1.50%
	<b>Grand Total</b>			<b>\$548,271.06</b>	<b>\$681,011.10</b>	<b>\$731,432.83</b>	<b>\$737,267.82</b>	<b>\$844,706.35</b>

Question	Advanced Recreational	Lanier Plans Inc. dba KorKat	Bejar Construction@msn.com	MTI Construction Group	The Watauga Company
<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	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	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	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	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	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	Yes	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				Included	
Do you plan on using subcontractors for this project?	No	Yes	Yes	Yes	Yes
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	Yes	Yes	Yes
<b>PROJECT DOCUMENTS</b>					
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)					
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	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?	No	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>					
Equal Benefits Status	A) Contractor currently	A) Contractor currently	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	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>					
Drug-Free Status	Included Complies fully.	Included Complies fully.	Included Complies fully.	Included Complies fully.	Included Complies fully.
<b>STANDARD DOCUMENTS</b>					
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	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	No
What is your Vendor Number?					
VENDOR INFORMATION FORM	Included	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included	Included
<b>OPTIONAL DOCUMENTATION</b>					
TRADE SECRETS					
FINANCIAL STATEMENTS					
ALTERNATIVES					
<b>ADDITIONAL INFORMATION</b>					
PROFESSIONAL LICENSES	Building Contractor License	General Contractor License	General Contractor License	General Contractor License	General Contractor License Building Contractor License
<b>VENDOR CLASSIFICATION</b>					
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	Yes	No	No
Please indicate your Local Vendor Status	N/A	N/A	Local Pembroke Pines Vendor (LPPV)	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	Included	N/A	N/A
Local Business Tax Receipts	N/A	N/A	LBTR - Pembroke Pines - 09-30-26	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	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	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A	N/A	N/A
MBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No	No
SBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	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	N/A