



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/02/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IGT Insurance Professionals 1946 Tyler Street Hollywood FL 33020		CONTACT NAME: Seth Lowenstein PHONE (A/C, No, Ext): (754) 260-5384 E-MAIL ADDRESS: Seth@igtinsuranceprofessionals.com FAX (A/C, No): (305) 503-7453	
INSURED HRT Construction Group LLC 11820 Miramar Parkway Unit 202 Miramar FL 33025		INSURER(S) AFFORDING COVERAGE INSURER A: ACCELERANT SPECIALTY INSURANCE COMPAN INSURER B: EVANSTON INS CO INSURER C: PROGRESSIVE EXPRESS INS INSURER D: INSURER E: INSURER F:	
		NAIC # 35378	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	Y	S0031GL100423	11/10/2025	11/10/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
C	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY	Y		988701128	10/28/2025	10/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$ 50,000						
	BODILY INJURY (Per accident) \$ 100,000						
	PROPERTY DAMAGE (Per accident) \$ 25,000						
							\$
B	☐ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☐ RETENTION \$	Y	Y	EZXS3136983	11/10/2025	11/10/2026	EACH OCCURRENCE \$ 5,000,000
	CLAIMS-MADE						AGGREGATE \$ 5,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED IS LISTED BELOW

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Seth Lowenstein

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/10/2025

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PRODUCER SUNZ Insurance Solutions, LLC. ID: (Cornerstone) c/o Cornerstone Capital Group, Inc. 1 S. Main Street Medford, NJ 08055	CONTACT NAME: Jessi Crumb PHONE (A/C, No, Ext): 870-376-2871 FAX (A/C, No): E-MAIL ADDRESS: coi.requests@cornerstonepeo.com														
INSURED HRT Construction Group LLC 11820 Miramar Parkway Unit 202 Miramar	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: SUNZ Insurance Company</td><td>34762</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: SUNZ Insurance Company	34762	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** 83526251**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N ☐ N / A			WC095-00001-025 WC044-00001-024	1/1/2025 1/1/2024	1/1/2026 1/1/2025	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage provided for all leased employees but not subcontractors of: HRT Construction Group LLC
Client Effective: 5/7/2024

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rick Leonard

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ACORD 25 (2016/03)

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Proposer's Background Information Form

#	Question	Response	Comment	Status
Contact Information				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	HRT Construction Group, LLC 11820 Miramar Parkway Unit 202 Miramar, FL 33025 786.325.1884 or (305)951-5911 info@hrtconstructiongroup.com		Complete
1.1.2	Authorized Approver: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Authorized Approver for this project.	William Hall/ Project Manager Franca Torres/ Project Control Manager 786.325.1884 or (305)951-5911 info@hrtconstructiongroup.com CC: whall@HRTCG.com		Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	2019		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2019		Complete
1.2.3	What State is your Company Registered In?	Florida		Complete
Former Business				
1.3.1	Under what former name has your business operated? Include a description of the business.	N/A		Complete
1.3.2	At what address was that business located?	N/A		Complete
Past Failure				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
Inspected				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes		Complete
Subcontracting				
1.6.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	Yes	Eletircal , Plumbing & HVAC	Complete
Bankruptcy Petitions				
1.7.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	N/A		Complete
Bond Claims				
1.8.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	N/A		Complete

Claims, Arbitrations, Administrative Hearings and Lawsuits				
1.9.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.	N/A		Complete
Criminal Proceedings or Hearings				
1.10.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	N/A		Complete
Company Classification				
1.11.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides "Original Provider" please explain.	Other	Contractor	Complete
Debarment/Suspension				
1.12.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No		Complete
Similar Experience & Contracts				
1.13.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.	HRT Construction Group is a collective of talented in the construction industry that is eager to take on the construction industry with innovation and energy. We are a group of second-generation immigrants that are proud of our diverse South Florida roots. We offer a new perspective to construction management and development using technology and professionalism to provide untarnished service and results. Though we could work in many places, we choose to work and expand in South Florida.		Complete
Professional License Information				
1.14.1	Are professional licenses required to perform the services requested in this solicitation? If so, please list any applicable professional licenses that your company has that are required to provide these services.	Applicable	GC state licenses	Complete
Conflict of Interest				
1.15.1	Do you need to disclose any conflicts of interest? The award of any contract hereunder is subject to the provisions of Chapter 112, Florida Statutes. Proposers must disclose with their Proposal the name of any officer, director, partner, proprietor, associate or agent who is also an officer or employee of CITY or any of its agencies. Further, all Proposers must disclose the name of any officer or employee of CITY who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer's firm or any of its branches or affiliate companies.	No		Complete
19 Questions			100.00% Complete	



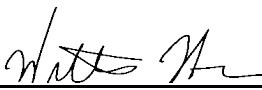
**SWORN STATEMENT
ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

1. This sworn statement is submitted HRT Construction Group, LLC
(name of entity submitting sworn statement) whose business address is
11820 Miramar Parkway Unit 202 Miramar, FL 33025
and (if applicable) its Federal Employer Identification Number (FEIN) is
833320852. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: _____.)
2. My name is William Hall jr and my
(Please print name of individual signing)
relationship to the entity named above is Project Manager.
3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a



joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**
- ☒ 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) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which additional statement applies.)**
- ☐ B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**
- ☐ B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**
- ☐ B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**


Bidder's Name/Signature

HRT Construction Group, LLC
Company

11/15/2025
Date



EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

“During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City’s Code of Ordinances, and its employees with Domestic Partners and all Married Couples”.

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

SECTION 1 DEFINITIONS

- 1. Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
- 2. Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
- 3. Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
- 4. Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

- ☒ **A.** Contractor currently complies with the requirements of this section; or
- ☐ **B.** Contractor will comply with the conditions of this section at the time of contract award; or
- ☐ **C.** Contractor will not comply with the conditions of this section at the time of contract award: or
- ☐ **D.** Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
- ☐ **1.** The Contractor does not provide benefits to employees' spouses in traditional marriages;
- ☐ **2.** The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;

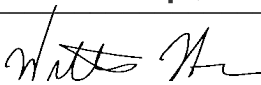


☐ 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;

☐ 4. The Contractor is a governmental agency;

The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.

COMPANY NAME: HRT Construction Group, LLC

AUTHORIZED OFFICER NAME / SIGNATURE:  Project Manager



VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

IDENTICAL TIE BIDS - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after each conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

SECTION 2 AFFIRMATION

☒ Place a check mark here only if affirming bidder **complies fully** with the above requirements for a Drug-Free Workplace.

☐ Place a check mark here only if affirming bidder **does not** meet the requirements for a Drug-Free Workplace.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.

Authorized Signature

William Hsll jr

Authorized Signer Name

HRT Construction Group, LLC

Company Name



NON-COLLUSIVE AFFIDAVIT

BIDDER is the

Officer

(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

William Hall

Printed Name/Signature

A handwritten signature in black ink, appearing to read "William Hall", written over a horizontal line.

Title **Project Manager**

Name of Company **HRT Construction Group, LLC**



**SCRUTINIZED COMPANY CERTIFICATION
PURSUANT TO FLORIDA STATUTE § 287.135.**

I, William Hall/ PM, on behalf of HRT Construction Group, LLC,
Print Name and Title Company Name
certify that HRT Construction Group, LLC:
Company Name

1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

HRT Construction Group, LLC
Company Name

William Hall PM
Print Name / Signature Title

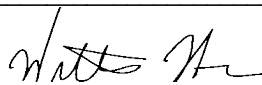


E-VERIFY SYSTEM CERTIFICATION STATEMENT (UNDER SECTION 448.095, FLORIDA STATUTES)

1. Definitions:
 - a. **“Contractor”** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.
 - b. **“Subcontractor”** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
 - c. **“E-Verify system”** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.
2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:
 - a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
 - b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
 - c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.
3. Contract Termination
 - a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
 - b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
 - c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
 - d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
 - e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

HRT Construction Group, LLC

COMPANY NAME: _____

PRINTED NAME / AUTHORIZED SIGNATURE: William Hall 



AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS

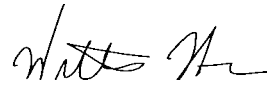
In accordance with section 787.06 (13), Florida Statutes, the undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury that:

1. The Affiant is an officer or representative of the Entity entering into an agreement with the City of Pembroke Pines.
2. The Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled "Human Trafficking".
3. The Affiant is authorized to execute this Affidavit on behalf of the Entity.
4. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.
5. Pursuant to Sec. 92.525(2), Fla. Stat., under penalties of perjury, I declare that I have read the foregoing affidavit of compliance with Human Trafficking Laws and that the facts stated in it are true.

FURTHER AFFIANT SAYETH NAUGHT.

DATE: 11/17/2025

ENTITY: HRT Construction Group, LLC

SIGNATURE: 

NAME: William Hall

TITLE: PM

**VENDOR INFORMATION FORM**

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	HRT Construction Group, LLC		
Doing Business As (DBA)			
Primary Business Address	11820 Miramar Parkway Unit 202		
	City:	Miramar	
	State:	FL	Zip: 33025
	Country:	USA	
Remit To Address	11820 Miramar Parkway Unit 202		
	City:	Miramar	
	State:	FL	Zip: 33025
	Country:		
Order From Address			
	City:		
	State:		Zip:
	Country:		
Foreign Entity (Yes/No)	NO		
Telephone Number	786.325.1884 or (305)951-5911		
Primary Company E-mail	info@hrtconstructiongroup.com CC: whall@HRTCG.com		
Fax			
Website	www.HRTCG.com		
DUNS	117213377		
Independent Contractor (Yes/No)	no		
Identification Number	SSN:		FID: 833320852

GENERAL PAYMENT TERMS		
Discount Percent Defines the discount percentage the vendor extends to your organization.	Days to Discount Number of days which payment must be received to claim the discount percent.	Days to Net Number of days that the vendor allows before requiring net payment.
3%	5 days	15 days

CONTACT # 1	
Contact Name (First & Last Name)	William Hall and/or Francia Torres
Description/Title/Position	PM
Phone (Voice)	786.325.1884 or (305)951-5911
Phone (Text)	786.325.1884 or (305)951-5911 Opt In (Y/N):
Fax	
E-mail	info@hrtconstructiongroup.com CC: whall@HRTCG.com

STATE REGISTRATION	
Is your company registered with the State of Florida? (Y/N)	Y
If not, what state is your company registered in?	

Please attach the print out from <https://dos.myflorida.com/sunbiz/> or the appropriate state showing your active registration and any applicable fictitious names that are registered.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. William Hall Jr	
	2 Business name/disregarded entity name, if different from above HRT Construction Group	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions. 11820 Miramar Parkway Suite 202	Requester's name and address (optional)
	6 City, state, and ZIP code Miramar, FL 33025	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-			-			
or									
Employer identification number									
8	3	-	3	3	2	0	8	5	2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 07/23/2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

HALL, WILLIAM JR

HRT CONSTRUCTION GROUP, LLC
8325 NE 2ND AVE
SUITE 326
MIAMI FL 33138

LICENSE NUMBER: CGC1527561

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at [MyFloridaLicense.com](https://myfloridalicense.com)

ISSUED: 08/13/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



**CERTIFICATION REGARDING LOBBYING;
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS
FOR EXPENDITURE OF FEDERAL FUNDS**

LOBBYING

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions; and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.



Signature of Contractor's Authorized Official

HRT Construction Group, LLC

Contractor / Name of Company

William Hall/ Project Manager

Printed Name and Title of Contractor's Authorized Official

11/17/2025

Date

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over **\$25,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.



Signature of Contractor's Authorized Official

HRT Construction Group, LLC

Contractor / Name of Company

William Hall/ Project Manager

Printed Name and Title of Contractor's Authorized Official

11/17/2025

Date

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action: _____ a. contract _____ b. grant _____ c. cooperative agreement _____ d. loan _____ e. loan guarantee _____ f. loan insurance	2. Status of Federal Action: _____ a. bid / offer / application _____ b. initial award _____ c. post-award William Hall/ Project Manager	3. Report Type: _____ a. initial filing _____ b. material change For material change only: Year _____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: _____ Prime _____ Subawardee _____ Tier _____, if Known: Congressional District, if known: _____	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____	
6. Federal Department/Agency: 	7. Federal Program Name/Description: CIOA Number (if applicable): _____	
8. Federal Action Number, if known: 	Award Amount: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): _____	b. Individuals Performing Services (including address different from No. 10): (last name, first name, MI): _____	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number

Current Registration Information

ENTITY

CONSTRUCTION GROUP LLC

Business As: **(blank)**

Entity ID

B9KDT3

PURPOSE OF REGISTRATION

ALL AWARDS

Physical Address

8325 NE 2ND AVE

STE 5

MIAMI, FL 33138-381

USA

de

Registration Expiration

Oct 1, 2026

City of Pembroke Pines
Section 3 Implementation Plan
FORM 1 – SECTION 3 ASSESSMENT AND CERTIFICATIONS

This form is required for ALL projects and must be submitted with bid.

Project Information

Project Name:
Project Location or Address(es):

Developer/Contactor Information:

Name of Firm: HRT Construction Group, LLC	Address: 11820 Miramar Parkway Unit 202 Miramar, FL 33025
Authorized Representative: William Hall	Title: PM
Phone: 786.325.1884 or (305)951-5911	Email: info@hrtconstructiongroup.com

1. Check all that apply to your business:

- ☐ Your business is at least 51% owned and controlled by low- or very low-income persons
- ☐ Over 75% of the labor hours performed for your business over the past three-month period were performed by Section 3 workers
- ☐ Your business is at least 51% owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing
- ☒ None of the above

2. Will you be hiring new employees or providing new training opportunities because of this contract? ☐ Yes ☒ No

3. Will you be using subcontractors to complete this project? ☐ Yes ☒ No

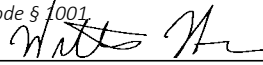
4. Is your bid/contract amount greater than \$200,000? ☐ Yes ☒ No

If the response to item 4 above is "YES," Section 3 requirements will be fully enforced on this project. Please complete the certifications below. Please submit FORMS 2, 3, and 6 with final compliance reports, 30 days after project completion. FORM 4 is only required if numeric goals were not met.

If NO, Section 3 participation is strongly encouraged but not required. Please attempt to meet the Section 3 goals to the greatest extent feasible. You must still complete the certifications below as applicable and return FORMS 1 with your bid.

Certifications		YES	NO	N/A
All Projects:	By completing and signing this form, I agree to comply with all applicable requirements of the Section 3 of the Housing and Urban Development Act of 1968 (24 CFR Part 75)	☒	☐	
	I understand that I must complete and submit FORM 1 with my bid even if my bid is under \$200,000.	☐	☒	
Projects over \$200K:	I will include the Section 3 Clause (FORM 5) in all subcontracts for which Section 3 compliance is required.	☐	☐	☒
	I understand that I am required to submit final Section 3 reports (FORMS 2, 3, 4, and 6), as applicable, along with supporting documentation.	☐	☐	☒
	I agree that my company has made and will continue to make efforts "to the greatest extent feasible" to comply with Section 3 as required by HUD.	☐	☐	☒
	I understand the minimum numerical goals for Section 3 participation and have completed FORM 1 with my bid. FORMS 2–6 will be submitted during final reporting, as applicable.	☐	☐	☒

I declare that all statements contained in this form and any accompanying documents are true and correct, and made with full knowledge that all statements given are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or revocation of funding or other penalties as prescribed under 18 U.S. Code § 1001



Authorized Representative Signature

11/17/2025

Date

HRT Construction Group, LLC Response

Pricing unsealed at Nov 18, 2025 2:34 PM

CONTACT INFORMATION

Company

HRT Construction Group, LLC

Email

hrtconstructiongroup@gmail.com

Contact

William Hall

Address

11820 Miramar Parkway

202

Miramar, FL 33025

Phone

N/A

Website

<https://www.HRTCG.com>

Submission Date

Nov 18, 2025 9:44 AM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. CONFIRMATION TO BIND

1.1. 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

☒ Pass ☐ Fail

2. CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE

NOTE: Vendors are not required to purchase any additional insurance in order to submit a bid. However, they must certify that they either currently hold, or are able and willing to obtain, all required insurance coverages, endorsements, and limits prior to award and execution of the contract.

2.1. 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

☒ Pass ☐ Fail

2.2. 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

☒ Pass ☐ Fail

2.3. Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?*

Yes

☒ Pass ☐ Fail

2.3.1. Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.*

☒ Pass ☐ Fail

 [HRT_COI_2025_26.pdf](#)

 [HRT_worker_comp.pdf](#)

2.4. Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?*

No

☒ Pass ☐ Fail

2.5. Do you plan on using subcontractors for this project?*

No

☒ Pass ☐ Fail

3. EXPERIENCE AND CAPABILITIES

The relative experience and qualification of each applicant's proposed team, with respect to the project scope, will be judged and a relative rating assigned. This parameter expresses the general and specific project-related capability of the team and indicates the adequate depth and abilities of the organization which it can draw upon as needed. This will include management, technical, and support staff.

3.1. Explain your firm's interest in working on this project, a positive commitment to perform the required work and a description of the firm.*

HRT Construction Group is deeply committed to supporting community infrastructure and residential revitalization projects throughout South Florida. As a minority- and woman-owned business, our mission is to deliver high-quality construction services with professionalism, integrity, and innovation. Our firm is proud of its established relationships with several government entities and its consistent track record of on-time, on-budget delivery of rehabilitation, roofing, and renovation services.

☒ Pass ☐ Fail

3.2. Describe the size of your firm.*

☒ Pass ☐ Fail

Our firm consists of a versatile and experienced team, supported by a core group of licensed professionals and a network of specialized subcontractors. We maintain operational offices in both Miami-Dade and Broward counties. Our management and field teams are equipped to scale efficiently for projects of varying sizes.

3.3. Describe your firm's financial history, strength and stability.*

☒ Pass ☐ Fail

HRT Construction Group has a strong financial foundation and is certified, licensed, and bonded in the state of Florida. Our steady growth and successful completion of multiple government contracts are a testament to our financial stability and sound fiscal management.

3.4. Describe your firm's range of activities.*

☒ Pass ☐ Fail

We offer a wide range of services, including:

- Residential and commercial remodeling and renovation
- Roofing services
- ADA accessibility upgrades
- Impact windows and doors installation
- Waterproofing and soundproofing
- Construction management and consulting
- Government agency construction support

3.5. Describe the specialized experience and technical competence of the firm or persons with respect to working on similar projects.*

Our specialized experience includes executing numerous publicly funded rehabilitation projects with municipalities such as Miami-Dade County, City of Miami Beach, and the Town of Davie. We are highly experienced in working with SHIP and HOME programs, as well as ADA compliance upgrades, which align with the goals of Section 3 projects.

☒ Pass ☐ Fail

3.6. Do you have a minimum of two (2) years of experience? Please provide proof of such experience.*

Yes, HRT Construction Group has over 2 years of documented experience. Our team collectively holds over 25 years of construction and renovation expertise. Examples of completed projects include ADA ramp installations, home rehabilitations, HVAC upgrades, and impact window replacements for cities like Miramar and Davie (documentation available upon request).

☒ Pass ☐ Fail

3.7. The firm must provide information on their proximity to and familiarity with the area in which the project is located.*

Our primary office in Broward County is located at 11820 Miramar Parkway, Suite 202, Miramar, FL—within close proximity to Pembroke Pines. This location enhances our responsiveness and understanding of local regulations, permitting processes, and community needs.

☒ Pass ☐ Fail

3.8. Explain the availability and access to the firm's top level management personnel.*

☒ Pass ☐ Fail

Top-level management, including General Contractor William Hall (Civil Engineer, FIU graduate), is directly involved in project oversight. Mr. Hall and our leadership team are accessible at all times for project coordination, issue resolution, and progress meetings.

3.9. Identify the contact person and supervisory personnel who will work on the various projects, including the relative experience of all professionals proposed for use on the team.*

- **William Hall, EI** – General Contractor and Project Manager with federal and municipal construction experience, formerly with FEMA.
- **Francia Torres** – Operations Manager with expertise in HR, budgeting, and contracting, especially within the public sector.

☒ Pass ☐ Fail

These professionals are supported by a reliable network of trade-specific subcontractors vetted for quality and compliance.

3.10. Provide summaries of key persons and on-site staff to be assigned to the project with emphasis on their experience with similar work.*

Key team members:

☒ Pass ☐ Fail

- **William Hall** brings civil engineering, construction and FEMA compliance experience.
 - **Kevin Porter** Lead field staff foreman with construction experience.
 - **Francia Torres** manages contractual, financial, and HR functions.
- Both have overseen projects ranging from \$5,000 to \$90,000 for various public clients.

3.11. Explain the ability and experience of the field staff with specific attention to project related experience.*

- Our field staff includes licensed professionals and trained crews experienced in complex home rehab projects. They have demonstrated competency across multiple trades and are accustomed to working within municipal guidelines and with residential clients. ☒ Pass ☐ Fail

3.12. Contractor should list any applicable qualification, including education, experience, honors and awards received, and professional associations of which the firm and/or its personnel are members.*

- William Hall holds a degree in Civil Engineering (FIU) and is a licensed General Contractor (CGC1527561). ☒ Pass ☐ Fail
- Our team has earned praise from public clients for timely delivery, professionalism, and compliance.
- We are active participants in regional professional associations and minority contractor development programs.

3.13. Provide the recent, current, and projected workload of the firm.*

☒ Pass ☐ Fail

Recent Projects:

Scope: Re-roof, impact windows/doors, interior bathroom renovation and minor repairs

(3) City of Coral Springs SHIP Projects (Minor Home Repairs):

(2) City of Lauderhill SHIP Projects (Minor Home Repairs):

(2) Town of Davie: SHIP Projects (Minor Home Repairs):

Current

(3) City of North Miami SHIP Projects (Minor Home Repairs)

(1) Town of Davie: SHIP Projects (Minor Home Repairs):

(2) City of Plantation: SHIP Projects (Minor Home Repairs):

3.14. What is your reputation compared to your peers in the market?*

☒ Pass ☐ Fail

HRT is recognized for its transparency, efficiency, and dedication to client satisfaction. We are known for exceeding client expectations and for our proactive communication and problem-solving abilities.

3.15. What is your reputation like among customers and how have you developed it?*

☒ Pass ☐ Fail

Our reputation among municipal clients is built on trust, reliability, and responsiveness. Long-term relationships with cities like Miami Beach, Davie, North Miami and Miramar demonstrate our ability to deliver consistently while adhering to government standards.

3.16. How does your service differ from similar competitors? How do you win and retain business?*

We differentiate ourselves through:

☒ Pass ☐ Fail

- Hands-on project management
- Local community presence
- A personalized approach to customer service
- Engineering background
- Fast permitting via our permit expediter

This helps us win and retain contracts while maintaining client trust

3.17. A brief statement must be included which explains why your proposal would be the most effective and beneficial to the City of Pembroke Pines.*

Our proposal stands out due to our:

☒ Pass ☐ Fail

- Proven track record in publicly funded residential rehabs
- Experienced leadership and committed staff
- Proximity and deep familiarity with the City of Pembroke Pines
- Minority- and woman-owned business values aligned with Section 3 goals

We are confident that our community-focused and professional approach will be an asset to the City.

4. FIRM'S UNDERSTANDING AND APPROACH TO THE WORK

The understanding that the applicant and consultants demonstrate as to the requirements and needs of the project, including an evaluation of the thoroughness demonstrated in analyzing and investigating the scope of the project.

4.1. Provide a narrative statement demonstrating an understanding of the overall intent of this solicitation, as well as the methods used to complete assigned tasks.*

HRT Construction Group understands that the City of Pembroke Pines is seeking a reliable, experienced, and community-conscious contractor to support the rehabilitation and construction needs of its residents—particularly under HUD-funded programs with Section 3 requirements. Our intent is to provide safe, timely, and code-compliant improvements to homes and facilities, enhancing livability while supporting local economic development.

☒ Pass ☐ Fail

Our approach includes:

- Thorough initial site assessments
- Detailed scheduling with milestone tracking
- Transparent communication with city officials and homeowners
- Use of skilled, licensed professionals for each trade

4.2. Please clearly describe all aspects of the project proposed.*

☒ Pass ☐ Fail

The proposed scope generally includes residential rehabilitation services such as:

- Roofing repairs or replacements
- HVAC installations
- ADA ramp and bathroom upgrades
- Impact windows and doors
- Electrical and plumbing corrections
- Kitchen and bath renovations

HRT manages the full life cycle of each work order, from pre-construction walkthroughs and permit acquisition to execution, inspection coordination, and final documentation.

4.3. Include details of your approach and work plans.*

☒ Pass ☐ Fail

We begin with a kickoff meeting with city staff and the homeowner (if applicable) to align on scope, expectations, and timelines. Then we follow these steps:

1. **Pre-Construction:** Site evaluation, permit submission (expedited via dedicated personnel), material procurement
 2. **Construction Phase:** Work assigned by trade, coordinated daily by our site supervisor and project manager
 3. **QC Inspections:** In-house quality control checks during and post-installation
 4. **Closeout:** Client walk-through, punch list completion, document submission
- We document all activity in a central project file shared with all stakeholders

4.4. How would you organize this project in terms of milestones?*

☒ Pass ☐ Fail

Milestones include:

- **M1:** Initial Site Visit & Assessment
- **M2:** Scope Confirmation & Permitting
- **M3:** Work Commencement
- **M4:** Mid-Project Inspection (as required)
- **M5:** Substantial Completion
- **M6:** Final Inspection and Client Walkthrough
- **M7:** Final Closeout Documentation Submission

4.5. Identify any issues or concerns of significance that may be appropriate.*

☒ Pass ☐ Fail

- **Permit Delays:** We mitigate this by using a permit expediter to streamline approval.
- **Scope Creep or Homeowner Requests:** We establish clear boundaries during kickoff and require change orders for any deviations.
- **Material Supply Delays:** We pre-approve material vendors and maintain backup suppliers.

4.6. How do you ensure the quality of your services?*

☒ Pass ☐ Fail

Quality is ensured through:

- Use of licensed, experienced subcontractors
- Regular inspections and job site reviews
- Compliance with Florida Building Code and HUD guidelines
- Internal audits and progress checklists for each trade
- Ongoing training and performance evaluations

4.7. What criteria do you use to measure your quality?*

☒ Pass ☐ Fail

- Completion within schedule and budget
- Zero code violations on inspection
- Client satisfaction scores and feedback
- Repeat business and reference requests
- Final inspection pass rates
- Staff adherence to safety and cleanliness standards

4.8. How often do you find mistakes or errors in your work and what is done to correct these errors, and what is the average correction time?*

Errors are rare due to our proactive quality assurance but with retrofit projects there is a level of unpredictability that errors may occur. When they do occur, they are typically minor (e.g., finish adjustments) and are addressed within **24–48 hours**. We document all corrections and follow up with post-correction inspections to ensure full resolution.

4.9. Describe the firm's techniques for quality control. At a minimum describe the firm's technique to control design and contract documentation, including record keeping.*

Our quality control process includes:

☒ Pass ☐ Fail

- Pre-start document checklist and signed homeowner/project manager agreement
 - Digital recordkeeping of all permits, communications, and photos on cloud-based platforms
 - Daily site logs kept by the supervisor and reviewed weekly by the PM
 - Job-specific quality checklists for each trade
 - Subcontractor scopes of work tied to specific deliverables and inspection benchmarks
 - Internal audits of documentation for accuracy and completeness
- All records are securely stored and can be submitted to the City upon request.

5. PREVIOUS EXPERIENCE

In this section, vendors are required to provide a detailed account of their previous experience relevant to the services outlined in this solicitation. The aim is to assess the vendor's capability and track record in delivering similar projects.

5.1. How many clients have you provided Services for?*

☒ Pass ☐ Fail

HRT Construction Group has provided services for over **40 clients**, including municipal governments, housing agencies, and private homeowners. Our portfolio includes private, projects funded by local, state, and federal programs with a focus on rehabilitation and accessibility improvements.

5.2. What similar or related projects have you worked on within the past three years?*

☒ Pass ☐ Fail

We have completed numerous residential rehabilitation and improvement projects aligned with Section 3 goals.

Notable projects include:

- **City of Miramar CRA** – Home Rehabilitation Program (Kitchen, Bathroom Upgrades, Impact Windows) – \$89,339 – Completed: March 2024
- **Town of Davie Community Services Division** – Multiple rehab projects including ADA ramps, Kitchen, bathroom upgrades – \$11,339 to \$64,000 – Completed: 2025
- **Miami-Dade County CAHSD** – Several residential rehab projects including roofing, HVAC, painting, and impact windows – \$27,000–\$35,000 range – Completed: 2024
- **City of Miami Beach Housing Division** – Plumbing and HVAC upgrades under SHIP/HOME programs – Completed: 2023
- **City of Lauderhill CRA** – Home Rehabilitation Program (Kitchen, Bathroom Upgrades, Impact Windows) – Combination \$75,570 – Completed: Nov. 2025
- **City of Coral Springs CRA** – Home Rehabilitation Program (Re-Roof, Bathroom Upgrades, Impact Windows) – Combination \$155,570 – Completed: Nov. 2025

Much more projects

5.3. What challenges did you face and how did you overcome them?*

☒ Pass ☐ Fail

- **Permit Delays:** Resolved by hiring a dedicated permit expeditor who coordinates closely with municipal departments.
 - **Supply Chain Delays:** Addressed by establishing relationships with multiple suppliers and pre-ordering critical materials.
 - **Homeowner Communication:** Some residents were unfamiliar with the process. We mitigated this by assigning a client liaison to walk each homeowner through the scope, schedule, and expectations in plain language.
-

5.4. How many of your clients are repeat clients?*

☒ Pass ☐ Fail

Approximately **85%** of our public sector clients have either awarded us follow-up contracts or renewed engagements under new RFQs. For example, we have completed multiple projects for City of North Miami, City of Sunrise, Lauderhill and Town of Davie through consecutive fiscal years.

5.5. How much of your revenue is derived from managing projects similar to ours?*

☒ Pass ☐ Fail

Roughly **75–80%** of our revenue is generated through public sector residential rehabilitation and construction management projects. Our specialization in working with municipalities and housing programs is a key component of our business model.

5.6. Please describe the past record of performance of the firm or person with respect to accessibility to clients, ability to meet schedules, communication, and coordination skills. *

- **Accessibility:** Clients have direct access to both our project manager (William Hall) and administrative coordinator (Francia Torres) via phone and email. We also provide weekly updates when required. ☒ Pass ☐ Fail
- **On-Time Performance:** We have consistently met project deadlines. In cases of scope changes, extensions have been well-communicated and approved in advance.
- **Communication:** We emphasize transparency, providing regular progress updates, documentation, and access to real-time issue resolution.
- **Coordination:** Our team manages subcontractors closely, ensures timely permitting, and liaises directly with city representatives and homeowners to align all stakeholders throughout the life of the project.

6. REFERENCE # 1

The minimum experience for this project is **five (5) years**. Provide specific examples of similar experience conducting licensed work of equal or similar scope of work, preferably delivered by the proposed team members. A **minimum of 3** references should be from the last **five years** and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications. In this section you will have the ability to enter information for 5 different references including their contact details and specific project information.

Please note that the City prefers references who are not current employees of the City of Pembroke Pines, as we generally do not contact our own employees for reference checks.

Proposers are advised to confirm that:

1. Each reference provided by the Respondent has up to date contact persons and contact information;
2. The contact person provided for each reference is someone who has personal knowledge of the Proposer's performance during the referenced project; and
3. The contact person for each reference has been contacted by the Proposer regarding this specific bid submittal and such person confirmed their willingness to serve as a reference.

6.1. Reference Contact Information – Name of Firm, City, County or Agency*

☒ Pass ☐ Fail

City of Miami Beach – Office of Housing & Community Services

6.2. Reference Contact Information – Reference's Business Address*

☒ Pass ☐ Fail

1700 Convention Center Drive, Miami Beach, FL 33139

6.3. Reference Contact Information – Reference's Contact Name & Title*

☒ Pass ☐ Fail

Marcela Rubio, MPA – HOME/SHIP Program Coordinator

6.4. Reference Contact Information – Reference's E-mail Address*

☒ Pass ☐ Fail

marcelarubio@miamibeachfl.gov

6.5. Reference Contact Information – Reference's Phone Number*

☒ Pass ☐ Fail

305-673-7260 ext. 6182

6.6. Project Information – Was your firm the prime contractor for the listed project?*

☒ Pass ☐ Fail

Yes

6.7. Project Information – Name of Contactor Performing the Work*

☒ Pass ☐ Fail

HRT Construction Group

6.8. Project Information – Name and location of the project*

☒ Pass ☐ Fail

Home Rehabilitation Projects – Miami Beach, FL

6.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for*

Full home rehab including plumbing upgrades, HVAC, impact windows, and sliding door replacement ☒ Pass ☐ Fail

6.10. Project Information – Project Duration*

☒ Pass ☐ Fail

Two separate projects completed over 8 - 12 months

6.11. Project Information – Completion (Anticipated) Date*

☒ Pass ☐ Fail

Dec. 2020 & Nov. 2023 & Nov. 2024

6.12. Project Information – Size of Project*

☒ Pass ☐ Fail

Residential housing units

6.13. Project Information – Cost of Project*

☒ Pass ☐ Fail

Total \$45,000

7. REFERENCE # 2

7.1. Reference Contact Information – Name of Firm, City, County or Agency*

☒ Pass ☐ Fail

Miami-Dade County – CAHSD

7.2. Reference Contact Information – Reference's Business Address*

☒ Pass ☐ Fail

701 NW 1st Court, 10th Floor, Miami, FL 33136

7.3. Reference Contact Information – Reference's Contact Name & Title*

☒ Pass ☐ Fail

Shawn Angell – Project Manager

7.4. Reference Contact Information – Reference's E-mail Address* shawn.angell@miamidade.gov	☒ Pass ☐ Fail
7.5. Reference Contact Information – Reference's Phone Number* 786-469-4600	☒ Pass ☐ Fail
7.6. Project Information – Was your firm the prime contractor for the listed project?* Yes	☒ Pass ☐ Fail
7.7. Project Information – Name of Contactor Performing the Work* HRT Construction Group	☒ Pass ☐ Fail
7.8. Project Information – Name and location of the project* Home Rehabilitation – 3060 NW 77th St, Miami, FL	☒ Pass ☐ Fail
7.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for* Kitchen and bathroom rehab, HVAC installation, exterior painting, impact windows, and repairs	☒ Pass ☐ Fail
7.10. Project Information – Project Duration* 6 months	☒ Pass ☐ Fail
7.11. Project Information – Completion (Anticipated) Date* August 2021	☒ Pass ☐ Fail
7.12. Project Information – Size of Project* Single-family residence	☒ Pass ☐ Fail
7.13. Project Information – Cost of Project* \$32,339	☒ Pass ☐ Fail
8. REFERENCE # 3	
8.1. Reference Contact Information – Name of Firm, City, County or Agency* Town of Davie – Community Services Division	☒ Pass ☐ Fail
8.2. Reference Contact Information – Reference's Business Address* 4700 SW 64th Avenue, Suite D, Davie, FL 33314	☒ Pass ☐ Fail
8.3. Reference Contact Information – Reference's Contact Name & Title* Jael Perez – Neighborhood Resource Specialist	☒ Pass ☐ Fail
8.4. Reference Contact Information – Reference's E-mail Address* Jael_Perez@davie-fl.gov	☒ Pass ☐ Fail
8.5. Reference Contact Information – Reference's Phone Number*	☒ Pass ☐ Fail

8.6. Project Information – Was your firm the prime contractor for the listed project?* ☒ Pass ☐ Fail
Yes

8.7. Project Information – Name of Contactor Performing the Work* ☒ Pass ☐ Fail
HRT Construction Group

8.8. Project Information – Name and location of the project* ☒ Pass ☐ Fail
Multiple Home Rehabs – Town of Davie, FL

8.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for*
Kitchen and bathroom remodels, HVAC change-outs, impact window installation, painting, ADA ramps ☒ Pass ☐ Fail

8.10. Project Information – Project Duration* ☒ Pass ☐ Fail
Ongoing from 2020 to 2025

8.11. Project Information – Completion (Anticipated) Date* ☒ Pass ☐ Fail
Dec. 2025 (latest project)

8.12. Project Information – Size of Project* ☒ Pass ☐ Fail
5+ homes

8.13. Project Information – Cost of Project* ☒ Pass ☐ Fail
\$150,000+

9. REFERENCE # 4

9.1. Reference Contact Information – Name of Firm, City, County or Agency ☒ Pass ☐ Fail
City of Miramar – Community Revitalization Affiliates, Inc.

9.2. Reference Contact Information – Reference's Business Address ☒ Pass ☐ Fail
6151 Miramar Parkway, Suite 202, Miramar, FL 33023

9.3. Reference Contact Information – Reference's Contact Name & Title ☒ Pass ☐ Fail
Andrew Azebeokhai – President/CEO

9.4. Reference Contact Information – Reference's E-mail Address ☒ Pass ☐ Fail
andrew@crasouthfl.com

9.5. Reference Contact Information – Reference's Phone Number ☒ Pass ☐ Fail
954-939-3271

9.6. Project Information – Was your firm the prime contractor for the listed project? ☒ Pass ☐ Fail
Yes

9.7. Project Information – Name of Contactor Performing the Work HRT Construction Group	☒ Pass ☐ Fail
9.8. Project Information – Name and location of the project Home Rehab & Storefront Beautification – City of Miramar, FL	☒ Pass ☐ Fail
9.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for Residential: Full rehab services; Commercial: Stucco, signage, fire-rated doors	☒ Pass ☐ Fail
9.10. Project Information – Project Duration 12 month	☒ Pass ☐ Fail
9.11. Project Information – Completion (Anticipated) Date August 2024	☒ Pass ☐ Fail
9.12. Project Information – Size of Project 1 residential + (2) commercial site	☒ Pass ☐ Fail
9.13. Project Information – Cost of Project \$135,000+	☒ Pass ☐ Fail
10. REFERENCE # 5	
10.1. Reference Contact Information – Name of Firm, City, County or Agency Minority Builders Coalition, Inc. (Coral Springs)	☒ Pass ☐ Fail
10.2. Reference Contact Information – Reference's Business Address 499 NW 70th Ave Suite 101, Plantation, FL 33317	☒ Pass ☐ Fail
10.3. Reference Contact Information – Reference's Contact Name & Title Janice Hayes – Director of Housing & Community Development	☒ Pass ☐ Fail
10.4. Reference Contact Information – Reference's E-mail Address Janice.Hayes@minoritybuilders.org	☒ Pass ☐ Fail
10.5. Reference Contact Information – Reference's Phone Number 954-792-1121 x25	☒ Pass ☐ Fail
10.6. Project Information – Was your firm the prime contractor for the listed project? Yes	☒ Pass ☐ Fail
10.7. Project Information – Name of Contactor Performing the Work HRT Construction Group	☒ Pass ☐ Fail
10.8. Project Information – Name and location of the project	☒ Pass ☐ Fail

- Residential Rehabs – (3) Coral Springs

10.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for

Kitchen and bath remodels, HVAC, impact windows and doors, painting, and minor repairs ☒ Pass ☐ Fail

10.10. Project Information – Project Duration

☒ Pass ☐ Fail

3–6 months per project

10.11. Project Information – Completion (Anticipated) Date

☒ Pass ☐ Fail

Latest project due October 2025

10.12. Project Information – Size of Project

☒ Pass ☐ Fail

- 3 homes

10.13. Project Information – Cost of Project

☒ Pass ☐ Fail

\$130,000+

11. PROJECT DOCUMENTS**11.1. PROPOSERS BACKGROUND INFORMATION FORM***

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Proposers Background Information Form.xlsx](#)

 [Proposers Background Information Form_HRT.xlsx](#)

12. SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)**12.1. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM***

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Sworn Statement on Public Entity Crimes.pdf](#)

 [Sworn Statement on Public Entity Crimes_HRT.pdf](#)

12.2. Public Entity Crimes Status*

☒ Pass ☐ Fail

- Which option did you select on the Sworn Statement on Public Entity Crimes Form:
 - A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - B1) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of

Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

- B2) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)
- B3) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

A) No convictions.

12.3. Did you select option B1 or B2 above?*

☒ Pass ☐ Fail

No

12.4. Did you select option B3 above?*

☒ Pass ☐ Fail

No

13. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

13.1. EQUAL BENEFITS CERTIFICATION FORM*

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Equal Benefits Certification Form.pdf](#)

 [Equal_Benefits_Certification_Form_HRT.pdf](#)

13.2. Equal Benefits Status*

☒ Pass ☐ Fail

- Which option did you select on the Equal Benefits Certification Form:
 - A. Contractor currently complies with the requirements of this section; or
 - B. Contractor will comply with the conditions of this section at the time of contract award; or
 - C. Contractor will not comply with the conditions of this section at the time of contract award; or
 - D. Contractor does not comply with the conditions of this section because of the following allowable exemption (Check only one box below):
 - 1. The Contractor does not provide benefits to employees' spouses in traditional marriages;
 - 2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the

Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;

- 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;
- 4. The Contractor is a governmental agency;

A) Contractor currently complies.

13.3. Did you select option D2 above?*

☒ Pass ☐ Fail

No

14. DRUG-FREE WORKPLACE CERTIFICATION

14.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION*

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Vendor Drug-Free Workplace Certification Form.pdf](#)

 [Vendor_Drug-Free_Workplace_Certification_Form_hrt.pdf](#)

14.2. Drug-Free Status*

☒ Pass ☐ Fail

Complies fully.

15. STANDARD DOCUMENTS

The following documents are standard documents that the City generally requires for every solicitation. As a result, we recommend vendors to keep these documents updated and readily available so that they can be easily uploaded for each project that the vendor would like to participate in. In the event that the City does not have one of the forms or documents listed below for your company, the City may reach out to your company after the bid has closed to obtain the document(s).

15.1. NON-COLLUSIVE AFFIDAVIT*

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Non-Collusive Affidavit.pdf](#)

 [Non-Collusive Affidavit_HRT.pdf](#)

15.2. SCRUTINIZED COMPANY CERTIFICATION*

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Scrutinized Company Certification.pdf](#)

15.3. E-VERIFY SYSTEM CERTIFICATION*

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Effective January 1, 2021, pursuant to Section 448.095, Florida Statutes, the City may not enter into a contract with a vendor/contractor/subcontractor unless that vendor/contractor/subcontractor is registered with and uses the E-Verify system administered by the U.S. Department of Homeland Security ("DHS").
3. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

 [E-Verify_System_Certification_Statement.pdf](#)

 [E-Verify_System_Certification_Statement_HRT.pdf](#)

15.4. HUMAN TRAFFICKING AFFIDAVIT*

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Human_Trafficking_Affidavit.pdf](#)

 [Human_Trafficking_Affidavit_HRT.pdf](#)

16. VENDOR REGISTRATION

16.1. Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?*

- The City of Pembroke Pines utilizes OpenGov as its e-Procurement platform for ☒ Pass ☐ Fail solicitation and bid submission purposes. However, please be advised that **vendor registration for onboarding and processing payments is handled separately** through the City's Accounts Payable Division using **PaymentWorks**, a secure online vendor management platform.
- All vendors that will be submitting invoices and requiring payments from the City are required to register on the PaymentWorks platform. If the vendor is not currently registered with the City via PaymentWorks and does not have a Vendor Number, the City will have to invite the vendor to register.
- For formal solicitations such as this project, the Procurement Department will send PaymentWorks registration invitations to vendor(s) who are under active consideration for award. Please be aware that not all vendors who submit proposals will receive an invitation, in order to manage system usage and avoid onboarding vendors who are unlikely to receive payments from the City.
- Invitations will typically be sent to the contact listed on the submitted Vendor Information Form.

No

16.2. VENDOR INFORMATION FORM*

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Vendor Information Form.pdf](#)

 [Vendor Information Form_HRT.pdf](#)

16.3. FORM W-9 (REVISED MARCH 2024)*

☒ Pass ☐ Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Note - Please use the March 2024 version of the form as previously dated versions of this form may delay the processing of any payments to the selected vendor.

 [Form W-9 \(Rev March 2024\).pdf](#)

 [HRT_W9 Form 2025 .pdf](#)

17. OPTIONAL DOCUMENTATION

17.1. TRADE SECRETS

1. The Proposer's response to this solicitation is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this solicitation and the Contract to be executed for this solicitation, subject to the provisions of Chapter 119.07 of the Florida Statutes.
2. Any language contained in the Proposer's response to the solicitation purporting to require confidentiality of any portion of the Proposer's response to the solicitation, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the solicitation constitutes a Trade Secret.
3. EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE SOLICITATION AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE SOLICITATION OR ANY PART THEREOF AS COPYRIGHTED. ALL DOCUMENTS THAT THE FIRM PURPORTS TO BE CONFIDENTIAL, PROPRIETARY OR A TRADE SECRET SHALL BE UPLOADED TO THE OPENGOV WEBSITE AS A SEPARATE ATTACHMENT, IN THIS SECTION, CLEARLY IDENTIFYING THE EXEMPTION BEING CLAIMED UNDER FLORIDA STATUTES 119.07.
4. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records.

No response submitted

17.2. FINANCIAL STATEMENTS

1. The City is **NOT** requesting the vendor to submit any financial statements for this project and prefers if the vendor does not submit financial statements. In addition, if the City needs a copy of

the vendor's financial statements, the City can contact the vendor after the bid due date to request those documents. However, if the vendor does submit the financial statements, they should be uploaded in this section.

2. Any claim of confidentiality on financial statements must be asserted at the time of submittal. The firm must identify the specific statute that authorizes the exemption from the Public Records Law. Please note that the financial statement exemption provided for in Section 119.071(1)c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

No response submitted

17.3. ALTERNATIVES

1. If you are submitting an alternative product, please upload any related information in this section (such as specification sheets, etc.).
2. In addition, pursuant to the **"Brand Names"** Section included in the GENERAL TERMS AND CONDITIONS Section if and wherever in the specifications a brand name, make, name of manufacturer, trade name, or vendor catalog number is mentioned, it is for the purpose of establishing a grade or quality of material only. Since the City does not wish to rule out other competition and equal brands or makes, the phrase "OR EQUAL" is added. However, if a product other than that specified is bid, Proposers shall indicate on their proposal and clearly state the proposed substitution and deviation. It is the vendor's responsibility to provide any necessary documentation and samples within their bid submittal to prove that the product is equal to that specified. Such samples are to be furnished before the date of bid opening, unless otherwise specified. Additional evidence in the form of documentation and samples may be requested if the proposed brand is other than that specified. The City retains the right to determine if the proposed brand shall be considered as an approved equivalent or not.

No response submitted

17.4. ADDITIONAL INFORMATION

1. Please provide any additional information that you deem necessary to complete your proposal in this section, if it has not been requested in another section.

No response submitted

17.5. PROFESSIONAL LICENSES

☒ Pass ☐ Fail

1. If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation.

 2026_GC_license_(1).pdf

18. VENDOR CLASSIFICATION

18.1. Is your firm a Veteran Owned Small Business (VOSB)?*

☒ Pass ☐ Fail

1. The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation.

2. A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the Veteran Owned Small Business (VOSB).

No

18.2. Is your firm a Minority-Owned Business Enterprise (MBE)?*

☒ Pass ☐ Fail

No

18.3. Is your firm a Woman-Owned Business Enterprise (WBE)?*

☒ Pass ☐ Fail

No

18.4. Is your firm a HubZone Business / Labor Surplus Area Firm?*

☒ Pass ☐ Fail

No

18.5. Is your firm a Broward County Small Business Enterprise (SBE)?*

☒ Pass ☐ Fail

No

18.6. Is your firm a Broward County Business Enterprise (CBE)?*

☒ Pass ☐ Fail

No

18.7. Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?*

☒ Pass ☐ Fail

No

18.8. Does your firm have a Vendor Classification that was not listed above?*

☒ Pass ☐ Fail

No

19. FEDERAL DOCUMENTS

19.1. Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds*

1. Lobbying:

☒ Pass ☐ Fail

1. As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the Contractor must complete the **Certification Regarding Lobbying**.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the Contractor shall also complete and submit the **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions.

2. Debarment, Suspension and Other Responsibility Matters:

1. Where the Contractor is unable to certify to any of the statements in the certification for **Debarment, Suspension and Other Responsibility Matters**, he or she shall **provide an explanation**.

- Please download the below documents, complete, and upload.

 [Federal Certification for Lobbying and Debarment and Form LLL.pdf](#)

19.2. Are you currently registered as an active entity on SAM.gov (System for Award Management)?*

1. All vendors submitting bids for this project must be registered and active in the ☒ Pass ☐ Fail System for Award Management (SAM.gov) at the time of bid award. This is a federal requirement for entities receiving federal funds, including contracts, grants, or other financial assistance. Registration on SAM.gov ensures that vendors are eligible to do business with the U.S. government and are not suspended, debarred, or otherwise excluded from participation in federal programs. SAM registration is free and can be completed at <https://sam.gov>. Bidders must provide their Unique Entity ID (UEI) and proof of active registration as part of their proposal.

Yes

19.2.1. If yes, please provide your Unique Entity ID (UEI)*

☒ Pass ☐ Fail

FZZHWFB9KDT3

19.2.2. What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)*

☒ Pass ☐ Fail

10/16/2026

19.2.3. Proof of Registration Upload*

☒ Pass ☐ Fail

1. Please upload a PDF copy or screenshot of your entity's active registration status from SAM.gov that includes:
1. Entity Name
 2. Unique Entity ID (UEI)
 3. DUNS (if applicable)
 4. Registration Status ("Active")
 5. Expiration Date
2. *This document must be downloaded from <https://sam.gov> and must show the current status at the time of bid submission.*

 [sam_hrt.png](#)

19.3. Debarment Status – Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?*

No

☒ Pass ☐ Fail

19.4. Form 1 of HUD Section 3 Implementation Plan*

☒ Pass ☐ Fail

1. This project is governed by Section 3 of the Housing and Urban Development Act of 1968, as amended. Section 3 ensures that employment and economic opportunities created by HUD assistance benefit low- and very low-income individuals, especially those residing within the project's service area.
2. NO VALUEs must demonstrate their compliance with Section 3 requirements, please see **"HUD Section 3 Implementation Plan and Forms 1-6"** in the attachments section for additional information.
3. This may include providing information on how they will hire qualified low- and very low-income individuals and/or utilize Section 3 businesses as part of the project.
4. As part of the bidding process, NO VALUE must return **Form 1** with their bid submission, as failure to do so may result in the disqualification of your submittal.

5. In addition, Forms 2-6 must be submitted with final reporting, 30 days after project completion, as applicable.

6. Please download the below documents, complete, and upload.

 [Form 1 of HUD Section 3 Implementation Plan.pdf](#)

 [HRT HUD Section 3 Implementation Plan.pdf](#)

19.5. 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

☒ Pass ☐ Fail