



**EVALUATION TABULATION**  
IFB No. FI-26-01  
Janitorial Services for the Fire Department  
RESPONSE DEADLINE: March 31, 2026 at 2:00 pm  
Report Generated: Wednesday, April 22, 2026

**SELECTED VENDOR TOTALS**

Vendor	Total
IC & G CLEANING SERVICES INC	\$20,157.59
Green Facility, Inc.	\$64,107.01
CLEAN FREEK'S JANITORIAL SERVICES LLC	\$66,616.00
Safeguard Services, Inc	\$77,928.28
MIAMI JANITORIAL SUPPLIES, INC	\$87,420.50
Imperial Cleaning Corp. dba Global Services	\$88,321.80
Clean Space, LLC	\$90,099.14
GUM HUNTERS CARPET & TILE CLEANING SERVICES CORP	\$95,316.94
Skyshine Enterprises LLC	\$97,828.15

EVALUATION TABULATION

IFB No. FI-26-01

Janitorial Services for the Fire Department

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Vendor	Total
Celebrity Janitorial and Cleaning, LLC	\$138,398.00
Pro Alliance Cleaning Services ,LLC	\$139,205.67
Chi-Ada Corporation	\$209,376.15
SCSI, Southern Cleaning Service Inc	\$323,397.59
Sunshine Enterprise USA LLC	\$609,622.09

				IC & G CLEANING SERVICES INC			Green Facility, Inc.			CLEAN FREEK'S JANITORIAL SERVICES LLC			Safeguard Services, Inc			MIAMI JANITORIAL SUPPLIES, INC		
				Total Cost	\$20,157.59		\$64,107.01			\$66,616.00			\$77,928.28			\$87,420.50		
Line Item	Description	QTY	UoM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
<b>#1 Pembroke Pines Fire Rescue Administrative Offices (Fire Station 69)</b>																		
<b>#1-1 Common Area</b>																		
#1-1.1	Work to be Performed Daily	202	Ea	\$3.06	\$618.12		\$79.30	\$16,018.60		\$25.00	\$5,050.00	(A)	\$21.92	\$4,427.84		\$13.18	\$2,662.36	
#1-1.2	Work to be Performed Weekly	52	Ea	\$3.55	\$184.60		\$52.00	\$2,704.00		\$30.00	\$1,560.00	(A)	\$16.17	\$840.84		\$25.61	\$1,331.72	
#1-1.3	Work to be Performed Monthly	12	Ea	\$3.50	\$42.00		\$3.73	\$44.76		\$30.00	\$360.00	(A)	\$28.02	\$336.24		\$110.96	\$1,331.52	
#1-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$325.00	\$975.00		\$196.68	\$590.04		\$525.00	\$1,575.00	(A)	\$346.50	\$1,039.50		\$62.48	\$187.44	
<b>#1-2 Restroom</b>																		
#1-2.1	Work to be Performed Daily	202	Ea	\$1.22	\$246.44		\$3.42	\$690.84		\$10.00	\$2,020.00	(A)	\$17.37	\$3,508.74		\$9.23	\$1,864.46	
#1-2.2	Work to be Performed Weekly	52	Ea	\$1.96	\$101.92		\$2.88	\$149.76		\$16.00	\$832.00	(A)	\$9.20	\$478.40		\$10.24	\$532.48	
#1-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$183.00	\$549.00		\$151.62	\$454.86		\$125.00	\$375.00	(A)	\$26.95	\$80.85		\$43.74	\$131.22	
<b>#1-3 Break Rooms Coffee Area</b>																		
#1-3.1	Work to be Performed Daily	202	Ea	\$1.02	\$206.04		\$2.23	\$450.46		\$8.00	\$1,616.00	(A)	\$5.87	\$1,185.74		\$7.91	\$1,597.82	
#1-3.2	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$91.00	\$273.00		\$151.62	\$454.86		\$125.00	\$375.00	(A)	\$11.55	\$34.65		\$37.49	\$112.47	
				<b>Total</b>	<b>\$3,196.12</b>			<b>\$21,558.18</b>			<b>\$13,763.00</b>			<b>\$11,932.80</b>			<b>\$9,751.49</b>	
<b>#2 Pines Fire Training Facility</b>																		
<b>#2-1 Common Area</b>																		
#2-1.1	Work to be Performed Daily	51	Ea	\$7.22	\$368.22		\$35.66	\$1,818.66		\$20.00	\$1,020.00	(A)	\$22.62	\$1,153.62		\$13.18	\$672.18	
#2-1.2	Work to be Performed Weekly	12	Ea	\$3.01	\$153.51		\$11.45	\$583.95		\$26.00	\$1,326.00	(A)	\$4.29	\$218.79		\$6.59	\$336.09	
#2-1.3	Work to be Performed Monthly	51	Ea	\$3.50	\$42.00		\$7.03	\$84.36		\$26.00	\$312.00	(A)	\$7.30	\$87.60		\$28.01	\$336.12	
#2-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$493.00	\$1,479.00		\$168.17	\$504.51		\$275.00	\$825.00	(A)	\$315.00	\$945.00		\$38.93	\$116.79	
<b>#2-2 Restroom</b>																		
#2-2.1	Work to be Performed Daily	51	Ea	\$1.34	\$68.34		\$4.23	\$215.73		\$3.00	\$153.00	(A)	\$17.93	\$914.43		\$9.23	\$470.73	
#2-2.2	Work to be Performed Weekly	51	Ea	\$4.49	\$229.99		\$2.33	\$118.83		\$4.00	\$204.00	(A)	\$2.44	\$124.44		\$2.64	\$134.64	
#2-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$155.00	\$465.00		\$94.25	\$282.75		\$85.00	\$255.00	(A)	\$24.50	\$73.50		\$27.25	\$81.75	
<b>#2-3 Break Rooms Coffee Area</b>																		
#2-3.1	Work to be Performed Daily	51	Ea	\$2.14	\$109.14		\$3.33	\$169.83		\$6.00	\$306.00	(A)	\$6.06	\$309.06		\$7.91	\$403.41	
#2-3.2	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$73.00	\$219.00		\$151.00	\$453.00		\$80.00	\$240.00	(A)	\$10.50	\$31.50		\$23.36	\$70.08	
				<b>Total</b>	<b>\$2,929.20</b>			<b>\$4,231.62</b>			<b>\$4,641.00</b>			<b>\$3,887.94</b>			<b>\$2,621.79</b>	
<b>#3 Communications Dispatch Facility (Fire Station 101)</b>																		
<b>#3-1 Common Area</b>																		
#3-1.1	Work to be Performed Daily	365	Ea	\$3.83	\$1,397.95		\$41.69	\$15,216.85		\$33.00	\$12,045.00	(A)	\$53.17	\$19,407.05		\$51.27	\$18,713.55	
#3-1.2	Work to be Performed Weekly	52	Ea	\$4.10	\$213.20		\$9.67	\$502.84		\$31.00	\$1,612.00	(A)	\$55.00	\$2,860.00		\$179.93	\$9,356.36	
#3-1.3	Work to be Performed Monthly	12	Ea	\$4.10	\$49.20		\$3.47	\$41.64		\$31.00	\$372.00	(A)	\$122.83	\$1,473.96		\$779.68	\$9,356.16	
#3-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$712.00	\$2,136.00		\$234.36	\$703.08		\$550.00	\$1,650.00	(A)	\$520.20	\$1,560.60		\$44.55	\$133.65	
<b>#3-2 Restroom</b>																		
#3-2.1	Work to be Performed Daily	365	Ea	\$3.56	\$1,299.40		\$4.52	\$1,649.80		\$32.00	\$11,680.00	(A)	\$42.14	\$15,381.10		\$35.89	\$13,099.85	
#3-2.2	Work to be Performed Weekly	52	Ea	\$4.13	\$214.76		\$2.12	\$110.24		\$32.00	\$1,664.00	(A)	\$38.00	\$1,976.00		\$71.97	\$3,742.44	
#3-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$143.00	\$429.00		\$51.43	\$154.29		\$150.00	\$450.00	(A)	\$40.46	\$121.38		\$31.18	\$93.54	
<b>#3-3 Break Rooms Coffee Area</b>																		
#3-3.1	Work to be Performed Daily	365	Ea	\$1.48	\$540.20		\$3.01	\$1,098.65		\$11.40	\$4,161.00	(A)	\$14.97	\$5,464.05		\$30.76	\$11,227.40	
#3-3.2	Work to be Performed Weekly	52	Ea	\$1.51	\$78.52		\$2.03	\$105.56		\$10.00	\$520.00	(A)	\$9.00	\$468.00		\$35.99	\$1,871.48	
#3-3.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$110.00	\$330.00		\$51.43	\$154.29		\$150.00	\$450.00	(A)	\$17.34	\$52.02		\$26.73	\$80.19	
				<b>Total</b>	<b>\$6,688.23</b>			<b>\$19,737.24</b>			<b>\$34,604.00</b>			<b>\$48,764.16</b>			<b>\$67,674.62</b>	
<b>#4 Fire Department Garage (Maintenance Facility)</b>																		
<b>#4-1 Common Area</b>																		
#4-1.1	Work to be Performed Daily	146	Ea	\$56	\$817.60		\$31.03	\$4,530.38		\$4.00	\$584.00	(A)	\$8.37	\$1,222.02		\$13.18	\$1,924.28	
#4-1.2	Work to be Performed Weekly	52	Ea	\$61	\$317.20		\$11.09	\$576.68		\$5.00	\$260.00	(A)	\$4.46	\$231.92		\$18.51	\$962.52	
#4-1.3	Work to be Performed Monthly	12	Ea	\$146	\$175.20		\$4.57	\$54.84		\$10.00	\$120.00	(A)	\$7.74	\$92.88		\$80.20	\$962.40	
#4-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$106.00	\$318.00		\$235.00	\$705.00		\$75.00	\$225.00	(A)	\$388.80	\$1,166.40		\$5.73	\$17.19	
<b>#4-2 Restroom</b>																		
#4-2.1	Work to be Performed Daily	146	Ea	\$56	\$817.60		\$4.80	\$700.80		\$4.00	\$584.00	(A)	\$6.64	\$969.44		\$9.23	\$1,347.58	
#4-2.2	Work to be Performed Weekly	52	Ea	\$64	\$332.80		\$2.97	\$154.44		\$5.00	\$260.00	(A)	\$2.54	\$132.08		\$7.40	\$384.80	
#4-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$64.50	\$193.50		\$94.90	\$284.70		\$50.00	\$150.00	(A)	\$30.24	\$90.72		\$4.01	\$12.03	
<b>#4-3 Break Rooms Coffee Area</b>																		
#4-3.1	Work to be Performed Daily	146	Ea	\$35	\$511.00		\$2.23	\$325.58		\$2.00	\$292.00	(A)	\$2.24	\$327.04		\$7.91	\$1,154.86	
#4-3.2	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$54.00	\$162.00		\$151.00	\$453.00		\$50.00	\$150.00	(A)	\$12.96	\$38.88		\$3.44	\$10.32	
				<b>Total</b>	<b>\$970.64</b>			<b>\$7,785.42</b>			<b>\$2,625.00</b>			<b>\$4,271.38</b>			<b>\$6,775.98</b>	
<b>Sub Total (Services Only)</b>					<b>\$13,784.19</b>			<b>\$53,312.46</b>			<b>\$55,633.00</b>			<b>\$68,826.28</b>			<b>\$86,823.88</b>	
<b>#5 Janitorial Supplies</b>																		
#5-1.1	Liquid Hand Soap	25	Gal	\$8.00	\$200.00		\$35.86	\$896.50		\$20.00	\$500.00	(A)	\$58.80	\$1,470.00		\$7.50	\$187.50	
#5-1.2	2-Ply Toilet Paper	96	96 Rolls / CS	\$37.50	\$3,600.00		\$42.00	\$4,032.00		\$63.00	\$6,048.00	(A)	\$55.99	\$5,375.04		\$4.47	\$45.12	
#5-1.3	White Multi Fold Towels	96	10 x 250 Sheets / CS	\$25.50	\$2,448.00		\$57.23	\$5,494.08		\$15.00	\$1,440.00	(A)	\$23.51	\$2,256.96		\$2.25	\$216.00	
#5-1.4	Neutral Cleaner	1	Gal	\$11.00	\$11.00		\$72.76	\$72.76		\$220.00	\$220.00	(A)	\$0.00	\$0.00		\$7.50	\$7.50	
#5-1.5	Degreaser	1	Gal	\$7.00	\$7.00		\$50.58	\$50.58		\$300.00	\$300.00	(A)	\$0.00	\$0.00		\$6.00	\$6.00	
#5-1.6	Disinfectant / Deodorant Spray	1	CS	\$13.50	\$13.50		\$61.01	\$61.01		\$300.00	\$300.00	(A)	\$0.00	\$0.00		\$6.00	\$6.00	
#5-1.7	Class Cleaner	1	Gal	\$8.00	\$8.00		\$46.06	\$46.06		\$175.00	\$175.00	(A)	\$0.00	\$0.00		\$7.50	\$7.50	
#5-1.8	Byquat Degreaser	1	Gal	\$7.00	\$7.00		\$50.58	\$50.58		\$200.00	\$200.00	(A)	\$0.00	\$0.00		\$8.00	\$8.00	
#5-1.9	Small Garbage Bags (24 x 24)	1	CS	\$23.00	\$23.00		\$24.58	\$24.58		\$600.00	\$600.00	(A)	\$0.00	\$0.00		\$30.00	\$30.00	(B)
#5-1.10	Medium Garbage Bags (33 x 40)	1	CS	\$24.90	\$24.90		\$39.00	\$39.00		\$0.00	\$0.00	(A)	\$0.00	\$0.00		\$43.00	\$43.00	(C)
#5-1.11	Large Garbage Bags (43 x 48)	1	CS	\$31.00	\$31.00		\$27.40	\$27.40		\$1,200.00	\$1,200.00	(A)	\$0.00	\$0.00		\$40.00	\$40.00	(D)
				<b>Total</b>	<b>\$6,373.40</b>			<b>\$10,794.55</b>			<b>\$10,983.00</b>			<b>\$9,102.00</b>			<b>\$596.62</b>	

Vendor Notes:

- (A) CLEAN FREEK'S JANITORIAL SERVICE, LLC
- (B) 24X33 CLEAR LINERS 8 MIC 1000 /CS
- (C) 33X40 CLEAR LINERS 8 MIC 500 /CS
- (D) 40X48 CLEAR LINERS 12 MIC 250 /CS

Line Item	Description	QTY	UoM	Imperial Cleaning Corp. dba Global Services			Clean Space, LLC			GUM HUNTERS CARPET & TILE CLEANING SERVICES CORP			Skyshine Enterprises LLC			Celebrity Janitorial and Cleaning, LLC		
				Unit Cost	Total	Vendor Notes	Unit Cost	\$90,099.14	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	\$97,028.15	Vendor Notes	Unit Cost	Total	Vendor Notes
<b>#1 Pembroke Pines Fire Rescue Administrative Offices (Fire Station 69)</b>																		
<b>#1-1 Common Area</b>																		
#1-1.1	Work to be Performed Daily	202	Ea	\$25.00	\$5,050.00		\$4.80	\$969.60	(E)	\$25.10	\$5,070.20		\$26.50	\$5,353.00		\$36.00	\$7,272.00	
#1-1.2	Work to be Performed Weekly	52	Ea	\$9.00	\$468.00		\$18.60	\$967.20		\$22.55	\$1,172.60		\$32.00	\$1,664.00		\$70.00	\$3,640.00	
#1-1.3	Work to be Performed Monthly	12	Ea	\$22.00	\$264.00		\$80.60	\$967.20		\$62.05	\$744.60		\$85.00	\$1,020.00		\$120.00	\$1,440.00	
#1-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$2,373.00	\$7,119.00		\$38.89	\$116.67		\$60.00	\$2,400.00		\$100.00	\$300.00		\$450.00	\$1,350.00	
<b>#1-2 Restroom</b>																		
#1-2.1	Work to be Performed Daily	202	Ea	\$15.00	\$3,030.00		\$4.80	\$969.60	(E)	\$10.00	\$2,020.00		\$22.00	\$4,444.00		\$34.00	\$6,868.00	
#1-2.2	Work to be Performed Weekly	52	Ea	\$4.00	\$208.00		\$71.34	\$3,709.68		\$20.00	\$1,040.00		\$116.00	\$6,032.00		\$60.00	\$3,120.00	
#1-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$412.00	\$1,236.00		\$38.89	\$116.67		\$650.00	\$1,950.00		\$70.00	\$210.00		\$420.00	\$1,260.00	
<b>#1-3 Break Rooms Coffee Area</b>																		
#1-3.1	Work to be Performed Daily	202	Ea	\$10.00	\$2,020.00		\$4.80	\$969.60	(E)	\$10.00	\$2,020.00		\$16.00	\$3,232.00		\$28.00	\$5,656.00	
#1-3.2	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$265.00	\$795.00		\$38.89	\$116.67		\$750.00	\$2,250.00		\$20.00	\$60.00		\$350.00	\$1,050.00	
<b>Total</b>					<b>\$20,190.00</b>			<b>\$6,902.89</b>			<b>\$16,667.40</b>			<b>\$22,315.00</b>			<b>\$31,656.00</b>	
<b>#2 Pines Fire Training Facility</b>																		
<b>#2-1 Common Area</b>																		
#2-1.1	Work to be Performed Daily	51	Ea	\$29.00	\$1,479.00		\$6.00	\$306.00	(E)	\$25.10	\$1,280.10		\$15.00	\$765.00		\$40.00	\$2,040.00	
#2-1.2	Work to be Performed Weekly	51	Ea	\$14.00	\$714.00		\$6.00	\$306.00		\$22.55	\$1,150.05		\$15.00	\$765.00		\$55.00	\$2,805.00	
#2-1.3	Work to be Performed Monthly	12	Ea	\$9.00	\$108.00		\$32.87	\$394.44		\$62.05	\$744.60		\$40.00	\$480.00		\$110.00	\$1,320.00	
#2-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$1,444.00	\$4,332.00		\$38.89	\$116.67		\$800.00	\$2,400.00		\$40.00	\$120.00		\$420.00	\$1,260.00	
<b>#2-2 Restroom</b>																		
#2-2.1	Work to be Performed Daily	51	Ea	\$21.00	\$1,071.00		\$6.00	\$306.00	(E)	\$10.00	\$510.00		\$15.00	\$765.00		\$38.00	\$1,938.00	
#2-2.2	Work to be Performed Weekly	51	Ea	\$10.00	\$510.00		\$6.00	\$306.00		\$20.00	\$1,020.00		\$40.00	\$2,040.00		\$50.00	\$2,550.00	
#2-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$201.00	\$603.00		\$38.89	\$116.67		\$600.00	\$1,800.00		\$40.00	\$120.00		\$390.00	\$1,170.00	
<b>#2-3 Break Rooms Coffee Area</b>																		
#2-3.1	Work to be Performed Daily	51	Ea	\$18.00	\$918.00		\$6.00	\$306.00	(E)	\$20.00	\$1,020.00		\$15.00	\$765.00		\$32.00	\$1,632.00	
#2-3.2	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$105.00	\$315.00		\$38.89	\$116.67		\$800.00	\$2,400.00		\$40.00	\$120.00		\$340.00	\$1,020.00	
<b>Total</b>					<b>\$10,050.00</b>			<b>\$2,274.45</b>			<b>\$12,324.75</b>			<b>\$5,940.00</b>			<b>\$15,735.00</b>	
<b>#3 Communications Dispatch Facility (Fire Station 101)</b>																		
<b>#3-1 Common Area</b>																		
#3-1.1	Work to be Performed Daily	365	Ea	\$42.00	\$15,330.00		\$40.00	\$14,600.00	(E)	\$25.10	\$9,161.50		\$45.00	\$16,425.00		\$40.00	\$14,600.00	
#3-1.2	Work to be Performed Weekly	52	Ea	\$9.00	\$468.00		\$100.00	\$5,200.00		\$22.55	\$1,172.60		\$40.00	\$2,080.00		\$78.00	\$4,056.00	
#3-1.3	Work to be Performed Monthly	12	Ea	\$52.00	\$624.00		\$414.68	\$4,976.16		\$62.05	\$744.60		\$40.00	\$480.00		\$140.00	\$1,680.00	
#3-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$1,978.00	\$5,934.00		\$38.89	\$116.67		\$1,100.00	\$3,300.00		\$40.00	\$120.00		\$480.00	\$1,440.00	
<b>#3-2 Restroom</b>																		
#3-2.1	Work to be Performed Daily	365	Ea	\$38.00	\$13,870.00		\$40.00	\$14,600.00	(E)	\$10.00	\$3,650.00		\$45.00	\$16,425.00		\$40.00	\$14,600.00	
#3-2.2	Work to be Performed Weekly	52	Ea	\$6.00	\$312.00		\$100.00	\$5,200.00		\$20.00	\$1,040.00		\$40.00	\$2,080.00		\$68.00	\$3,536.00	
#3-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$138.00	\$414.00		\$38.89	\$116.67		\$600.00	\$1,800.00		\$40.00	\$120.00		\$460.00	\$1,380.00	
<b>#3-3 Break Rooms Coffee Area</b>																		
#3-3.1	Work to be Performed Daily	365	Ea	\$16.00	\$5,840.00		\$40.00	\$14,600.00	(E)	\$45.10	\$16,461.50		\$40.00	\$14,600.00		\$34.00	\$12,410.00	
#3-3.2	Work to be Performed Weekly	52	Ea	\$3.00	\$156.00		\$100.02	\$5,201.04		\$22.55	\$1,172.60		\$40.00	\$2,080.00		\$60.00	\$3,120.00	
#3-3.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$184.00	\$552.00		\$38.89	\$116.67		\$1,100.00	\$3,300.00		\$40.00	\$120.00		\$420.00	\$1,260.00	
<b>Total</b>					<b>\$43,500.00</b>			<b>\$64,727.21</b>			<b>\$41,802.80</b>			<b>\$54,530.00</b>			<b>\$58,082.00</b>	
<b>#4 Fire Department Garage (Maintenance Facility)</b>																		
<b>#4-1 Common Area</b>																		
#4-1.1	Work to be Performed Daily	146	Ea	\$8.00	\$1,168.00		\$5.50	\$803.00	(E)	\$25.10	\$3,664.60		\$18.00	\$2,628.00		\$40.00	\$5,840.00	
#4-1.2	Work to be Performed Weekly	52	Ea	\$4.00	\$208.00		\$3.00	\$156.00		\$22.55	\$1,172.60		\$10.00	\$520.00		\$62.00	\$3,224.00	
#4-1.3	Work to be Performed Monthly	12	Ea	\$15.00	\$180.00		\$18.83	\$225.96		\$62.05	\$744.60		\$20.00	\$240.00		\$115.00	\$1,380.00	
#4-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$192.00	\$576.00		\$38.89	\$116.67		\$600.00	\$1,800.00		\$15.00	\$45.00		\$425.00	\$1,275.00	
<b>#4-2 Restroom</b>																		
#4-2.1	Work to be Performed Daily	146	Ea	\$5.00	\$730.00		\$5.50	\$803.00	(E)	\$22.55	\$3,292.30		\$18.00	\$2,628.00		\$36.00	\$5,256.00	
#4-2.2	Work to be Performed Weekly	52	Ea	\$2.00	\$104.00		\$3.00	\$156.00		\$20.00	\$1,040.00		\$10.00	\$520.00		\$58.00	\$3,016.00	
#4-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$29.00	\$87.00		\$38.89	\$116.67		\$600.00	\$1,500.00		\$10.00	\$30.00		\$400.00	\$1,200.00	
<b>#4-3 Break Rooms Coffee Area</b>																		
#4-3.1	Work to be Performed Daily	146	Ea	\$5.00	\$730.00		\$5.50	\$803.00	(E)	\$22.55	\$3,292.30		\$9.00	\$1,314.00		\$30.00	\$4,380.00	
#4-3.2	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$39.00	\$117.00		\$38.89	\$116.67		\$750.00	\$2,250.00		\$10.00	\$30.00		\$340.00	\$1,020.00	
<b>Total</b>					<b>\$3,900.00</b>			<b>\$3,296.97</b>			<b>\$18,756.40</b>			<b>\$7,955.00</b>			<b>\$26,591.00</b>	
<b>Sub Total (Services Only)</b>					<b>\$77,640.00</b>			<b>\$79,201.52</b>			<b>\$91,551.35</b>			<b>\$90,740.00</b>			<b>\$132,064.00</b>	
<b>#5 Janitorial Supplies</b>																		
#5-1.1	Liquid Hand Soap	25	Gal	\$10.80	\$270.00		\$8.40	\$210.00	(F)	\$14.36	\$359.00		\$8.25	\$206.25		\$14.50	\$362.50	
#5-1.2	2-Ply Toilet Paper	96	96 Rolls / CS	\$71.63	\$6,876.48		\$81.57	\$7,830.72	(F)	\$16.70	\$1,603.20		\$40.57	\$3,894.72		\$30.00	\$2,880.00	
#5-1.3	White Multi Fold Towels	96	10 x 250 Sheets / CS	\$33.76	\$3,240.96		\$27.18	\$2,609.28	(F)	\$16.79	\$1,611.84		\$29.19	\$2,802.24		\$30.00	\$2,880.00	
#5-1.4	Neutral Cleaner	1	Gal	\$8.05	\$4.90		\$4.90	\$4.90	(F)	\$26.65	\$26.65		\$8.50	\$8.50		\$12.50	\$12.50	
#5-1.5	Degreaser	1	Gal	\$16.07	\$16.07		\$7.82	\$7.82	(F)	\$30.07	\$30.07		\$8.36	\$8.36		\$15.00	\$15.00	
#5-1.6	Disinfectant / Deodorant Spray	1	CS	\$121.23	\$121.23		\$88.08	\$88.08	(F)	\$24.65	\$24.65		\$26.88	\$26.88		\$48.00	\$48.00	
#5-1.7	Class Cleaner	1	Gal	\$8.70	\$8.70		\$6.14	\$6.14	(F)	\$13.65	\$13.65		\$5.75	\$5.75		\$11.50	\$11.50	
#5-1.8	Byquat Degreaser	1	Gal	\$4.65	\$4.65		\$36.94	\$36.94	(F)	\$18.10	\$18.10		\$24.84	\$24.84		\$17.50	\$17.50	
#5-1.9	Small Garbage Bags (24 x 24)	1	CS	\$39.15	\$39.15		\$28.46	\$28.46	(F)	\$18.82	\$18.82		\$37.80	\$37.80		\$29.00	\$29.00	
#5-1.10	Medium Garbage Bags (33 x 40)	1	CS	\$42.16	\$42.16		\$38.31	\$38.31	(F)	\$29.51	\$29.51		\$43.41	\$43.41		\$36.00	\$36.00	
#5-1.11	Large Garbage Bags (43 x 48)	1	CS	\$54.35	\$54.35		\$36.97	\$36.97	(F)	\$30.10	\$30.10		\$29.40	\$29.40		\$42.00	\$42.00	
<b>Total</b>					<b>\$10,681.80</b>			<b>\$10,897.62</b>			<b>\$3,765.59</b>			<b>\$7,088.15</b>			<b>\$6,334.00</b>	

Vendor Notes:  
(E) Price includes labor, supervision, equipment, and routine supplies required for this line item  
(F) Commercial grade; pricing per unit listed

Line Item	Description	QTY	UoM	Pro Alliance Cleaning Services ,LLC			Chi-Ada Corporation			SCSI, Southern Cleaning Service Inc			Sunshine Enterprise USA LLC		
				Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
<b>#1 Pembroke Pines Fire Rescue Administrative Offices (Fire Station 69)</b>															
<b>#1-1 Common Area</b>															
#1-1.1	Work to be Performed Daily	202	Ea	\$27.00	\$5,454.00		\$67.50	\$13,635.00		\$660.95	\$133,511.90		\$179.55	\$36,269.10	(G)
#1-1.2	Work to be Performed Weekly	52	Ea	\$32.00	\$1,664.00		\$75.00	\$3,900.00		\$1,639.00	\$85,228.00		\$276.75	\$14,391.00	(H)
#1-1.3	Work to be Performed Monthly	12	Ea	\$32.00	\$384.00		\$125.00	\$1,500.00		\$23.31	\$279.72		\$499.50	\$5,994.00	(I)
#1-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$9,300.80	\$27,902.40		\$425.00	\$1,275.00		\$455.00	\$1,365.00		\$1,147.50	\$3,442.50	(J)
<b>#1-2 Restroom</b>															
#1-2.1	Work to be Performed Daily	202	Ea	\$12.00	\$2,424.00		\$25.50	\$5,151.00		\$19.91	\$4,021.82		\$179.55	\$36,269.10	(L)
#1-2.2	Work to be Performed Weekly	52	Ea	\$18.00	\$936.00		\$75.25	\$3,913.00		\$50.53	\$2,627.56		\$276.75	\$14,391.00	(M)
#1-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$500.00	\$1,500.00		\$225.25	\$675.75		\$130.00	\$390.00		\$1,147.50	\$3,442.50	(N)
<b>#1-3 Break Rooms Coffee Area</b>															
#1-3.1	Work to be Performed Daily	202	Ea	\$10.00	\$2,020.00		\$25.25	\$5,100.50		\$9.58	\$1,935.16		\$179.55	\$36,269.10	(O)
#1-3.2	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$500.00	\$1,500.00		\$167.00	\$501.00		\$65.00	\$195.00		\$1,147.50	\$3,442.50	(P)
<b>Total</b>					<b>\$43,784.40</b>			<b>\$35,651.25</b>			<b>\$229,554.16</b>			<b>\$153,910.80</b>	
<b>#2 Pines Fire Training Facility</b>															
<b>#2-1 Common Area</b>															
#2-1.1	Work to be Performed Daily	51	Ea	\$22.00	\$1,122.00		\$67.50	\$3,442.50		\$66.50	\$3,391.50		\$179.55	\$9,157.05	(G)
#2-1.2	Work to be Performed Weekly	51	Ea	\$28.00	\$1,428.00		\$75.00	\$3,825.00		\$16.68	\$850.68		\$276.75	\$14,114.25	(H)
#2-1.3	Work to be Performed Monthly	12	Ea	\$28.00	\$336.00		\$125.00	\$1,500.00		\$23.31	\$279.72		\$499.50	\$5,994.00	(I)
#2-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$5,821.50	\$17,464.50		\$425.00	\$1,275.00		\$385.00	\$1,155.00		\$1,147.50	\$3,442.50	(K)
<b>#2-2 Restroom</b>															
#2-2.1	Work to be Performed Daily	51	Ea	\$5.00	\$255.00		\$25.50	\$1,300.50		\$18.97	\$967.47		\$179.55	\$9,157.05	(L)
#2-2.2	Work to be Performed Weekly	51	Ea	\$6.00	\$306.00		\$75.00	\$3,825.00		\$7.08	\$361.08		\$276.75	\$14,114.25	(M)
#2-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$300.00	\$900.00		\$225.00	\$675.00		\$110.00	\$330.00		\$1,147.50	\$3,442.50	(N)
<b>#2-3 Break Rooms Coffee Area</b>															
#2-3.1	Work to be Performed Daily	51	Ea	\$8.00	\$408.00		\$25.25	\$1,287.75		\$9.60	\$489.60		\$179.55	\$9,157.05	(O)
#2-3.2	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$300.00	\$900.00		\$167.00	\$501.00		\$55.00	\$165.00		\$1,147.50	\$3,442.50	(P)
<b>Total</b>					<b>\$23,119.50</b>			<b>\$17,631.75</b>			<b>\$7,990.05</b>			<b>\$72,021.15</b>	
<b>#3 Communications Dispatch Facility (Fire Station 101)</b>															
<b>#3-1 Common Area</b>															
#3-1.1	Work to be Performed Daily	365	Ea	\$35.00	\$12,775.00		\$185.00	\$67,525.00		\$130.18	\$47,515.70		\$179.55	\$65,535.75	(G)
#3-1.2	Work to be Performed Weekly	52	Ea	\$33.00	\$1,716.00		\$185.00	\$9,620.00		\$16.36	\$850.72		\$276.75	\$14,391.00	(H)
#3-1.3	Work to be Performed Monthly	12	Ea	\$33.00	\$396.00		\$185.00	\$2,220.00		\$23.31	\$279.72		\$499.50	\$5,994.00	(I)
#3-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$6,838.35	\$20,515.05		\$425.25	\$1,275.75		\$385.00	\$1,155.00		\$1,147.50	\$3,442.50	(K)
<b>#3-2 Restroom</b>															
#3-2.1	Work to be Performed Daily	365	Ea	\$34.00	\$12,410.00		\$35.50	\$12,967.50		\$37.42	\$13,658.30		\$179.55	\$65,535.75	(L)
#3-2.2	Work to be Performed Weekly	52	Ea	\$34.00	\$1,768.00		\$75.25	\$3,913.00		\$4.10	\$213.20		\$276.75	\$14,391.00	(M)
#3-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$300.00	\$900.00		\$225.25	\$675.75		\$110.00	\$330.00		\$1,147.50	\$3,442.50	(N)
<b>#3-3 Break Rooms Coffee Area</b>															
#3-3.1	Work to be Performed Daily	365	Ea	\$13.40	\$4,891.00		\$35.25	\$12,866.25		\$18.36	\$6,701.40		\$179.55	\$65,535.75	(O)
#3-3.2	Work to be Performed Weekly	52	Ea	\$12.00	\$624.00		\$75.00	\$3,900.00		\$2.24	\$116.48		\$276.75	\$14,391.00	(I)
#3-3.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$300.00	\$900.00		\$225.25	\$675.75		\$55.00	\$165.00		\$1,147.50	\$3,442.50	(P)
<b>Total</b>					<b>\$56,895.05</b>			<b>\$115,629.00</b>			<b>\$70,985.52</b>			<b>\$256,101.75</b>	
<b>#4 Fire Department Garage (Maintenance Facility)</b>															
<b>#4-1 Common Area</b>															
#4-1.1	Work to be Performed Daily	146	Ea	\$6.00	\$876.00		\$67.50	\$9,855.00		\$52.29	\$7,634.34		\$179.55	\$26,214.30	(G)
#4-1.2	Work to be Performed Weekly	52	Ea	\$7.00	\$364.00		\$75.00	\$3,900.00		\$16.36	\$850.72		\$276.75	\$14,391.00	(H)
#4-1.3	Work to be Performed Monthly	12	Ea	\$12.00	\$144.00		\$167.00	\$2,004.00		\$23.25	\$279.00		\$499.50	\$5,994.00	(I)
#4-1.4	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$856.50	\$2,569.50		\$425.25	\$1,275.75		\$385.00	\$1,155.00		\$1,147.50	\$3,442.50	(K)
<b>#4-2 Restroom</b>															
#4-2.1	Work to be Performed Daily	146	Ea	\$6.00	\$876.00		\$25.50	\$3,723.00		\$14.93	\$2,179.78		\$179.55	\$26,214.30	(L)
#4-2.2	Work to be Performed Weekly	52	Ea	\$7.00	\$364.00		\$75.00	\$3,900.00		\$6.95	\$361.40		\$276.75	\$14,391.00	(M)
#4-2.3	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$300.00	\$900.00		\$225.25	\$675.75		\$110.00	\$330.00		\$1,147.50	\$3,442.50	(P)
<b>#4-3 Break Rooms Coffee Area</b>															
#4-3.1	Work to be Performed Daily	146	Ea	\$4.00	\$584.00		\$35.25	\$5,146.50		\$7.50	\$1,095.00		\$179.55	\$26,214.30	(O)
#4-3.2	Floor Care to be Performed 3 Times a Year as Requested	3	Ea	\$300.00	\$900.00		\$225.25	\$675.75		\$55.00	\$165.00		\$1,147.50	\$3,442.50	(P)
<b>Total</b>					<b>\$7,577.50</b>			<b>\$31,155.75</b>			<b>\$14,050.24</b>			<b>\$123,746.40</b>	
<b>Sub Total (Services Only)</b>					<b>\$131,376.45</b>			<b>\$200,067.75</b>			<b>\$322,579.97</b>			<b>\$605,780.10</b>	
<b>#5 Janitorial Supplies</b>															
#5-1.1	Liquid Hand Soap	25	Gal	\$12.32	\$308.00		\$10.00	\$250.00		\$11.26	\$281.50		\$31.05	\$776.25	
#5-1.2	2-Ply Toilet Paper	96	96 Rolls / CS	\$60.00	\$5,760.00		\$47.90	\$4,598.40		\$8.3	\$79.68		\$9.44	\$906.24	
#5-1.3	White Multi Fold Towels	96	10 x 250 Sheets / CS	\$15.00	\$1,440.00		\$44.36	\$4,258.56		\$2.61	\$250.56		\$19.29	\$1,851.84	
#5-1.4	Neutral Cleaner	1	Gal	\$18.00	\$18.00		\$14.87	\$14.87		\$11.89	\$11.89		\$40.49	\$40.49	
#5-1.5	Degreaser	1	Gal	\$14.95	\$14.95		\$9.98	\$9.98		\$15.34	\$15.34		\$40.49	\$40.49	
#5-1.6	Disinfectant / Deodorant Spray	1	CS	\$75.00	\$75.00		\$35.50	\$35.50		\$47.93	\$47.93		\$52.65	\$52.65	
#5-1.7	Glass Cleaner	1	Gal	\$15.94	\$15.94		\$9.00	\$9.00		\$9.04	\$9.04		\$26.96	\$26.96	
#5-1.8	Byquat Degreaser	1	Gal	\$19.76	\$19.76		\$0.00	\$0.00		\$20.91	\$20.91		\$26.92	\$26.92	
#5-1.9	Small Garbage Bags (24 x 24)	1	CS	\$41.43	\$41.43		\$30.57	\$30.57		\$27.71	\$27.71		\$27.00	\$27.00	
#5-1.10	Medium Garbage Bags (33 x 40)	1	CS	\$62.75	\$62.75		\$59.05	\$59.05		\$32.98	\$32.98		\$36.45	\$36.45	
#5-1.11	Large Garbage Bags (43 x 48)	1	CS	\$73.39	\$73.39		\$42.47	\$42.47		\$40.08	\$40.08		\$56.70	\$56.70	
<b>Total</b>					<b>\$7,829.22</b>			<b>\$9,308.40</b>			<b>\$817.62</b>			<b>\$3,841.99</b>	

Vendor Notes:

- (G) Includes labor, supplies, and routine maintenance
- (H) Detailed disinfecting and touchpoint sanitation
- (I) Deep cleaning and detailing services
- (J) Includes stripping, waxing, carpet extraction

- (K) Includes stripping, waxing, carpet extractio
- (L) Sanitization and restocking included
- (M) Deep disinfecting of fixtures
- (N) Tile scrubbing and grout cleaning

- (O) Appliance cleaning and trash removal
- (P) Degreasing and floor care

Question	IC & G CLEANING SERVICES INC	Green Facility, Inc.
<b>CONFIRMATION TO BIND</b>		
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and 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.)	Confirmed	Confirmed
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance	No	Yes
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	Included	Included
Please upload your current certificate(s) of insurance.	Included	
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City		
Do you plan on using subcontractors for this project?	No	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		Yes
<b>PROJECT DOCUMENTS</b>		
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)</b>		
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>		
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>	Included	Included
Drug-Free Status	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>		
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	Included	Included
<b>VENDOR REGISTRATION</b>		
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No
What is your Vendor Number?		
<b>VENDOR INFORMATION FORM</b>	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included
<b>OPTIONAL DOCUMENTATION</b>		
<b>TRADE SECRETS</b>		Included - N/A
<b>FINANCIAL STATEMENTS</b>		Included - N/A
<b>ALTERNATIVES</b>		Included - N/A
<b>ADDITIONAL INFORMATION</b>		Proposal
<b>PROFESSIONAL LICENSES</b>		
<b>VENDOR CLASSIFICATION</b>		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	Yes
Please indicate your Local Vendor Status	N/A	Local Broward County Vendor (LBCV)
Local Vendor Preference Certification	N/A	Included - Meet requirement
Local Business Tax Receipts	N/A	LBTR - Broward - 09-30-26
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A
MBE Certification Documentation	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No
DBE Certification Documentation	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A
Proof of Registration Upload	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	CLEAN FREEK'S JANITORIAL SERVICES LLC	Safeguard Services, Inc
<b>CONFIRMATION TO BIND</b>		
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and 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.)	Confirmed	Confirmed
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance	Yes	Yes
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	Included	Included
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	Yes	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City	Included	
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		
<b>PROJECT DOCUMENTS</b>		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)		
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included
Drug-Free Status	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
<b>VENDOR REGISTRATION</b>		
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	Yes	Yes
What is your Vendor Number?	5906	3379
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
<b>OPTIONAL DOCUMENTATION</b>		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
<b>ADDITIONAL INFORMATION</b>		
	SunBiz	SunBiz
<b>PROFESSIONAL LICENSES</b>		
<b>VENDOR CLASSIFICATION</b>		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	Yes	Yes
Please indicate your Local Vendor Status	Local Broward County Vendor (LBCV)	Local Pembroke Pines Vendor (LPPV)
Local Vendor Preference Certification	Included - Meet Requirements	Not Included
Local Business Tax Receipts	LBTR - Broward - 09-30-26	LBTR-Pembroke Pines - 09-30-26
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	African-American MBE	N/A
MBE Certification Documentation		N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	Yes
WMBE Certification Documentation	N/A	WBE Certification
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	Yes	No
SBE Certification Documentation	SBE Certification	N/A
Is your firm a Broward County Business Enterprise (CBE)?	Yes	No
CBE Certification Documentation	CBE Certification	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No
DBE Certification Documentation	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A
Proof of Registration Upload	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	MIAMI JANITORIAL SUPPLIES, INC	Imperial Cleaning Corp. dba Global Services
<b>CONFIRMATION TO BIND</b>		
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and 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.)	Confirmed	Confirmed
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance	Yes	Yes
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	Included	Included
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		
<b>PROJECT DOCUMENTS</b>		
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)</b>		
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>		
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>	Included	Included
Drug-Free Status	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>		
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	Included	Included
<b>VENDOR REGISTRATION</b>		
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No
What is your Vendor Number?		
<b>VENDOR INFORMATION FORM</b>	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included
<b>OPTIONAL DOCUMENTATION</b>		
<b>TRADE SECRETS</b>		
<b>FINANCIAL STATEMENTS</b>	Included	
<b>ALTERNATIVES</b>		
<b>ADDITIONAL INFORMATION</b>	State Registration Fire Permit Interior Office Building cleaning Certificate Annual Report References Requested Certification	
<b>PROFESSIONAL LICENSES</b>	Included	Included
<b>VENDOR CLASSIFICATION</b>		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	LBTR-Boward - 09-30-26
Local Business Tax Receipts	LBTR - Hialeah Gardens - 09-30-26 LBTR - Miami Dade - 09-30-26 LBTR - Monroe County - 09-30-26	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Hispanic-American MBE	N/A
MBE Certification Documentation	MBE Certification	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	Yes	No
WMBE Certification Documentation	WMBE Certification	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No
DBE Certification Documentation	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A
Proof of Registration Upload	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	Clean Space, LLC	GUM HUNTERS CARPET & TILE CLEANING SERVICES CORP
<b>CONFIRMATION TO BIND</b>		
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and 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.)	Confirmed	Confirmed
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance	Yes	Yes
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	Included	Included
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		
<b>PROJECT DOCUMENTS</b>		
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)</b>		
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>		
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>	Included	Included
Drug-Free Status	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>		
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	Included	Included
<b>VENDOR REGISTRATION</b>		
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No
What is your Vendor Number?		
<b>VENDOR INFORMATION FORM</b>	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included
<b>OPTIONAL DOCUMENTATION</b>		
<b>TRADE SECRETS</b>		
<b>FINANCIAL STATEMENTS</b>		
<b>ALTERNATIVES</b>		
<b>ADDITIONAL INFORMATION</b>		SunBiz Capability MDCSBD Letter
<b>PROFESSIONAL LICENSES</b>	Included	
<b>VENDOR CLASSIFICATION</b>		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	Yes	No
Please indicate your Local Vendor Status	Local Broward County Vendor (LBCV)	N/A
Local Vendor Preference Certification	Included - Meet Requirements	N/A
Local Business Tax Receipts	LBTR - Broward - 09-30-26	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	Hispanic-American MBE
MBE Certification Documentation	N/A	MBE Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No
DBE Certification Documentation	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A
Proof of Registration Upload	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	Skyshine Enterprises LLC	Celebrity Janitorial and Cleaning, LLC
<b>CONFIRMATION TO BIND</b>		
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and 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.)	Confirmed	Confirmed
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance	Yes	Yes
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	Included	Included
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		
<b>PROJECT DOCUMENTS</b>		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)		
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Not Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included
Drug-Free Status	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
<b>VENDOR REGISTRATION</b>		
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	Yes	No
What is your Vendor Number?	6430	
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
<b>OPTIONAL DOCUMENTATION</b>		
TRADE SECRETS		Included
<b>FINANCIAL STATEMENTS</b>		
<b>ALTERNATIVES</b>		
<b>ADDITIONAL INFORMATION</b>		
Company Description Operational Agreement		
<b>PROFESSIONAL LICENSES</b>		
<b>VENDOR CLASSIFICATION</b>		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Hispanic-American MBE	African-American MBE
MBE Certification Documentation	MBE Certification	MBE Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	Yes	No
WMBE Certification Documentation	WMBE Certification	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	Yes
SBE Certification Documentation	N/A	SBE Certification
Is your firm a Broward County Business Enterprise (CBE)?	No	Yes
CBE Certification Documentation	N/A	CBE Certification
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	Yes
DBE Certification Documentation	N/A	DBE Certification
Does your firm have a Vendor Classification that was not listed above?	No	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A
Proof of Registration Upload	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	Pro Alliance Cleaning Services ,LLC	Chi-Ada Corporation
<b>CONFIRMATION TO BIND</b>		
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and 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.)	Confirmed	Confirmed
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance	Yes	Yes
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	Included	Included
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		
<b>PROJECT DOCUMENTS</b>		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)		
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included
Drug-Free Status	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
<b>VENDOR REGISTRATION</b>		
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No
What is your Vendor Number?		
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
<b>OPTIONAL DOCUMENTATION</b>		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
<b>ADDITIONAL INFORMATION</b>		List of Litigation Addendum Price Proposal Sheet SunBiz Annual Report
<b>PROFESSIONAL LICENSES</b>		
<b>VENDOR CLASSIFICATION</b>		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	Yes
Please indicate your Local Vendor Status	N/A	Local Broward County Vendor (LBCV)
Local Vendor Preference Certification	N/A	Included - Meet Requirements
Local Business Tax Receipts	N/A	LBTR-Broward-09-30-26 LBTR-Tamarac-09-30-26
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A
MBE Certification Documentation	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No
DBE Certification Documentation	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A
Proof of Registration Upload	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A

Question	SCSI, Southern Cleaning Service Inc	Sunshine Enterprise USA LLC
<b>CONFIRMATION TO BIND</b>		
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and 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.)	Confirmed	Confirmed
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance	Yes	Yes
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	Included	Included
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City		
Do you plan on using subcontractors for this project?	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		
<b>PROJECT DOCUMENTS</b>		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)		
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included
Drug-Free Status	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
<b>VENDOR REGISTRATION</b>		
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No
What is your Vendor Number?		
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
<b>OPTIONAL DOCUMENTATION</b>		
TRADE SECRETS		Included
FINANCIAL STATEMENTS		Included
ALTERNATIVES		Included
ADDITIONAL INFORMATION	Proposal	State Registration Proposal
PROFESSIONAL LICENSES		Included
<b>VENDOR CLASSIFICATION</b>		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	Included Not meet Requirements	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A
MBE Certification Documentation	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	Yes
WMBE Certification Documentation	N/A	WBE Certification
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No
DBE Certification Documentation	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	Yes
Other Vendor Classification Certification Documentation	N/A	DBE Certification
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A
Proof of Registration Upload	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A