



City of Pembroke Pines
Procurement
Mark Gomes, Procurement Director
601 City Center Way, Pembroke Pines, FL 33025

EVALUATION TABULATION
IFB No. TS-25-15
[NEMA 4X Enclosures](#)
RESPONSE DEADLINE: September 2, 2025 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
Anixter, Inc	\$28,404.00
Tadeos Engineering LLC	\$87,214.32
GHA Technologies, Inc	\$90,000.00
Verity Partners Inc	\$94,902.00
vPrime Tech Inc	\$99,997.92
Triad Security Group Inc	\$104,700.00
Neobits, Inc.	\$106,786.92
Questivity	\$109,358.76
MIAMI BUSINESS TELEPHONE CORP	\$111,000.00
Technology International, Inc.	\$121,200.00
Orion Connectivity Services, Inc.	\$147,450.84

EVALUATION TABULATION

IFB No. TS-25-15

NEMA 4X Enclosures

ALTERNATE

Vendor	Total
Questivity	\$0.00
Tadeos Engineering LLC	\$0.00
Triad Security Group Inc	\$0.00
Verity Partners Inc	\$0.00
vPrime Tech Inc	\$0.00
Anixter, Inc	\$28,404.00
GHA Technologies, Inc	\$90,000.00
Neobits, Inc.	\$106,786.92
MIAMI BUSINESS TELEPHONE CORP	\$111,000.00
Technology International, Inc.	\$121,200.00
Orion Connectivity Services, Inc.	\$147,450.84

	Primary			Anixter, Inc				Tadeos Engineering LLC				GHA Technologies, Inc			
Line Item	Description	Qty	UM	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes
1	factory-configured DDB OD-30DXC outdoor enclosures (Model: 15RU, 32"H x 28"W x 30"D) constructed of 0.125" Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19" rack rails, condensate management, filters, solar cap, and a 5-year structural warranty and 1-year HVAC warranty.	12	Each	\$2,367	\$28,404	DDB OD-3 0DXC, 15RU	3-5 business days while in stock	\$7,267.86	\$87,214.32	DDB OD-3 0DXC, 15RU		\$7,500	\$90,000	DDB OD-30DXC, 15RU	6748
	Total				\$28,404				\$87,214.32				\$90,000		
	Alternate			Questivity				Tadeos Engineering LLC				Triad Security Group Inc			
Line Item	Description	Qty	UM	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes
1	factory-configured DDB OD-30DXC outdoor enclosures (Model: 15RU, 32"H x 28"W x 30"D) constructed of 0.125" Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19" rack rails, condensate management, filters, solar cap, and a 5-year structural warranty and 1-year HVAC warranty.	12	Each	\$0.00	\$0.00	DDB OD-3 0DXC, 15RU	Not quoting alternative	\$0.00	\$0.00	DDB OD-3 0DXC, 15RU		\$0.00	\$0.00	DDB OD-30DXC, 15RU	
	Total				\$0.00				\$0.00				\$0.00		

	Primary			Verity Partners Inc				vPrime Tech Inc				Triad Security Group Inc			
Line Item	Description	Qty	UM	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes
1	factory-configured DDB OD-30DXC outdoor enclosures (Model: 15RU, 32”H x 28”W x 30”D) constructed of 0.125” Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19” rack rails, condensate management, filters, solar cap, and a 5-year structural warranty and 1-year HVAC warranty.	12	Each	\$7,908.50	\$94,902.00	DDB OD-30 DXC, 15RU	DDB	\$8,333.16	\$99,997.92	DDB OD-30DXC, 15RU		\$8,725.00	\$104,700.00	DDB OD-3 0DXC, 15RU	
	Total				\$94,902.00				\$99,997.92				\$104,700.00		
	Alternate			Verity Partners Inc				vPrime Tech Inc				Anixter, Inc			
Line Item	Description	Qty	UM	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes
1	factory-configured DDB OD-30DXC outdoor enclosures (Model: 15RU, 32”H x 28”W x 30”D) constructed of 0.125” Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19” rack rails, condensate management, filters, solar cap, and a 5-year structural warranty and 1-year HVAC warranty.	12	Each	\$0.00	\$0.00	DDB OD-30 DXC, 15RU	DDB	\$0.00	\$0.00	DDB OD-30DXC, 15RU		\$2,367	\$28,404	DDB OD-3 0DXC, 15RU	
	Total				\$0.00				\$0.00				\$28,404		

	Primary			Neobits, Inc.				Questivity				MIAMI BUSINESS TELEPHONE CORP			
Line Item	Description	Qty	UM	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes
1	factory-configured DDB OD-30DXC outdoor enclosures (Model: 15RU, 32"H x 28"W x 30"D) constructed of 0.125" Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19" rack rails, condensate management, filters, solar cap, and a 5-year structural warranty and 1-year HVAC warranty.	12	Each	\$8,898.91	\$106,786.92	DDB OD-30DXC, 15RU	Each unit is configured with the following: (1) DDB Unlimited OD-30DXC-UL50 Enclosure, (1) DDB Unlimited ACP-2000-T20-110-SS Air Conditioner, (1) DDB Unlimited OD-INS Insulation for OD series enclosure, (2) DDB Unlimited ZP-FATH-316SS-HANDLE heavy duty handle	\$9,113.23	\$109,358.76	DDB OD-30DX C, 15RU	OD-30DXC, ACP-2000-T20-110-SS, OD-INS ZP-NDCP ZP-1091-U142-316 ZP-ISPM-PALLET FREIGHT •30"H x 25"W x 25"D •15 YEAR WARRANTY •FRONT AND REAR DOORS •3 POINT PAD LOCKING SYSTEM •ALUMASHIELD™ TOP SOLAR SHIELD •POWDER COAT TEXTURED CREAM FINISH •.125 ALUMINUM CONSTRUCTION w/ ALUMAFLEX •STAINLESS STEEL EXTERIOR HARDWARE	\$9,250	\$111,000	DDB OD-30DXC, 15RU	cost of freight from factory can vary, lead time is 6-12 weeks.
	Total				\$106,786.92				\$109,358.76				\$111,000		
	Alternate			GHA Technologies, Inc				Neobits, Inc.				MIAMI BUSINESS TELEPHONE CORP			
Line Item	Description	Qty	UM	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes
1	factory-configured DDB OD-30DXC outdoor enclosures (Model: 15RU, 32"H x 28"W x 30"D) constructed of 0.125" Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19" rack rails, condensate management, filters, solar cap, and a 5-year structural warranty and 1-year HVAC warranty.	12	Each	\$7,500	\$90,000	DDB OD-30DXC, 15RU	6748	\$8,898.91	\$106,786.92	DDB OD-30DX C, 15RU	Each unit is configured with the following: (1) DDB Unlimited OD-30DXC-UL50 Enclosure, (1) DDB Unlimited ACP-2000-T20-110-SS Air Conditioner, (1) DDB Unlimited OD-INS Insulation for OD series enclosure, (2) DDB Unlimited ZP-FATH-316SS-HANDLE heavy duty handle	\$9,250	\$111,000	DDB OD-30DXC, 15RU	not an alternate - same part # same cost. Same lead time
	Total				\$90,000				\$106,786.92				\$111,000		

	Primary			Technology International, Inc.				Orion Connectivity Services, Inc.			
Line Item	Description	Qty	UM	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes
1	factory-configured DDB OD-30DXC outdoor enclosures (Model: 15RU, 32"H x 28"W x 30"D) constructed of 0.125" Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19" rack rails, condensate management, filters, solar cap, and a 5-year structural warranty and 1-year HVAC warranty.	12	Each	\$10,100.00	\$121,200.00	DDB OD-30 DXC, 15RU		\$12,287.57	\$147,450.84	DDB OD-30 DXC, 15RU	
	Total				\$121,200.00				\$147,450.84		
	Alternate			Technology International, Inc.				Orion Connectivity Services, Inc.			
Line Item	Description	Qty	UM	Unit Cost	Total	Part Number	Vendor Notes	Unit Cost	Total	Part Number	Vendor Notes
1	factory-configured DDB OD-30DXC outdoor enclosures (Model: 15RU, 32"H x 28"W x 30"D) constructed of 0.125" Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19" rack rails, condensate management, filters, solar cap, and a 5-year structural warranty and 1-year HVAC warranty.	12	Each	\$10,100.00	\$121,200.00	DDB OD-30 DXC, 15RU		\$12,287.57	\$147,450.84	DDB OD-30 DXC, 15RU	
	Total				\$121,200.00				\$147,450.84		

Question	Anixter, Inc	Tadeos Engineering LLC
CONFIRMATION TO BIND		
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
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed
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	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.		
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.		
Do you plan on using subcontractors for this project?	No	No
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?		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	Included	Included
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.	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.
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 Administrative Hearings.		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES		
EQUAL BENEFITS CERTIFICATION FORM		
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
VENDOR REGISTRATION	Included	Included
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
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION		
PROFESSIONAL LICENSES		Financial Statement General Contractor License Professional Engineer License
VENDOR CLASSIFICATION		
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)?	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	SBE Certificate
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	SBE-G&S Certificate
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	GHA Technologies, Inc	Verity Partners Inc
CONFIRMATION TO BIND		
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
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed
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	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.		
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.		
Do you plan on using subcontractors for this project?	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	Included	Included
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.	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.
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 Administrative Hearings.		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES		
EQUAL BENEFITS CERTIFICATION FORM		
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Does not meet requirement	
STANDARD DOCUMENTS	Complies fully.	Complies fully.
NON-COLLUSIVE AFFIDAVIT		
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
VENDOR REGISTRATION	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	Yes	No
What is your Vendor Number?	6748	
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION		
PROFESSIONAL LICENSES		
VENDOR CLASSIFICATION		
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)?	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	vPrime Tech Inc	Triad Security Group Inc
CONFIRMATION TO BIND		
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
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed
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	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.		
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.		
Do you plan on using subcontractors for this project?	No	No
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?		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	Included	Included
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. (2 Selections) A) No convictions.	A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989. A) No convictions.
Public Entity Crimes Status	No	No
Did you select option B1 or B2 above?		
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES		
EQUAL BENEFITS CERTIFICATION FORM		
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
VENDOR REGISTRATION	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	Yes
What is your Vendor Number?		919
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION		
PROFESSIONAL LICENSES		Electrical Contractor License
VENDOR CLASSIFICATION		
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	Meet Requirement
Local Business Tax Receipts	N/A	Broward - 09-30-25
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)	Asian-American MBE	N/A
MBE Certification Documentation	NMSDC Certification	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?	Yes	No
Other Vendor Classification Certification Documentation	Not Included	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	Neobits, Inc.	Questivity
CONFIRMATION TO BIND		
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
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed
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	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.		
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.		
Do you plan on using subcontractors for this project?	No	No
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?		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	Included	Included
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.	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.
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 Administrative Hearings.		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES		
EQUAL BENEFITS CERTIFICATION FORM	Two Selections	
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
VENDOR REGISTRATION	Included	Included
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
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION		
PROFESSIONAL LICENSES		
VENDOR CLASSIFICATION		
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)	Asian-American MBE	Asian-American MBE
MBE Certification Documentation	MBE Certification	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?	Yes	No
Other Vendor Classification Certification Documentation	DVBE Certificate	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 BUSINESS TELEPHONE CORP	Technology International, Inc.
CONFIRMATION TO BIND		
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
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE		
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed
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	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.		
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.		
Do you plan on using subcontractors for this project?	No	No
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?		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	Included	Included
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.	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.
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 Administrative Hearings.		
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES		
EQUAL BENEFITS CERTIFICATION FORM		
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM		
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Not Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Not a City Form
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
VENDOR REGISTRATION	Included	Included
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
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	State Registration	
PROFESSIONAL LICENSES		
VENDOR CLASSIFICATION		
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)?	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	Orion Connectivity Services, Inc.
CONFIRMATION TO BIND	
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
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE	
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed
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	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	
Please upload your current certificate(s) of insurance.	
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.	
Do you plan on using subcontractors for this project?	No
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?	
PROJECT DOCUMENTS	
PROPOSERS BACKGROUND INFORMATION FORM	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	Included
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.
Public Entity Crimes Status	A) No convictions.
Did you select option B1 or B2 above?	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.	
Did you select option B3 above?	No
Please describe any action taken by or pending with the Department of General Services.	
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES	
EQUAL BENEFITS CERTIFICATION FORM	
Equal Benefits Status	A) Contractor currently complies.
Did you select option D2 above?	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.	
DRUG-FREE WORKPLACE CERTIFICATION	
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	
Drug-Free Status	Complies fully.
STANDARD DOCUMENTS	
NON-COLLUSIVE AFFIDAVIT	Included
SCRUTINIZED COMPANY CERTIFICATION	Included
E-VERIFY SYSTEM CERTIFICATION	Included
HUMAN TRAFFICKING AFFIDAVIT	Included
VENDOR REGISTRATION	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No
What is your Vendor Number?	
VENDOR INFORMATION FORM	Included
FORM W-9 (REVISED MARCH 2024)	Included
OPTIONAL DOCUMENTATION	
TRADE SECRETS	
FINANCIAL STATEMENTS	
ALTERNATIVES	
ADDITIONAL INFORMATION	
PROFESSIONAL LICENSES	
VENDOR CLASSIFICATION	
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No
Please indicate your Local Vendor Status	N/A
Local Vendor Preference Certification	N/A
Local Business Tax Receipts	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	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
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A
MBE Certification Documentation	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No
WMBE Certification Documentation	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No
SBE Certification Documentation	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No
CBE Certification Documentation	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No
DBE Certification Documentation	N/A
Does your firm have a Vendor Classification that was not listed above?	No
Other Vendor Classification Certification Documentation	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A
Proof of Registration Upload	N/A
If yes, please provide an explanation.	N/A
If yes, please upload any relevant documentation, if applicable.	N/A