

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 | | | | |

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 | Primary Anixter, Inc | | | | | 10 | Tadeos Engineering LLC | | | | | GHA Technologies, Inc | | | |
|--------------|---|----------------------|------|--------------|----------|---------------------------|-------------------------------------|------------------------|-------------|---------------------------|-----------------|--------------|-----------------------|-----------------------|--------------|--|
| Line Item | Description | Qty | им | 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 × 28"W × 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 ODXC, 15RU | 3-5 business days while in stock | \$7,267.86 | \$87,214.32 | DDB OD-3 ODXC, 15RU | | \$7,500 | \$90,000 | DDB OD-30DXC, 15RU | 6748 | |
| | Total | | | | \$28,404 | | | | \$87,214.32 | | | | \$90,000 | | | |
| | | | | | | | | | | | | | | | | |
| | Alternate | | | | | Questivit | y | | Tadeos Eng | gineering LL | .C | | Т | riad Security Group I | nc | |
| Line Item | Description | Qty | им | 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 × 28"W × 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 ODXC, 15RU | Not quoting alternative | \$0.00 | \$0.00 | DDB OD-3 ODXC, 15RU | | \$0.00 | \$0.00 | DDB OD-30DXC, 15RU | | |

Total

| | Primary | | | | | Verity Partn | ers Inc | | vPri | me Tech Inc | | | Triad | Security Gr | oup Inc |
|--------------|---|-----|------|------------|-------------|------------------------|--------------|------------|-------------|-----------------------|-----------------|------------|--------------|---------------------------|--------------|
| Line Item | Description | Qty | им | 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 × 28"W × 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 ODXC, 15RU | |
| | Total | | | | \$94,902.00 | | | | \$99,997.92 | | | | \$104,700.00 | | |
| | | | | | | | | | | | | | | | |
| | Alternate | | | | | Verity Partn | ers Inc | | vPri | me Tech Inc | | | | Anixter, In | С |
| Line Item | Description | Qty | им | 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 × 28"W × 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 ODXC, 15RU | |

Total

| | Primary | | | | | Neobits, Inc. | | | | Questivity | | MIAMI BUSINESS TELEPHONE CORP | | | CORP |
|--------------|---|-----|------|------------|--------------|-----------------------|---|------------|--------------|------------------------|--|-------------------------------|--------------|------------------------|--|
| Line Item | Description | Qty | им | 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 × 28"W × 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-30 DXC, 15RU | |
| | Total | | | | \$106,786.92 | | | | \$109,358.76 | | | | \$111,000 | | |
| | | | | | | | | | | | | | | | |
| | Alternate | | | | GHA | Technologies, Inc | <u> </u> | | <u> </u> | Neobits, Inc. | | MIAI | VII BUSINESS | | |
| 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 × 28"W × 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-30 DXC, 15RU | not an alternate - same part # same cost. Same lead time |

\$106,786.92

\$111,000

\$90,000

Total

| | Primary | | | Tec | hnology Inter | national. Inc. | | Orio | n Connectivity | v Services. In | с. |
|--------------|---|-----|------|-------------|---------------|------------------------|-----------------|-------------|----------------|------------------------|-----------------|
| 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 × 28"W × 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 | | | Tec | hnology Inter | national, Inc. | | Orio | n Connectivity | y Services, In | с. |
| Line Item | Description | Qty | им | 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 × 28"W × 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 | |
| | | | | | | | | | | | |

| Question | Anixter, Inc | Tadeos Engineering LLC |
|---|--|---|
| CONFIRMATION TO BIND | , and the second | idacov znamecima zzo |
| 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 | Confirmed | Confirmed |
| solicitation before any work may commence, and throughout the life of the contract. 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 | Yes | Yes |
| "Class VI" as to financial strength by A.M. Best, and that you understand all | res | ies |
| endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must Do you currently carry insurance policies that meet or exceed the minimum | Yes | Yes |
| requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation? | Tes | Tes |
| 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 plan on using subcontractors for this project? Do you acknowledge that all subcontractors must also carry the same insurance or | NO | NU |
| 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 |
| G. W. 1 - 12-12-07 - 12-3(3)(d) | A) Neither the entity submitting this sworn statement, nor any officers, | A) Neither the entity submitting this sworn statement, nor any officers, |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM | directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the | directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the |
| - STORM STATEMENT ON FOREIGENTAL FORMULS TORM | entity have been charged with and convicted of a public entity crime | entity have been charged with and convicted of a public entity crime |
| Public Entity Crimes Status | subsequent to July 1, 1989. | subsequent to July 1, 1989. A) No convictions. |
| Did you select option B1 or B2 above? | A) No convictions. No | A) No convictions. 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 HUMAN TRAFFICKING AFFIDAVIT | Included Included | 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 FORM W-9 (REVISED MARCH 2024) | Included Included | Included Included |
| OPTIONAL DOCUMENTATION | included | iliciadea |
| TRADE SECRETS FINANCIAL STATEMENTS | | |
| ALTERNATIVES | | |
| ADDITIONAL INFORMATION | | |
| PROFESSIONAL LICENSES | | Financial Statement |
| | | Financial Statement General Contractor License Professional Engineer License |
| VENDOR CLASSIFICATION | | General Contractor License |
| | No | General Contractor License |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status | N/A | General Contractor License Professional Engineer License No N/A |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? | | General Contractor License Professional Engineer License No |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? | N/A N/A | General Contractor License Professional Engineer License No N/A N/A |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran | N/A N/A N/A No | General Contractor License Professional Engineer License No N/A N/A N/A N/A NO |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB) | N/A N/A N/A No N/A | General Contractor License Professional Engineer License No N/A N/A N/A N/A NO N/A NO |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) | N/A N/A N/A No N/A | General Contractor License Professional Engineer License No N/A N/A N/A N/A NO N/A N/A N/A N/A N/A |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business tat they have been approved as a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? | N/A N/A N/A NO N/A NO N/A | General Contractor License Professional Engineer License No N/A N/A N/A N/A No N/A N/A NO N/A N/A N/A N/A N/A N/A N/A N/A |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) | N/A N/A N/A NO N/A NO N/A NO N/A NO N/A NO N/A NO | General Contractor License Professional Engineer License No N/A N/A N/A N/A No N/A N/A N/A N/A N/A NO N/A NO N/A NO |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation | N/A N/A N/A N/A NO N/A NO N/A NO N/A NO N/A NO N/A N/A N/A N/A N/A | General Contractor License Professional Engineer License No N/A N/A N/A N/A NO N/A N/A NO N/A NO N/A NO N/A NO N/A NO N/A N/A N/A N/A N/A N/A N/A N/A |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? | N/A N/A N/A N/A NO N/A NO N/A NO N/A NO N/A NO N/A N/A NO N/A NO | General Contractor License Professional Engineer License No N/A N/A N/A NO N/A N/A NO |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation | N/A N/A N/A N/A NO N/A NO N/A NO N/A NO N/A NO N/A N/A N/A N/A N/A | General Contractor License Professional Engineer License No N/A N/A N/A NO N/A NO N/A N/A NO N/A NO N/A NO N/A NO N/A NO N/A NO N/A N/A N/A N/A N/A N/A N/A |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a HubZone Business Enterprise (SBE)? SBE Cerification Documentation | N/A N/A N/A N/A NO N/A NO N/A NO N/A NO N/A NO N/A N/A NO N/A NO N/A NO N/A NO N/A NO | General Contractor License Professional Engineer License No N/A N/A N/A N/A NO N/A N/A NO N/A NO N/A NO N/A NO N/A N/A NO N/A N/A NO SBE Certificate |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? | N/A N/A N/A N/A NO | General Contractor License Professional Engineer License No N/A N/A N/A N/A NO N/A N/A N/A NO N/A NO N/A NO N/A NO N/A N/A NO |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? | N/A N/A N/A N/A NO | General Contractor License Professional Engineer License No N/A N/A N/A N/A NO NO SBE Certificate NO N/A NO |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation | N/A N/A N/A N/A NO | General Contractor License Professional Engineer License No N/A |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation | N/A N/A N/A N/A N/A NO | General Contractor License Professional Engineer License No N/A |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? NBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? OBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI) | N/A N/A N/A N/A NO | General Contractor License Professional Engineer License No N/A N/A N/A N/A N/A NO SBE Certificate NO N/A N/A NO N/A N/A NO N/A |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Susiness Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? OBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? OBE Certification Documentation If you firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) | N/A | General Contractor License Professional Engineer License No N/A N/A N/A N/A N/A NO N/A N/A NO SBE Certificate N/A NO N/A NO N/A NO N/A NO N/A NO SBE-G&S Certificate N/A |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a Hord Summer | N/A N/A N/A N/A NO | General Contractor License Professional Engineer License No N/A N/A N/A N/A N/A NO N/A N/A NO SBE Certificate NO N/A NO N/A NO N/A SBE Certificate NO N/A NO NO N/A NO N/A NO NO N/A N/A N/A N/A N/A |

| Question | GHA Technologies, Inc | Verity Partners Inc |
|--|--|--|
| CONFIRMATION TO BIND | aria recimologica, me | verity i artifets inc |
| I certify that I have read, understood and agree to the terms in this solicitation, and | Confirmed | Confirmed |
| that I am authorized to submit this response on behalf of my company. 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 | Confirmed | Confirmed |
| solicitation before any work may commence, and throughout the life of the contract. | | |
| 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 | Yes | Yes |
| endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must | | |
| 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 | Included | Included |
| with the insurance requirements outlined in this solicitation. | meladea | 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 |
| | A) Neither the entity submitting this sworn statement, nor any officers, | A) Neither the entity submitting this sworn statement, nor any officers, |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM | directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the | directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the |
| SWOMMONTENIENT ON POSEICENTITY CHINIES FORM | entity have been charged with and convicted of a public entity crime | entity have been charged with and convicted of a public entity crime |
| Dublis Fasiba Crimos Fast | subsequent to July 1, 1989. | subsequent to July 1, 1989. |
| Public Entity Crimes Status Did you select option B1 or B2 above? | A) No convictions. No | A) No convictions. |
| 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 | 110 | No |
| Services. | | |
| EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES | | |
| EQUAL BENEFITS CERTIFICATION FORM | | |
| Equal Benefits Status Did you select option D2 above? | A) Contractor currently complies. No | A) Contractor currently complies. No |
| Please upload a notarized affidavit detailing the reasonable efforts made to provide | NO | NO |
| benefits to employees' Domestic Partners or spouses, along with the amount of the | | |
| cash equivalent provided. | | |
| DRUG-FREE WORKPLACE CERTIFICATION | | |
| DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM | Does not meet requirement | |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status | Does not meet requirement Complies fully. | Complies fully. |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT | · | Complies fully. |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION | Complies fully. Included Included | Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT | Complies fully. Included | Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION | Complies fully. Included Included Included | Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the | Complies fully. Included Included Included Included | Included Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? | Complies fully. Included Included Included Included Included Included Included Yes | Included Included Included Included Included No |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIEY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM | Complies fully. Included Included Included Included Included Included Included Included Yes 6748 Included | Included Included Included Included Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? | Complies fully. Included Included Included Included Included Included Included Yes | Included Included Included Included Included No |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS | Complies fully. Included Included Included Included Included Included Included Included Yes 6748 Included | Included Included Included Included Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymenttWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS | Complies fully. Included Included Included Included Included Included Included Included Yes 6748 Included | Included Included Included Included Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS | Complies fully. Included Included Included Included Included Included Included Included Yes 6748 Included | Included Included Included Included Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES | Complies fully. Included Included Included Included Included Included Included Included Yes 6748 Included | Included Included Included Included Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION | Complies fully. Included Included Included Included Included Included Included Included Yes 6748 Included | Included Included Included Included Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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 | Complies fully. Included Included Included Included Included Included Included Included Yes 6748 Included | Included Included Included Included Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? | Complies fully. Included Included Included Included Included Included Yes 6748 Included Included | Included Included Included Included Included Included Included No Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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 (IEBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification | Complies fully. Included Included Included Included Included Included Fes 6748 Included Included | Included Included Included Included Included Included Included No Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts | Complies fully. Included Included Included Included Included Included Included Yes 6748 Included Included Included Included Included Included Included Included | Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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 (IEBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification | Complies fully. Included Included Included Included Included Included Yes 6748 Included Included Included Included Included Included Included Included Included | Included Included Included Included Included Included Included No Included Included Included Included Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran | Complies fully. Included Included Included Included Included Included Included Yes 6748 Included Included Included Included Included Included Included Included | Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Lettler" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB) | Complies fully. Included Included Included Included Included Included Yes 6748 Included | Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran | Complies fully. Included Incl | Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Leterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? | Complies fully. Included Included Included Included Included Included Included Yes 6748 Included Inc | Included Inc |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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 Certification (Small Business Certification) Upload Veteran Owned Small Business (VOSB) | Complies fully. Included Incl | Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? MBE Certification Documentation Is your firm a Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation | Complies fully. Included Incl | Included Inc |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? | Complies fully. Included Incl | Included Inc |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Enterprise (MBE)? NBE Certification Documentation Is your firm a Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation | Complies fully. Included Incl | Included Inc |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a HubZone Business Faterprise (SBE)? SBE Cerification Documentation | Complies fully. Included Incl | Included Inc |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Lettler" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Cerification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? | Complies fully. Included Incl | Included Inc |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? MBE Certification Documentation Is your firm a Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? SEC Certification Documentation Is your firm a HubZone Business Enterprise (SBE)? SEE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CEE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? | Complies fully. Included Incl | Included Inc |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a Broward County Susiness Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Susiness Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation | Complies fully. Included In | Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? MBE Certification Documentation Is your firm a Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? SEC Certification Documentation Is your firm a HubZone Business Enterprise (SBE)? SEE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? CEE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? | Complies fully. Included Incl | Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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 (IBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? Syour firm a Minority-Owned Business Enterprise (MBE)? NBE Certification Documentation Is your firm a HubZone Business Letterprise (MBE) MBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? Observed Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI) | Complies fully. Included In | Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Cottification is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? Please indicate the classification Documentation Is your firm a Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (VBE)? WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? DBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? OBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? OBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? OBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? | Complies fully. | Included Inc |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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 (IBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Proward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation Is your firm a Proward County Disadvantaged Business Enterprise (DBE)? Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UE) | Complies fully. Included In | Included |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LIPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? MBE Certification of your Minority-Owned Business Enterprise (MBE)? MBE Certification Documentation Is your firm a Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation Is your firm a Broward County Unique Entity ID (UEI) What is the expiration and the variance of th | Complies fully. | Included Inc |

| Question | vPrime Tech Inc | Triad Security Group Inc |
|---|--|--|
| CONFIRMATION TO BIND | 37 111112 1233 11112 | maa secanty croap me |
| 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 | Confirmed | Confirmed |
| solicitation before any work may commence, and throughout the life of the contract. 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 | Yes | Yes |
| "Class VI" as to financial strength by A.M. Best, and that you understand all | res | Tes |
| endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must 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., | No | No |
| Workers' Compensation)? Please upload written documentation requesting an exemption on your company | | |
| letterhead, subject to City approval. | | |
| Do you plan on using subcontractors for this project? Do you acknowledge that all subcontractors must also carry the same insurance or | No | No |
| 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 | Included | Included |
| CHAPTER 287.133(3)(a) | A) Neither the entity submitting this sworn statement, nor any officers, | A) Neither the entity submitting this sworn statement, nor any officers, |
| SWORN STATEMENT ON DURING FAITHER SPINASS FORM | directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the | directors, executives, partners, shareholders, employees, members, or |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM | entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989. | 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 |
| | (2 Selections) | subsequent to July 1, 1989. |
| Public Entity Crimes Status Did you select option B1 or B2 above? | A) No convictions. | A) No convictions. 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 | | 0 |
| 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. |
| Equal Benefits Status Did you select option D2 above? | A) Contractor currently complies. No | A) Contractor currently complies. |
| 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 SCRUTINIZED COMPANY CERTIFICATION | Included Included | Included Included |
| SCROTHAILED COMPANY CERTIFICATION | included | included |
| E-VERIFY SYSTEM CERTIFICATION | Included | Included |
| | | |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the | Included Included | Included Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? | Included Included Included | Included Included Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM | Included Included Included No Included | Included Included Included Yes 919 Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) | Included Included Included No | Included Included Included Yes 919 |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS | Included Included Included No Included | Included Included Included Yes 919 Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS | Included Included Included No Included | Included Included Included Yes 919 Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS | Included Included Included No Included | Included Included Included Yes 919 Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SCRETS FINANCIAL STATEMENTS ALTERNATIVES | Included Included Included No Included | Included Included Included Yes 919 Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION | Included Included Included No Included | Included Included Included Yes 919 Included Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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 | Included Included Included No Included | Included Included Included Yes 919 Included Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION | Included Included Included No Included Included Included | Included Included Included Yes 919 Included Included Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification | Included Included Included No Included Included Included Included Included Included Included Included Included | Included Included Included Yes 919 Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts | Included Included Included Included No Included | Included Included Included Yes 919 Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a city of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran | Included Included Included No Included No No N/A N/A N/A N/A N/A N/A | Included Included Included Yes 919 Included Incl |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran | Included Included Included Included No Included | Included Included Included Yes 919 Included |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) | Included Included Included No Included | Included Included Included Yes 919 Included Incl |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) | Included Included Included No Included | Included Included Included Yes 919 Included Incl |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) | Included Included Included No Included | Included Included Included Yes 919 Included Incl |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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 CYOSB) Upload Veteran Owned Small Business Certification Upload Veteran Owned Small Business Certification Wender Since Statification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? | Included Included Included No Included | Included Included Included Yes 919 Included Incl |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation | Included Included Included No Included | Included Included Included Yes 919 Included Incl |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload | Included Included Included No Included | Included Included Included Yes 919 Included Incl |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Certification (Sour firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? | Included Included Included No Included | Included Included Included Yes 919 Included Incl |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Moman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? | Included Inc | Included Included Included Yes 919 Included Inc |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Cretification (Syour firm a Minority-Owned Business Interprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? WMBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a Broward County Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? CBE Certification Documentation | Included Inc | Included Included Included Yes 919 Included Inc |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Moman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? | Included Inc | Included Included Included Yes 919 Included Electrical Contractor License Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-25 No N/A N/A N/A N/A N/A N/A N/A |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? NMBE Certification Documentation Is your firm a Minority-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Small Business Enterprise (DBE)? CBE Certification Documentation Is your firm a Broward County Small Business Enterprise (DBE)? DBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? | Included Included Included Included No Included No N/A N/A N/A N/A N/A N/A N/A N/A Yes Asian-American MBE NMSDC Certification No N/A Yes | Included Included Included Yes 919 Included Electrical Contractor License Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-25 No N/A NO N/A N/A NO |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation | Included Inc | Included Included Included Included Yes 919 Included Inc |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? MBE Certification Documentation Is your firm a Broward County Small Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? DBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? DBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? Other Vendor Classification Occumentation If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) | Included Included Included Included No Included | Included Included Included Included Yes 919 Included Electrical Contractor License Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-25 No N/A N/A N/A N/A N/A N/A N/A |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? Please indicate the classification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Small Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? OBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? OBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? OBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? OBE Certification Documentation If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM, gov registration? (MM/DD/YYYY) Proof of Registration Upload | Included Inc | Included Included Included Included Yes 919 Included Electrical Contractor License Yes Local Broward County Vendor (LBCV) Meet Requirement Broward - 09-30-25 No N/A NO N/A N/A NO N/A N/A |
| E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? MBE Certification Documentation Is your firm a Broward County Small Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? DBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? DBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? Other Vendor Classification Occumentation If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) | Included Included Included Included No Included | Included Included Included Included Yes 919 Included Inc |

| SWORK STATEMENT ON PUBLIC ENTITY CRIMINS GODD Public Entity Crimes Status Public Entity Crimes Status Public Entity Crimes Status A IN Occorrections. A IN Occorrections. A IN Occorrections. By Mark and Comparison of the Status of the Status of Status of the Status of Status of the Status of Status | Question | Neobits, Inc. | Questivity |
|--|--|--|--|
| The company of the co | | Confirmed | Cantiumod |
| Conformed | that I am authorized to submit this response on behalf of my company. | Contirmed | Contirmed |
| Security profits on the information of the informat | COVERAGE | | |
| Control of the Control of Control | insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this | | Confirmed |
| Book played protocol page of the color of th | 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 | | Yes |
| The common contract in the motivated Recommendate in the motivated of the motivated in mode of the motivated | endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must | | |
| When the contract countered contracts on the processor and programment of the contract of the processor and any state from the processor and any state of the processor and any stat | requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation? | | Yes |
| International Processing Control Secretary Control Secretary Control C | with the insurance requirements outlined in this solicitation. | Included | Included |
| Source services are sample from one or main amone experimental for a processing of the control of the process of the process of the control of the process o | insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance. | | |
| Reason splond written down whether of the proposed of the section of the secti | Do you believe you are exempt from one or more insurance requirements (e.g., | No. | No |
| Do you plane muting ubbootheaches for this pipid? Our you subwording that all ubbootheaches will be reprodued to be served until your pulls, will be all ubbootheaches will be reprodued to be displayed by the pipel of the pipe | Please upload written documentation requesting an exemption on your company | | 115 |
| PROPOSES SECURION OF MEMORY STATES AND ALL PROPERTY CONTROL CO | Do you plan on using subcontractors for this project? | No | No |
| PROPRIES AND CONCENTS AND CONCE | be covered under your policy, and that proof of such coverage must be provided to | | |
| SWORN STATISHEST ON PUBLIC ENTITY CRIMES FORM SWORN STATISHEST ON PUBLIC INSTITY CRIMES FORM SWORN STATISHEST ON PUBLIC INSTITY CRIMES FORM Public Entity Crimes Status Deliyou select option & for all 2 above? Pease upoined any option of the form of the selection of the sel | | | |
| Work STATISTIC OF PLACE FRITTY CRIMS FORM Work STATISTIC OF PLACE FRITTY CRIMS FORM PRINT CRIMS CRIMS SHARE A STATISTIC OF PLACE FRITTY CRIMS FORM Work of CRIMS SHARE PRINT CRIMS SHARE A STATISTIC OF PLACE FRITTY CRIMS FORM Work of CRIMS SHARE A STATISTIC OF PLACE FRITTY CRIMS FORM Work of CRIMS SHARE A STATISTIC OF PLACE FRITTY CRIMS FORM WORK OF PL | | | |
| SWORK STATEMENT ON PUBLIC ENTITY CRIMINS GODD Public Entity Crimes Status Public Entity Crimes Status Public Entity Crimes Status A IN Occorrections. A IN Occorrections. A IN Occorrections. By Mark and Comparison of the Status of the Status of Status of the Status of Status of the Status of Status | | | |
| Please upon de company de l'acceptance de l'ac | SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM | 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 | A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employes, 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 |
| Die you select option 81 or 12 showe? Please upload a good put he hand orgit levels by the hearing effective of the State of Florids, Dicholor Alabimitativator heavings. Please structure any action kash by or pending with the Diagnatiment of General Services. COULS ENREFETS CERTIFICATION FOR COMMENTE PARTHERS AND ALL MARRIED EQUAL SERVERTS CERTIFICATION FOR DIAG. Equal Benefits States Gould services of the States of County of th | Public Entity Crimes Status | | |
| Please discribe any action states by or pending with the Department of General CQUALS TO by or soletic specific parts by the Department of General CQUALS REVERTS CERTIFICATION FOR OWNERS AND ALL MARRIED Resea upload a round of face of casting in the account of first marks to provide benefits to employee's Domestic Partners or pouces, along with the amount of the cash equivalent provide. CRITICATION FOR OWNERS AND ALL MARRIED REVERS AND ALL MA | Did you select option B1 or B2 above? | · | · |
| Please absorbs any action taken by or pending with the Department of General Services EQUAL SERRIFTS CERTIFICATION FOR DOMESTIC PARTIFIES AND ALL MARRED EQUAL SERRIFTS CERTIFICATION FORM Equal Secretifs Status Did you sell register to 2 above? Did you sell register to 2 above? No No No No No No No No No N | Florida, Division of Administrative Hearings. | No. | Ma |
| EQUAL BENETIS CERTIFICATION FOR DOMEST PARTNESS AND ALL MARRIED GOURES FOUND INTERPRETATION FOR FORM FRESS UPLOSE A TOTAL CONTROL OF THE PARTNESS AND ALL MARRIED GOURES CONTROL OF THE PARTNESS AND ALL MARRIED GOURS CONTROL OF THE PARTNESS AND ALL MARRIED GOURES CONTROL OF THE PARTNESS AND ALL MARRIED GOURS CONTROL OF THE PARTNESS AND ALL MARRIED GOURES CONTROL OF THE PARTNESS AND ALL MARRIED GOURS CONTROL | | NO | NO |
| ROUAL BURRETS CERTIFICATION FORM Requal Benefits Status Did you select option D2 above? Plesse upload a notarized afflored reduling the reasonable efforts made to provide benefits to employee's Domestic Martines or spoose, along with the amount of the provide benefits to employee's Domestic Parties or spoose, along with the amount of the provide benefits to employee's Domestic Parties or spoose, along with the amount of the provide benefits to employee's Domestic Parties or spoose, along with the amount of the provide benefits to employee's Domestic Parties or spoose, along with the amount of the provided benefits of the provided of the provid | EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED | | |
| Did you select option D2 above? Please upload a notarized affidient detailing the reasonable efforts made to provide benefits to employee? Domestic Partners or spouses, along with the amount of the cash equivelent provided. DRUGH PRE VOUNDAGE CENTRICATION VENDOR DRUGH PRE VOUNDAGE CENTRICATION NON-COLLUSIVE AFFIOLATI NON-COLLUSIVE AFFIOLATION Included SCRUTHINGED COMPANY CERTIFICATION Included Include | | Two Selections | |
| Pease upload a notarized affidiant detailing the reasonable efforts made to provide benefits to employee? Omestic Partners or spouse, along with the amount of the carbonists of the provided | · | | |
| GRUG-FREE WORKPLACE CERTIFICATION ON WINDON DRUG-FREE WORKPLACE CERTIFICATION FORM ON THE PROPERTY OF SEATURE STATES AND ADMINISTRATION FOR SEATURE STATES AND ADMINISTRATION OF THE PROPERTY | Please upload a notarized affidavit detailing the reasonable efforts made to provide | 110 | 110 |
| VENDOR DRUG PREW PREW STATUS TANDARD DOCUMENTS NON-COLUSIVE AFFIDANT NON-COLUSIVE AFFIDANT NON-COLUSIVE AFFIDANT Included SCHUTINIZED COMPANY CERTRICATION Included SCHUTINIZED COMPANY CERTRICATION Included FUNDAN TRAFFICRING APPLICATION Included RUMAN TRAFFICRING APPLICATION Included TO you currently have a City Received Application to the Columbia Columbia Columbia Columbia FUNDAN TRAFFICRING APPLICATION NO NO NO NO NO NO NO NO TRADES SCHETTS FUNDAD NOTORMATION FORM Included Included | | | |
| STANDARD DOLUMENTS NON-COLUSTE AFIDATY Non-COL | | | |
| NON-COLLISTIC AFFIDANT SCRUTINEDE COMPANY CERTIFICATION Included E-FURITY STETM CERTIFICATION Included | Drug-Free Status | Complies fully. | Complies fully. |
| E-VERIFY SYSTEM CERTRICATION HUMAN TRAFFICKING AFFIDAVIT Holuded HUMAN TRAFFICKING AFFIDAVIT Included HUMAN TRAFFICKING AFFIDAVIT VERDOR REGISTRATION No | NON-COLLUSIVE AFFIDAVIT | Included | Included |
| HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the Payment Works System? What is your Vendor Number? WHORD RINGRAMITON FORM FORM W 9 (REVISED MARCH 2024) OPTIONAL DOLUMENTATION TEADS SECRETS FINANCIA STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PORTOR Included PROFESSIONAL LICENSES VENDOR CLASSIFICATION It your firm a local Pembroke Pines Vendor (Purly) and Local Broward County Vendor (IBCV)? Please indicate your Local Vendor Status Local Bissiness Tax Receipt Solly Ly our firm a Veteran Owned Small Business (NOSB)? Upload the "Determination Letter" from the United States Department of Veteran Affair, Center notifying the business that they have been approved as a Veteran Owned Small Business (CISOB) Ly own firm a Moman-Owned Business Interprise (MBE) Is your firm a Moman-Owned Business Interprise (MBE) NE Certification Owned Small Business Interprise (MBE) NE Certification Owned Small Business Interprise (MBE) NE Your firm a Moman-Owned Business Interprise (MBE) No | | | |
| Do you currently have a city of Pembroke Pines Vendor Number? What is your Vendor Number? What is your Vendor Number? VENDOR INFORMATION FORM FORM WS (REVISED MARCH 2024) OFTOMAL DOCUMENTATION TRADE SCRETS FINANCAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a local Pembroke Pines Vendor (IPPV) and local Broward County Vendor (ISCV)? Please indicate your Local Vendor Status Local Business Tax Receipts NA NA NA NA NA NA NA NA NA N | HUMAN TRAFFICKING AFFIDAVIT | Included | Included |
| PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) Included | | | |
| VENDOR INFORMATION FORM FORM W. J REVISED MARC 2024) Included OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL ILCENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Prines Vendor (IPPV) and Local Broward County Vendor (IRCV)? Please indicate your Local Vendor Status Local Vendor Perference Certification Local Undor Perference Certification N/A Local Business Tax Receipts N/A Local Business State Study Nove Associated Nove As | · | NU | NO |
| OPTIONAL DOCUMENTATION TADE SECRETS FINANCIAL STATEMENTS ALTERNATUS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (IPPV) and Local Broward County Vendor (IBCV)? Vendor (IBCV)? Please indicate your Local Vendor Status N/A N/A N/A N/A S your firm a Veteran Owned Small Business (VOSB)? No | VENDOR INFORMATION FORM | | |
| ALTERNATUSES ALTERNATUSES ADDITIONAL INFORMATION PROFESSIONAL UCENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status N/A Local Susiness Tax Receipts N/A S your firm a Vecteran Owned Small Business (VOSB)? No | | Included | Included |
| ADDITIONAL INFORMATION PROFESSIONAL ILCENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (ILPPV) and Local Broward County Vendor (IBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification N/A Local Business Tax Receipts N/A Is your firm a Vertan Owned Small Busines (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Vertification Occumentation N/A N/A N/A N/A N/A N/A N/A N/ | | | |
| PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification N/A Local Vendor Preference Certification N/A Local Vendor Preference Certification N/A Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) Is your firm a Minority-Owned Susiness Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) Is your firm a Minority-Owned Susiness Enterprise (MBE) NBE Certification Owned MBE Certification NBE Certification MBE Certificate Is your firm a Hubzone Business of Lettors (WBE)? No No WMBE Certification Documentation N/A Is your firm a Hubzone Business / Labor Surplus Area Firm? No No No Hubzone Business / Labor Surplus Area Firm Certification Documentation N/A N/A N/A N/A N/A N/A N/A N/ | ALTERNATIVES | | |
| VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LRCVI)? 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)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? Ves Ves Ves Ves Please indication of your Minority-Owned Business Enterprise (MBE)? No NA N/A N/A N/A N/A N/A N/A | | | |
| Is your firm a Local Pembroke Pines Vendor (LPCPV) and Local Broward County Vendor (LBCCV) 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)? Upload the "Determination Letter" from the United States Department of Veteran Affairs Centre rotifying the business that they have been approved as a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Ves Upload Veteran Owned Small Business (VOSB) Ves Ves Ves Ves Ves Ves Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Oocumentation Syour firm a Woman-Owned Business Enterprise (MBE) NBE Certification Owned Business Certification Owned Business Enterprise (MBE) NBE Certification Owned Business Enterprise (MBE) NBE Certification Owned Business Enterprise (MBE) NBE Certification Owned Business Enterprise (MBE) NBC Certification Owned Business Fiterprise (MBE) NBC Certification Documentation N | | | |
| Please indicate your Local Vendor Status N/A Local Vendor Preference Certification N/A N/A Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Ves Yes Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation MBE Certification Documentation No WMBEC critification Documentation No WMBEC critification Documentation No No MUDIC Critification Documentation No HubZone Business / Labor Surplus Area Firm? No No No No SBE Certification Documentation No OBE Certification Documentation No No No OBE Certification Documentation No No No OBE Certification Documentati | Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County | No | No |
| Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (Entification) from any relevant agency(les) N/A Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation MBE Certification Documentation MBE Certification Documentation No MBE Certification Documentation No No No No No No No No No | Please indicate your Local Vendor Status | | |
| 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) Upload Veteran Owned Small Business (VOSB) Ves Ves Ves Ves Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? No MBE Certification Opcumentation Is your firm a Woman-Owned Business Enterprise (WBE)? No WMBE Certification Documentation No WMBE Certification Documentation No Hubzone Business / Labor Surplus Area Firm? No No No No No SBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (SBE)? No SBE Certification Documentation N/A N/A N/A N/A N/A N/A N/A N/ | | | |
| Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) N/A Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? No WMBE Certification Documentation 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 SEE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (CBE)? No OBE Certification Documentation N/A Is your firm a Broward County Business Enterprise (CBE)? No OBE Certification Documentation N/A N/A N/A N/A N/A N/A N/A N/ | Is your firm a Veteran Owned Small Business (VOSB)? | | |
| Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? MBE Certification Documentation N/A N/A Is your firm a Woman-Owned Business Enterprise (WBE)? No WMBE Certification Documentation N/A N/A Is your firm a HubZone Business / Labor Surplus Area Firm? No HubZone Business / Labor Surplus Area Firm Certification Documentation N/A N/A Is your firm a Broward County Small Business Enterprise (SBE)? No SBE Certification Documentation N/A N/A N/A Is your firm a Broward County Small Business Enterprise (SBE)? No CBE Certification Documentation N/A N/A N/A N/A Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? No DBE Certification Documentation N/A N/A Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation PVBE Certificate N/A What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) N/A | Affairs Center notifying the business that they have been approved as a Veteran | N/A | N/A |
| Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation 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? NO NO SBE 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 N/A N/A N/A N/A N/A N/A Does your firm a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation DVBE Certificate N/A N/A N/A N/A N/A N/A N/A N/ | Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) | | |
| 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 Surjeus 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 DEE 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 If yes, please provide an explanation.< | | | |
| WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? No HubZone Business / Labor Surplus Area Firm? No No No Is your firm a Broward County Small Business Enterprise (SBE)? No SBE Cerification Documentation N/A Is your firm a Broward County Business Enterprise (CBE)? No CBE Certification Documentation N/A Is your firm a Broward County Business Enterprise (CBE)? No CBE Certification Documentation N/A No Dose Your firm a Broward County Disadvantaged Business Enterprise (DBE)? No Dose your firm have a Vendor Classification that was not listed above? Other Vendor Classification Documentation DVBE Certificate 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 N/A N/A N/A N/A N/A N/A N/ | MBE Certification Documentation | MBE Certification | MBE Certificate |
| HubZone Business / Labor Surplus Area Firm Certification Documentation 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 N/A N/A Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation 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 If yes, please provide an explanation. N/A N/A N/A N/A N/A N/A N/A N/ | WMBE Certification Documentation | N/A | N/A |
| Is your firm a Broward County Small Business Enterprise (SBE)? NO SBE Cerification 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 N/A Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation DVBE Certificate 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 N/A If yes, please provide an explanation. 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? Yes NO Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI) 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 N/A N/A | Is your firm a Broward County Small Business Enterprise (SBE)? | No | No |
| Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation N/A Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation DVBE Certificate 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 N/A N/A N/A N/A N/A N/A | Is your firm a Broward County Business Enterprise (CBE)? | 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 | | · | · |
| Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) Proof of Registration Upload If yes, please provide an explanation. DVBE Certificate N/A N/A N/A N/A N/A N/A N/A N/ | DBE Certification Documentation | N/A | N/A |
| What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) Proof of Registration Upload N/A N/A N/A N/A N/A N/A N/A | Other Vendor Classification Certification Documentation | DVBE Certificate | N/A |
| Proof of Registration Upload N/A N/A If yes, please provide an explanation. N/A N/A N/A | If yes, please provide your Unique Entity ID (UEI) | | |
| | | | |
| If yes, please upload any relevant documentation, if applicable. N/A N/A | What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) Proof of Registration Upload | | |

| 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 | | 9/ |
| 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 | Yes | Yes |
| endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must Do you currently carry insurance policies that meet or exceed the minimum | Yes | Yes |
| requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation? Please upload your current certificate(s) of insurance that demonstrate compliance | | |
| with the insurance requirements outlined in this solicitation. Please upload documentation showing that you have obtained a letter from your | Included | Included |
| 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? 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 | No | No |
| 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? Please upload a copy of the final order issued by the hearing officer of the State of | No | No |
| 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 Did you select option D2 above? | A) Contractor currently complies. No | A) Contractor currently complies. No |
| Please upload a notarized affidavit detailing the reasonable efforts made to provide | 1.00 | 1.00 |
| 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 STANDARD DOCUMENTS | Complies fully. | Complies fully. |
| NON-COLLUSIVE AFFIDAVIT | Included | Included |
| SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION | Not Included Included | Included Not a City Form |
| HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION | Included Included | 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 | landis de d | lastindad. |
| FORM W-9 (REVISED MARCH 2024) | Included Included | Included Included |
| OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS | | |
| ALTERNATIVES ADDITIONAL INFORMATION | State Registration | |
| PROFESSIONAL LICENSES | Juace negistration | |
| 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 Local Vendor Preference Certification | N/A N/A | N/A N/A |
| Local Business Tax Receipts | N/A | N/A |
| Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran | No | No |
| 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) Is your firm a Minority-Owned Business Enterprise (MBE)? | N/A No | N/A No |
| Please indicate the classification of your Minority-Owned Business Enterprise (MBE) | N/A | N/A |
| MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? | N/A No | N/A No |
| WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? | N/A No | N/A No |
| HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? | N/A No | N/A No |
| SBE Cerification Documentation | N/A | N/A |
| Is your firm a Broward County Business Enterprise (CBE)? CBE Certification Documentation | No N/A | No N/A |
| Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation | No N/A | No N/A |
| Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation | No | No |
| If yes, please provide your Unique Entity ID (UEI) | N/A N/A | N/A N/A |
| What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) Proof of Registration Upload | N/A N/A | N/A N/A |
| | | |
| If yes, please provide an explanation. If yes, please upload any relevant documentation, if applicable. | N/A N/A | N/A N/A |

| Lectrify that I have read, understood and ages to be town in this solicitation, and Confirmed CERTIFICATION OF RELIGIATION CONTINUES SET INCOME. TO A CONTINUES COUNTY TO PROCURE EQUATION COUNTY TO PROCURE EQUATI | Question | Orion Connectivity Services, Inc. |
|--|--|--|
| Continued to whether this response on health of my company. CONTINUED CONTINUED CONTINUED CONTINUED TO PROCEED CONTINUED CONT | CONFIRMATION TO BIND | |
| Lectify that, if awarded this control, will be regarded to obtain and minimal and suitable in the control of the product of the control of th | that I am authorized to submit this response on behalf of my company. | Confirmed |
| Intertity Nat, if awarded this contract, will be required to obtain an antimitation all successing policy decided in the NEUROPAC REQUIREMENTS section of this contraction. | | |
| De you control may you will only were incurrent or carriers increased to dis basiles in the State of Findings and critical ways and to least ham be stated in Findings and critical ways and the state of Findings and critical ways and the state of Findings and critical ways and the state of t | 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 | Confirmed |
| "Geser Vir as to financial strength by A.M. Best, and that you understand all sub-demonstrate in Co. A. Additional manes, Walver of shurping, etc.) mist. Do you corrently vary insurance politics that insert or varied in minimum with the insurance requirements and thinks in this collectation. Please upload for commentation showing his travament that demonstrate compliance with the insurance requirements collined in this collectation. Please upload for commentation showing his travament that demonstrate compliance with the insurance requirements collined in this collectation. Please upload for commentation showing his travament requirements (e.g., but the collection of | Do you confirm that you will only use insurance carriers licensed to do business in | |
| Do you currently carry insurance policies that ment or exceed the minimum systems of the bit MUNIANCE (DIGINITATIVE Section of this solicitation). Please upload counterties of showing that you have belianced either from your insurance broker or currier, which as Letter of inserts to heave, to contribute of the standard of the stand | | Yes |
| residence southwell in the INSURANCE ECQUIREMENTS section of this solication of the | | |
| with the incurance regularments collined in this cellulation. Please upload direction process of the control of the cellulation of the cellulatio | requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation? | Yes |
| Insurance broken or carrier, such as a Letter of Intent to Insure Dedence of Insurance. Dis you believe you current certificately of insurance. Dis you believe you have not supplied without certificately of insurance. Dis you believe you have not subject to this project? Worker's Compensation requesting an exemption on your company lettered and business to this project? Dis your plan on subject subject to this project? Dis your plan on subject subject to this project? Dis your plan on subject subject to this project? PROOF TO GOT GOT of such coverage must be provided to the City. PROOF TO COLUMNS PROOF TO COLUMNS PROOF TO COLUMNS SWOINS TATEMENT ON PUBLIC ENTITY CIMIS FORM SWOINS TATEMENT ON PUBLIC ENTITY CIMIS FORM Public Entity Genes Status Did you select upon Bit or 82 above? Please upon a vision status by or pending with the Department of General Services. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTHERS AND ALL MARRIED COLUMNS FORM Press upon a vision status by or pending with the Department of General Services. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTHERS AND ALL MARRIED COLUMNS FORM PROOF DOMESTIC PARTHERS FORM FORM FORM PROOF DOMESTIC PARTHERS AND ALL MARRIED COLUMNS FORM PROOF D | | Included |
| Insurability, as a Conditional Certificate of Insurance. Please upload your carrent certificate) of Insurance certificates | | |
| Do you believe you are exempt from one or more insurance requirements (e.g., Worlew's Compensation)? Please upload without decumentation requesting an exemption or you company. Do you got on a using a short price of an exemption or you company. Do you administed that all subcontractors must also carry the same frommen or be covered under your policy, and that proof of such everage must be provided to the GIV? PRODUCTS DOUGHANTS TO FORD AND MINISTER FORD AND STATUTES SWORN STATEMENT ON PUBLIC COUNTY COUNTY STATUTES SWORN STATEMENT ON PUBLIC COUNTY COUNTY STATUTES PUBLIC COUNTY COUNTY STATUTES AND | | |
| Workers Compensation? Pease upload written decumentation registring an exemption on your company interchedul, object to City approval. De you sakenowing that all submitted to City approval. PROPERTY OF A COLUMNATS PROPERTY OF A COLUMNATS SWOIN STATEMENT ON PUBLIC ENTITY CRIMES FORM SWOIN STATEMENT ON PUBLIC ENTITY CRIMES FORM Public Instry Crimes Status Del you select option Bit or 82 above? Please upload or good for the find order issued by the hearing effected the State of Profession Status and State of Profession Status Del you select option Bit or 82 above? Please upload or good for find order issued by the hearing effected the State of Profession Status and State of Profession Status Del you select option Bit or 82 above? Please upload or good for find order issued by the hearing effected the State of Profession States and your selection of the State of Profession States and your selection of Administration becomes the state of Profession States and States a | | |
| De you and control guide control and control and an analysis and control and control and an analysis and control and an analysis and analysis analysis and analysis analysis analysis and analysis | Workers' Compensation)? | No |
| be covered under your policy, and that part your off south coverege must be provided to the CRLY PROPOSITION OF PROPOSITION OF THE PART OF SOUTH AND THE | | |
| Be covered under your policy, and that proof of such coverage must be provided to the CH? PROJECT DOCUMENTS PROJECT DOCUMENTS PROJECT SOCIAMENTS SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM Public farity Crimes Status Did you select uption 83 stores? Please upload a copy of the film after its used by the harmy officer of the State of Bords, Division of Administrative Hearings. Did you select uption 83 stores? Please describe any action taken by or pescribig with the Department of General EQUAL BENEFITS CERTIFICATION FORM Equal Benefits Status DO by ou select option 22 stores? Please upload a contrivate afficially equaling the reasonable efforts made to provide benefits to employee the order of the social sequence of the administrative Hearings. Please upload a contrivate afficially equaling the reasonable efforts made to provide benefits to employee the contribution of the social sequence of the administrative Hearings. Please upload a notivitied afficially equaling the reasonable efforts made to provide benefits to employee the contribution of the social sequence of the administrative Hearings. Please upload a notivitied afficially equaling the reasonable efforts made to provide benefits to employee the contribution of the administrative Hearings. Please upload a notivitied afficially equaling the reasonable efforts made to provide the administrative of the administrative the administrative the administrative the administrative the administrative that the administrative the administrative that the administr | Do you plan on using subcontractors for this project? | No |
| PROJECT DOCUMENTS PROPOSTS BACKGROUND NOTOMANTON FORM SWORN STATEMENT ON PUBLIC INTITY CRIMS UNDER FLORIDA STATUTS CHAPTER 2873-3383(s) SWORN STATEMENT ON PUBLIC INTITY CRIMS FORM SWORN STATEMENT ON PUBLIC INTITY CRIMS FORM Public Entity Crimes Status EQUILAR ENTITY CRIMS Public Entity Crimes Status EQUILAR ENTITY ENTITY CRIMS Public Entity Crimes Public E | be covered under your policy, and that proof of such coverage must be provided to | |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM Public Entity, Crimes Status Did you select option 81 or 82 above? Please upload a copy of the final order Insused by the hearing officer of the State of Ronds, Division of Administrative Hearing, Did you select option 81 above? Please describe any action Likes by the Marrier officer of the State of Ronds, Division of Administrative Hearing, Did you select option 82 above? Please describe any action Likes by the Marrier officer of the State of Ronds, Division of Administrative Hearing, Did you select option 82 above? FEQUAL BENEFITS CERTIFICATION FORM Spall Benefits Status Did you select option 92 above? Please upload a notivinal affording elements of state of Ronds and State | · | |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM Public farity Crimes Status Did you select option 8 is only 2 above? Please upload a copy of the film of ore is used by the hearing officer of the State of Florida, Division of Administrative Hearings. Please describe any action taken by to pending with the Department of General Secretary of the film of ore is used by the hearing officer of the State of Florida, Division of Administrative Hearings. Please describe any action taken by or pending with the Department of General Secretary of Company of the Florida of the State of Florida, Division of Administrative Hearings. EQUAL BRIEFTS CERTIFICATION FORM Regul Benefits Status Old you select option 20 above? Please describe any action taken by or pending with the Department of General Secretary of Company of the State of Florida, Division of Administrative Hearings. Old you select option 20 above? Please upload a notarined affidiant detailing the reasonable efforts made to provide benefits to employee Omestic Partners or spouses, along with the amount of the cable of the State of State of Company of the State of Company of Company of the State of Company of Com | PROPOSERS BACKGROUND INFORMATION FORM | Included |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM Public Entity Crimes Status Did you select option 18 or 82 showe? Please upload a copy of the final oder ground stratus but you select option 18 or 82 showe? Please upload a copy of the final oder ground stratus but you select option 18 or 82 showe? Please describe any action taken by or pending with the Department of General Services. EQUAL BENETIS CERTIFICATION FORM Services of Services. EQUAL BENETIS CERTIFICATION FORM Services of Services of Services. EQUAL BENETIS CERTIFICATION FORM DEVELOPED Services of Services. EQUAL SERVICES SERVICES OF SERVICES SERVICES OF SERVICES SERVIC | | Included |
| Did you select option 8 to 78 z above? Please upload a copy of the final of opter issued by the bearing officer of the State of Florida, Division of Administrative Hearings. Did you select option 83 above? Please describe any action taken by or pending with the Department of General Services. EQUAL BENEFITS CERTIFICATION FOR DOMSTIF PARTNERS AND ALL MARRIED COUPLES EQUAL BENEFITS CERTIFICATION FOR DOMSTIF PARTNERS AND ALL MARRIED COUPLES EQUAL BENEFITS CERTIFICATION FOR DOMSTIF PARTNERS AND ALL MARRIED COUPLES EQUAL BENEFITS CERTIFICATION FOR DOMSTIF PARTNERS AND ALL MARRIED COUPLES EQUAL BENEFITS CERTIFICATION FOR DOMSTIF PARTNERS AND ALL MARRIED COUPLES EQUAL BENEFITS CERTIFICATION FOR DOMSTIF PARTNERS AND ALL MARRIED COUPLES EQUAL BENEFITS CERTIFICATION FOR DOMSTIF PARTNERS AND ALL MARRIED COUPLES EQUAL BENEFITS CERTIFICATION TO A DOWSTIF PARTNERS AND ALL MARRIED COUPLES AND ADDRESS AND A DOWN TO A DO | SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM | 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 |
| Please upload a copy of the final order issued by the hearing. Elorida, Division of Administrative Networks 200 (Please describe any action taken by or pending with the Department of General Services. Please describe any action taken by or pending with the Department of General Services. EQUIAL BENEFITS CERTIFICATION FORM Equal Benefits, Shalas EQUIAL ENERTH SCENTIFICATION FORM Equal Benefits Shalas EQUIAL ENERTH SCENTIFICATION FORM Equal Benefits Shalas EQUIAL ENERTH SCENTIFICATION FORM Equal Benefits, Shalas A) Contractor currently complies. No Please upload a notarities of financial calling that cannot provide benefits to employees' Densitive Partmens or spouses, along with the amount of the cach sequilized provided. DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT Included SCRUTINIZED COMPANY CERTIFICATION LEVERY SYSTEM CERTIFICATION INCLUDED A STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT INCluded LEVERY SYSTEM CERTIFICATION INCluded LEVERY SYSTEM CERTIFICATION PROPERTY OF THE CONTRACT OF THE INCLUDED INCluded Included WINDOW TRAFFICKING AFFIDAVIT INCluded TO YOU currently have a City of Penderbore Pines Workoo'n Number registered in the Province Pines Workoo'n Number r | · · · · · · · · · · · · · · · · · · · | · |
| 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 Did you select option D2 above? Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employee's Domestic Fartners or spouse, along with the amount of the cash equivalent provided. DIG STANDARD DOCUMENTATION VENDOR DRUG FREE WORDPLACE CERTIFICATION FORM Drug Free Status STANDARD DOCUMENTATION STANDARD DOCUMENTATION FREE STANDARD DOCUMENTATION FREE STANDARD DOCUMENTATION FREE STANDARD DOCUMENTATION DO you currently have a City of Pendroke Pines vendor Number registered in the Payment Works system? WINDOR REGISTRATION DO you currently have a City of Pendroke Pines vendor Number? VENDOR REGISTRATION TORNAM SERENTATION TRADES SERETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INCRMATION TRADES SERETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INCRMATION To you will be served to the payment of the payment of the payment of the payment will be provided to the payment of the payment of the payment will be provided to the paym | | 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 Equal Benefits Status Drug vessel difficient detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided. DRUG-REE WORKPLACE CERTIFICATION ON VENDOR DRUG FIRE WORKPLACE CERTIFICATION FORM Drug Fire Status STANDARD DOCUMENTS NON-COLLUSINY AFFIDAVIT STANDARD DOCUMENTS NON-COLLUSINY AFFIDAVIT STANDARD DOCUMENTS NON-COLLUSINY AFFIDAVIT NICIDIDED STANDARD DOCUMENTS NON-COLLUSINY AFFIDAVIT NICIDIDED STANDARD OCUMENTS NON-COLLUSINY AFFIDAVIT NICIDIDED VENDOR REGISTRATION Do you currently have a City of Demokrace Fines Vendor Number registered in the PaymentWorks System? What is your fendor Number? VENDOR REGISTRATION PORT VENDOR REGISTRATION TRADES CERTIFICATION PORT VENDOR NEROMANION FORM PORT VENDOR NEROMANION FORM PORT VENDOR NEROMANION FORM PROFESSIONAL LICENSES ALTERIANTIVES ADDITIONAL DOCUMENTATION Is your firm a Local Pembrore Price vendor Status Local Vendor Preference Certification Is your firm a Local Pembrore Price vendor Status Local Vendor Preference Certification Local Warder (1807) Please indicate your Local Vendor Status Local Vendor Preference Certification Local Warder (1807) Please indicate your Local Vendor Status Local Vendor Preference Certification Local Warder (1807) Please indicates the Authory owned Business (1908) No Upload the "Determination Letter" from the United Status Local Vendor Preference Certification Local Warder (1807) Please Indicates Certification Documentation NA WAR Certification Documentation NA WAR Certification Documentation NA WAR Certification Documentation NA Syour firm a Noward County Small Business (1908)? No Other Vendor Cassification Decumentation NA POSS Experimentation Decumentation NA NA POS | | No |
| EQUAL BENEFITS CERTIFICATION FORM Equal Benefits status Did you select option D2 above? 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 equalwatent provided. DRUG-FREE WORKPLACE CERTIFICATION VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status STANADAD DOCUMENTS NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT Included FUNDOR REGISTRATION HUMAN TRAFFICKING AFFIDAVIT Do you currently have a (try of Permbroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SCRETS FINANCIAL STATIONETS AUTERNATIVES ADDITIONAL INFORMATION FRORESSIONAL LICENSES FINANCIAL STATIONETS ADDITIONAL INFORMATION It your firm a Local Pembroke Pines Vendor Status Local Business (VOSB) VENDOR CLASSIFICATION It your firm a Local Pembroke Pines Vendor (STATIO) Is your firm a Local Pembroke Pines Vendor (STATIO) Source from the United Status Power of the Company o | Please describe any action taken by or pending with the Department of General | |
| Equal BENETI'S CERTIFICATION FORM Equal Benefits Status Did you select option D2 above? No | | |
| Bequal Benefits Status Did You select option D2 above? Please upload a notarised affidavit detailing the reasonable efforts made to provide benefits to employee? Domestic Partners or spouses, along with the amount of the cash equivalent provided. DRUG-REE WORKPLAC CERTRICATION VENDOR DRUG PREE WORKPLAC CERTRICATION FORM DRUG-REE WORKPLAC CERTRICATION FORM VENDOR COLUSIVY ATRIDAVIT SCRUTINIZES COMPANY CERTRICATION LYURINY SYSTEM CERTRICATION HUMAN TRAFFICKING AFFIDAVIT RUMAN TRAFFICKING AFFIDAVIT HUMAN TRAFFICKING AFFIDAVIT | | |
| Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employee? Domestic Partners or spouse, along with the amount of the cash equivalent provided. DRUG-REE WORKPLACE CERTIFICATION VENDOR DRUG-REE WORKPLACE CERTIFICATION FORM DRUG-REE WORKPLACE CERTIFICATION FORM STANDARD DOCUMENTS NON-COLLISSIVE AFTDAVIT SCRUTINIZED COMPANY CERTIFICATION HUMAN TRAFFICKING AFFDAVIT VENDOR REGISTRATION HUMAN TRAFFICKING AFFDAVIT Tenduded HUMAN TRAFFICKING AFFDAVIT VENDOR REGISTRATION TO you currently have a cit you Pembroke Pines Vendor Number registered in the PaymentWorks System What is your Vendor Number? VENDOR INFORMATION FORM FORM WY REVISION MARCH 2021 OPTIONAL DOCUMENTATION TRADE SCENETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Perference excertification Local Vendor Perference excertification N/A Local Vendor Perference excertification Local Vendor Perference excertification N/A Local Sundor Perference excertification N/A Local Vendor Perference excertification N/A Local Vendor Vendor Vendor Status Local Vendor Vendor Status Local Vendor Vendor Vendor Status N/A Local Vendor Vendor Vendor Status Local Vendor Vendor Vendor Status Local Vendor Vendor Vendor Vendor Vendor Status N/A Local Vendor Vendo | Equal Benefits Status | |
| Enerofits to employees' Demestic Partners or spouses, along with the amount of the cash equivalent provided. DRUG-REE WORKPLAC ERRITICATION | · | No |
| DRUG-REE WORKPLACE CERTIFICATION FORM DRUG-FREE WORKPLACE CERTIFICATION FORM DRUG-FREE STABLUS STANDARD DOCUMENTS NON-COLLISIVE AFFIDAVIT SCHUMINEZ COMPANY CERTIFICATION Holded | benefits to employees' Domestic Partners or spouses, along with the amount of the | |
| Drug-Free Status STANDARD DOLUMENTS NON-COLLUSIVE AFFIDAVIT Included SCRUTINIZED COMPANY CERTIFICATION Included E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Included HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM POPULATION OF THE STATE OF THE STAT | DRUG-FREE WORKPLACE CERTIFICATION | |
| STANDARD DOCUMENTS NON-COLUSIVE AFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY VSTEM CERTIFICATION Hockuded HUMAN TRAFFICCING AFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (JEPV) and Local Broward County Vendor (JECV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts N/A Local Business Tax Receipts N/A By your firm a Veteran Owned Small Business (VOSB)? 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) 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)? 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)? 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 Certification of Your Minority-Owned Business Enterprise (MBB)? No Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the Business Enterprise (MBB)? No Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the Business Enterprise (MBB)? No Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the Business Enterprise (PBP)? No Upload the " | | Complies fully |
| SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT Included HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a city of Pembroke Pires Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (IPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts 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) Upload Veteran Owned Small Bu | STANDARD DOCUMENTS | |
| HUMAN TRAFFICKING AFIDANT VENDOR REGISTATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? What is your Vendor Number? VENDOR INFORMATION FORM FORM WY (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)? Please inclinate your Local Vendor Status Local Vendor Preference Certification V/A Local Business Tax Receipts No Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business stat they have been approved as a Veteran Owned Small Business (VOSS) Upload Veteran Owned Small Business (VOSS) Please indicate the classification of your firm a Minority, Owned Small Business (VOSS) No Upload Veteran Owned Small Business (VOSS) No Upload Veteran Owned Small Business Enterprise (MBE)? No WMBE Certification Documentation N/A Is your firm a Minority, Owned Business Enterprise (MBE)? No WMBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (MBE)? No WMBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (MBE)? No SBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (MBE)? No OBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (MBE)? No OBE Certification Documentation N/A Proof of Registration Upload N/A What is the expiration date of your current SAM,gov registration? (MM/DD/YYYY) N/A What is the expiration date of your current SAM,gov registration? (MM/DD/YYYY) N/A What is the expiration date of your current SAM,gov registration? (MM/DD/YYYY) N/A | | |
| Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SCREETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status N/A Local Vendor Perference Certification Local Vendor Perference Certification Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB) 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 Is your firm a Minority-Owned Business (MOSB)? No Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? No Upload Veteran Owned Small Business (YOSB) No No WMBE Certification Documentation N/A Is your firm a Mimority-Owned Business Enterprise (MBE)? No WMBE Certification Documentation N/A Is your firm a HubZone Business Interprise (MBE)? No WMBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (MBE)? No WMBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (CBE)? No OBE Certification Documentation N/A Is your firm a Broward County Business Enterprise (CBE)? No OBE Certification Documentation N/A Is your firm a Broward County Business Enterprise (CBE)? No OBE Certification Documentation N/A Is your firm a Broward County Business Enterprise (CBE)? No OBE Certification Documentation N/A Is your firm a Broward County Disadvantaged Business Enterprise (CBE)? No OBE Certification Documentation N/A If yes, please provide your Vinque Entity ID (UE) N/A What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) N/A Proof of Registration Upload N/A | | |
| PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADS 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)? Please indicate your Local Vendor Status N/A Local Vendor Perference Certification N/A Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Lettler" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Is your firm a Minority-Owned Business Enterprise (MBE)? No Wheeles indicate the classification of your Minority-Owned Business Enterprise (MBE)? No Wheeles Certification Documentation Is your firm a HubZone Business I Labor Surplus Area Firm? No What E Certification Documentation N/A Is your firm a Proward County Smalls Business Enterprise (MBE)? No What is your firm a Broward County Smalls Business Enterprise (MBE)? No Owned Smalls Surjues Area Firm? No No What Is your firm a December Surplus Area Firm? No Owned Certification Documentation N/A Is your firm a Proward County Smalls Business Enterprise (MBE)? No Owned Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (MBE)? No Owned Certification Documentation N/A No Other Vendor Classification that was not listed ab | VENDOR REGISTRATION | |
| What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ALTERNATIVES ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LIPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Is your firm a Veteran Owned Small Business Faterprise (MBE) 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)? Upload Veteran Owned Small Business (VOSB)? Upload Veteran Owned Small Business (VOSB)? Upload Veteran Owned Small Business (VOSB)? No Upload Veteran Owned Small Business (VOSB)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) N/A Is your firm a Movan-Owned Business Enterprise (MBE) N/A NBE Certification Documentation N/A Is your firm a Broward County Smills usiness Enterprise (WBE)? No HubZone Business / Labor Surplus Area Firm? No HubZone Business / Labor Surplus Area Firm? No SBE Certification Documentation N/A Is your firm a Broward County Smills Business Enterprise (BBE)? No SBE Certification Documentation N/A S your firm a Broward County Smills Business Enterprise (BBE)? No SBE Certification Documentation N/A S your firm a Broward County Smills Business Enterprise (BBE)? No OBE Certification Documentation N/A S your firm a Broward County Smills Business Enterprise (BBE)? No OBE Certification Documentation N/A If your firm a Broward County Unique Entity ID (UE) N/A Proof of Registration Upload N/A What is the expiration date of your current SAM, gov registration? (MM/DD/YYYY) N/A Proof of Registration Upload N/A | | No |
| FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENT ATION 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts N/A Is your firm a Veteran Owned Small Business (VOSB)? No Upload the Potermination 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) Upload Veteran Owned Small Business (VOSB) No No WEB Certification (From any relevant agency(ies) No No No Wed Small Business Certification(s) from any relevant agency(ies) No No WEB Certification Documentation N/A No No Web Certification Documentation N/A No No No WEB Certification Documentation No No SEC Certification Documentation No No SEC Certification Documentation No SEC Certification Documentation No SEC Certification Documentation No SEC Certification Documentation N/A No SEC Certification Documentation No SEC Certification Documentation No SEC Certification Documentation No OBE Certification Documentati | What is your Vendor Number? | Included |
| 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)? Please indicate your Local Vendor Status N/A Local Business Tax Receipts N/A Local Business Tax Receipts N/A Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Enterprise (MBE)? No WIMBE Certification of your Minority-Owned Business Enterprise (MBE) No MBE Certification Documentation N/A Is your firm a Woman-Owned Business Enterprise (WBE)? No WIMBE Certification Documentation N/A Is your firm a Broward County Small Business Interprise (BBE)? No HubZone Business / Labor Surplus Area Firm Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (SBE)? No SEE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (CBE)? No CBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (CBE)? No CBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (CBE)? No CBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (CBE)? No OBE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (CBE)? No OBE Certification Documentation N/A Is your firm a Broward County Unique Entity It (UEI) N/A Proof of Registration Certification Documentation N/A Proof of Registration and explanation. N/A Proof of Registration and explanation. N/A | FORM W-9 (REVISED MARCH 2024) | |
| ALTERNATIVES ADDITIONAL INFORMATION PROFFSSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification N/A Local Business Tax Receipts 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) Upload Veteran Owned Small Business (VOSB) N/A Is your firm a Moman-Owned Business Enterprise (MBE) N/A MBE 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 OBE Certification Documentation N/A Is your firm a Broward County Business Enterprise (DBE)? No OBE Certification Documentation N/A If yes, please provide your Unique Entity ID (UEI) N/A Proof of Registration Upload If yes, please provide your Unique Entity ID (UEI) N/A Proof of Registration Upload N/A | | |
| PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (IBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification N/A Local Business Tax Receipts 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Senterprise (MBE)? No Upload Veteran Owned Small Business Enterprise (MBE)? No Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? No 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 SEE Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (CBE)? No CBE 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 Business Enterprise (DBE)? No OBE Certification Documentation N/A Is your firm a Broward County Business Enterprise (DBE)? No OBE Certification Documentation N/A Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? No OBE Certification Documentation N/A If yes, please provide your Unique Entity ID (UEI) N/A If yes, please provide an explanation. N/A If yes, please provide an explanation. | FINANCIAL STATEMENTS ALTERNATIVES | |
| Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status N/A Local Vendor Preference Certification N/A Local Business Tax Receipts N/A Local Business Tax 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) N/A Local Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? No MBE Certification Documentation N/A Local Syour firm a Woman-Owned Business Enterprise (MBE)? No MBE Certification Documentation N/A Local Syour firm a HubZone Business / Labor Surplus Area Firm? No HubZone Business / Labor Surplus Area Firm Certification Documentation N/A Local Syour firm a Broward County Business Enterprise (SBE)? No SEE Certification Documentation N/A Local Syour firm a Broward County Business Enterprise (CBE)? No CBE Certification Documentation N/A Local Syour firm a Broward County Business Enterprise (DBE)? No Des Your firm a Broward County Business Enterprise (DBE)? No Des Your firm have a Vendor Classification that was not listed above? No Other Vendor Classification Certification Documentation N/A Lifyes, 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 What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) N/A What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) N/A | | |
| Vendor (LBCV)? Please indicate your boal Vendor Status Local Vendor Preference Certification N/A Local Business Tax Receipts N/A Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) No No Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? No 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 OBE Certification Documentation N/A Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? No Des your firm a Broward County Disadvantaged Business Enterprise (DBE)? No OBE Certification Documentation N/A If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current \$AM.gov registration? (MM/DD/YYYY) N/A If yes, please provide an explanation. | | |
| Please indicate your Local Vendor Status Local Vendor Preference Certification N/A Local Under Preference Certification 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) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? No Please indicate the classification of your Minority-Owned Business Enterprise (MBE) 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 Small Business Enterprise (CBE)? No CBE Certification Documentation N/A Is your firm a Broward County Business Enterprise (CBE)? No DBE Certification Documentation N/A Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? No DOE your firm have a Vendor Classification that was not listed above? 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 If yes, please provide an explanation. | | No |
| Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Enterprise (MBE)? No Is your firm a Minority-Owned Business Enterprise (MBE)? No 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? No HubZone Business / Surplus Area Firm Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (SBE)? No SBE Cerification 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 If yes, please provide an explanation. | Please indicate your Local Vendor Status | |
| Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? No Please indicate the classification of your Minority-Owned Business Enterprise (MBE) 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 Small Business Enterprise (CBE)? No CBE Certification Documentation N/A Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? No CBE Certification Documentation N/A Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? No Does your firm have a Vendor Classification that was not listed above? 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 If yes, please provide an explanation. | | |
| Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification (s) from any relevant agency(ies) 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 HbZone 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 Business Enterprise (CBE)? No DBE Certification Documentation N/A Does your firm a Broward County Disadvantaged Business Enterprise (DBE)? No DOES COUNTY DISADVANTAGE BUSINESS ENTERPRISE (DBE)? No Other 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 If yes, please provide an explanation. | Is your firm a Veteran Owned Small Business (VOSB)? | - |
| Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? No Please indicate the classification of your Minority-Owned Business Enterprise (MBE) 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 Small 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 Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? No Does your firm have a Vendor Classification that was not listed above? 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 If yes, please provide an explanation. N/A | Affairs Center notifying the business that they have been approved as a Veteran | N/A |
| Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE 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? 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 If yes, please provide an explanation. N/A | | N/A |
| MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? No WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? No HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? No SBE Cerification Documentation N/A Is your firm a Broward County Business Enterprise (CBE)? No CBE 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? Other Vendor Classification Certification Documentation N/A If yes, please provide your Unique Entity ID (UEI) N/A Proof of Registration Upload N/A If yes, please provide an explanation. N/A | Is your firm a Minority-Owned Business Enterprise (MBE)? | No |
| Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation N/A Is your firm a Broward County Small Business Enterprise (SBE)? No SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? No CBE Certification Documentation N/A Is your firm a Broward County Business Enterprise (CBE)? No DBE 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? Other Vendor Classification Certification Documentation N/A If yes, please provide your Unique Entity ID (UE) N/A Proof of Registration Upload If yes, please provide an explanation. N/A If yes, please provide an explanation. | | |
| Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? OBE Certification Documentation Is your firm a Broward County Business Enterprise (DBE)? OBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? No DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) Proof of Registration Upload If yes, please provide an explanation. | Is your firm a Woman-Owned Business Enterprise (WBE)? | No |
| Is your firm a Broward County Small Business Enterprise (SBE)? SBE Certification Documentation Is your firm a Broward County Business Enterprise (CBE)? OBE Certification Documentation N/A Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation N/A Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation N/A If yes, please provide your Unique Entity ID (UE) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) N/A Proof of Registration Upload If yes, please provide an explanation. | Is your firm a HubZone Business / Labor Surplus Area Firm? | No |
| SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)? OBE Certification Documentation Is your firm a Broward County Disadvantaged Business Enterprise (DBE)? DBE Certification Documentation N/A Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation N/A If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) N/A If yes, please provide an explanation. N/A If yes, please provide an explanation. | | |
| 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 | SBE Cerification Documentation | |
| 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 | CBE Certification Documentation | N/A |
| Does your firm have a Vendor Classification that was not listed above? No Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) N/A Proof of Registration Upload If yes, please provide an explanation. N/A | | |
| If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) Proof of Registration Upload N/A If yes, please provide an explanation. N/A | Does your firm have a Vendor Classification that was not listed above? | No |
| What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) Proof of Registration Upload N/A If yes, please provide an explanation. N/A | If yes, please provide your Unique Entity ID (UEI) | |
| If yes, please provide an explanation. | What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY) | N/A |
| If yes, please upload any relevant documentation, if applicable. | If yes, please provide an explanation. | N/A |
| | If yes, please upload any relevant documentation, if applicable. | N/A |