City of Pembroke Pines
Procurement
Mark Gomes, Assistant City Manager / Director of Procurement & Sustainability
601 City Center Way, Pembroke Pines, FL 33025

EVALUATION TABULATION

IFB No. TS-26-04

Cisco Network

RESPONSE DEADLINE: May 19, 2026 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
Netsync Network Solutions, Inc.	$286,345.82
DOF CREATIONS, LLC	$329,309.00
Alpha Technologies USA Inc.	$428,540.00
V3MAIN TECHNOLOGIES INC.	$455,421.68
Axelliant LLC	$480,045.64
AVI-SPL LLC	$513,646.32
Software Information Resource Corp	$525,760.82
American Business Solutions, Inc.	$528,211.30
Blue Source Group, Inc.	$530,908.62
Tech Advanced Computers Inc	$539,710.00

Vendor	Total
Secure Techies	$544,099.28
GovBros LLC dba Think IT Ai	$546,523.94
Adler Charles Services inc	$586,754.22
The Computer Genies	$606,157.44
ASIMER TECH LLC	$749,401.88
Audio Video Systems, Inc.	$790,215.58
JTF Business Systems	$878,276.16
JPT-TECH, LLC	$894,516.26

					Netsync Network Solutions, Inc.			DOF CREATIONS, LLC			Alpha Technologies USA Inc.		
Line Item	Description	Part #	Qty	UM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	Nexus 9504 Chassis Bundle (1 Sup, 2 SC, 4 PS, 4 FM-G, 3 Fan)	N9K-C9504-B3-G	2	Ea	$33,416.56	$66,833.12		$40,910.23	$81,820.46		$68,500.00	$137,000.00	
1.1	CX LEVEL 1 8X7XNCDOSNexus 9504 Chassis Bundle 1 Sup 2 SC Duration: 3.00 Years	CON-L1NCO-N9KC954G	2	Ea	$38,812.72	$77,625.44		$40,855.50	$81,711.00		$7,000.00	$14,000.00	
1.2	Mode selection between ACI and NXOS	MODE-NXOS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	Included as standard Nexus operating mode selection. No additional commercial charge.
1.3	Nexus 9300, 9500, 9800 NX-OS SW 10.6.1 (64bit) Cisco Silicon	NXOS-CS-10.6.1F	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.4	Select if this product will NOT be used for AI Applications	DCN-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.5	Info PID for Smart Licensing using Policy for N9K	NXOS-SLP-INFO-9K	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.6	System Controller for Nexus 9500	N9K-SC-A	4	Ea	$0.00	$0.00		$0.00	$0.00		$3,000.00	$12,000.00	
1.7	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	8	Ea	$0.00	$0.00		$0.00	$0.00		$5,400.00	$43,200.00	
1.8	Fan Tray V2 for Nexus 9504 chassis, Port-side Intake	N9K-C9504-FAN2	6	Ea	$0.00	$0.00		$0.00	$0.00		$900.00	$5,400.00	
1.9	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	2	Ea	$8,223.11	$16,446.22		$9,521.50	$19,043.00		$4,200.00	$8,400.00	
1.1	N. AMERICA CABINET JUMPER PDU, IEC C20/Saf-D-Grid 250VAC 20A	CAB-AC-20A-SG-C20	16	Ea	$0.00	$0.00		$0.00	$0.00		$200.00	$3,200.00	
1.11	Nexus 9500 Accessory Kit	N9K-C9500-ACK	2	Ea	$0.00	$0.00		$0.00	$0.00		$450.00	$900.00	
1.12	Nexus 9504 Rack Mount Kit	N9K-C9504-RMK	2	Ea	$0.00	$0.00		$0.00	$0.00		$650.00	$1,300.00	
1.13	Nexus 9500 Linecard slot cover	N9K-C9500-LC-CV	4	Ea	$0.00	$0.00		$0.00	$0.00		$95.00	$380.00	
1.14	Nexus 9504 Fabric Module Blank with Fan Power Connector	N9K-C9504-FAN-PWR	2	Ea	$0.00	$0.00		$0.00	$0.00		$180.00	$360.00	
1.15	PID to Upgrade Supervisor : N9K-SUP-B+	N9K-SELECT-SUP-B+	2	Ea	$3,168.94	$6,337.88		$3,669.31	$7,338.62		$0.00	$0.00	
1.16	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$0.00	$0.00		$0.00	$0.00		$12,800.00	$25,600.00	
1.17	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$12,545.64	$25,091.28		$14,526.53	$29,053.06		$12,800.00	$25,600.00	
1.18	Nexus 9500 NX-OS linecard, 48p 10G/25G with 4p 100G QSFP28	N9K-X97160YC-EX	4	Ea	$7,900.19	$31,600.76		$9,496.44	$37,985.76		$22,500.00	$90,000.00	
1.19	PID to Upgrade Universal Power Supply: N9K-PUV2-3000W-B	N9K-SELECT-C95PUV2	8	Ea	$879.38	$7,035.04		$1,018.23	$8,145.84		$500.00	$4,000.00	
1.2	Nexus 9500 3150W Universal PS, Dual Input, Port-side Intake	N9K-PUV2-3000W-B	8	Ea	$0.00	$0.00		$0.00	$0.00		$2,850.00	$22,800.00	
1.21	DCN Premier Term N9500 M4, 3Y	C1P1TN9500M4-3Y	2	Ea	$26,796.60	$53,593.20		$31,027.59	$62,055.18		$9,000.00	$18,000.00	
1.22	Cisco Support Enhanced for DCN Premier Term N9500 M4, 3Y	SVS-L1N9KP-95M4-3Y	2	Ea	$0.00	$0.00		$0.00	$0.00		$4,200.00	$8,400.00	
1.23	Nexus(DCN) - Virtual adopt session	DCN-ADOPT-BAS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.24	Select if this product will NOT be used for AI Applications	SW-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	Administrative software classification line item. No separate pricing applicable.
2	100G SR1.2 BiDi QSFP Transceiver, LC, 100m OM4 MMF	QSFP-100G-SR1.2=	4	Ea	$445.72	$1,782.88		$539.02	$2,156.08		$2,000.00	$8,000.00	
	Total					**$286,345.82**			**$329,309.00**			**$428,540.00**	

					V3MAIN TECHNOLOGIES INC.			Axelliant LLC			AVI-SPL LLC		
Line Item	Description	Part #	Qty	UM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	Nexus 9504 Chassis Bundle (1 Sup, 2 SC, 4 PS, 4 FM-G, 3 Fan)	N9K-C9504-B3-G	2	Ea	$78,093.91	$156,187.82		$72,147.30	$144,294.60		$76,031.75	$152,063.50	
1.1	CX LEVEL 1 8X7XNCDOSNexus 9504 Chassis Bundle 1 Sup 2 SC Duration: 3.00 Years	CON-L1NCO-N9KC954G	2	Ea	$35,081.14	$70,162.28		$39,141.46	$78,282.92		$27,409.90	$54,819.80	
1.2	Mode selection between ACI and NXOS	MODE-NXOS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.3	Nexus 9300, 9500, 9800 NX-OS SW 10.6.1 (64bit) Cisco Silicon	NXOS-CS-10.6.1F	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.4	Select if this product will NOT be used for AI Applications	DCN-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.5	Info PID for Smart Licensing using Policy for N9K	NXOS-SLP-INFO-9K	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.6	System Controller for Nexus 9500	N9K-SC-A	4	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.7	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	8	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.8	Fan Tray V2 for Nexus 9504 chassis, Port-side Intake	N9K-C9504-FAN2	6	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.9	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	2	Ea	$0.00	$0.00		$0.00	$0.00		$17,695.73	$35,391.46	
1.1	N. AMERICA CABINET JUMPER PDU, IEC C20/Saf-D-Grid 250VAC 20A	CAB-AC-20A-SG-C20	16	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.11	Nexus 9500 Accessory Kit	N9K-C9500-ACK	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.12	Nexus 9504 Rack Mount Kit	N9K-C9504-RMK	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.13	Nexus 9500 Linecard slot cover	N9K-C9500-LC-CV	4	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.14	Nexus 9504 Fabric Module Blank with Fan Power Connector	N9K-C9504-FAN-PWR	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.15	PID to Upgrade Supervisor : N9K-SUP-B+	N9K-SELECT-SUP-B+	2	Ea	$7,004.38	$14,008.76		$6,471.02	$12,942.04		$6,819.42	$13,638.84	
1.16	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.17	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$0.00	$0.00		$25,618.29	$51,236.58		$26,997.59	$53,995.18	
1.18	Nexus 9500 NX-OS linecard, 48p 10G/25G with 4p 100G QSFP28	N9K-X97160YC-EX	4	Ea	$19,567.36	$78,269.44		$16,747.46	$66,989.84		$17,649.15	$70,596.60	
1.19	PID to Upgrade Universal Power Supply: N9K-PUV2-3000W-B	N9K-SELECT-C95PUV2	8	Ea	$1,943.71	$15,549.68		$0.00	$0.00		$1,892.38	$15,139.04	
1.2	Nexus 9500 3150W Universal PS, Dual Input, Port-side Intake	N9K-PUV2-3000W-B	8	Ea	$0.00	$0.00		$1,795.70	$14,365.60		$0.00	$0.00	
1.21	DCN Premier Term N9500 M4, 3Y	C1P1TN9500M4-3Y	2	Ea	$59,228.85	$118,457.70		$54,718.93	$109,437.86		$57,664.83	$115,329.66	
1.22	Cisco Support Enhanced for DCN Premier Term N9500 M4, 3Y	SVS-L1N9KP-95M4-3Y	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.23	Nexus(DCN) - Virtual adopt session	DCN-ADOPT-BAS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.24	Select if this product will NOT be used for AI Applications	SW-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
2	100G SR1.2 BiDi QSFP Transceiver, LC, 100m OM4 MMF	QSFP-100G-SR1.2=	4	Ea	$696.50	$2,786.00		$624.05	$2,496.20		$668.06	$2,672.24	
	Total					**$455,421.68**			**$480,045.64**			**$513,646.32**	

					Software Information Resource Corp			American Business Solutions, Inc.			Blue Source Group, Inc.		
Line Item	Description	Part #	Qty	UM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	Nexus 9504 Chassis Bundle (1 Sup, 2 SC, 4 PS, 4 FM-G, 3 Fan)	N9K-C9504-B3-G	2	Ea	$73,727.67	$147,455.34		$74,195.60	$148,391.20		$74,605.38	$149,210.76	
1.1	CX LEVEL 1 8X7XNCDOSNexus 9504 Chassis Bundle 1 Sup 2 SC Duration: 3.00 Years	CON-L1NCO-N9KC954G	2	Ea	$40,419.10	$80,838.20		$40,252.71	$80,505.42		$40,344.64	$80,689.28	
1.2	Mode selection between ACI and NXOS	MODE-NXOS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.3	Nexus 9300, 9500, 9800 NX-OS SW 10.6.1 (64bit) Cisco Silicon	NXOS-CS-10.6.1F	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.4	Select if this product will NOT be used for AI Applications	DCN-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.5	Info PID for Smart Licensing using Policy for N9K	NXOS-SLP-INFO-9K	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.6	System Controller for Nexus 9500	N9K-SC-A	4	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.7	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	8	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.8	Fan Tray V2 for Nexus 9504 chassis, Port-side Intake	N9K-C9504-FAN2	6	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.9	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	2	Ea	$17,159.48	$34,318.96		$17,268.39	$34,536.78		$17,363.76	$34,727.52	
1.1	N. AMERICA CABINET JUMPER PDU, IEC C20/Saf-D-Grid 250VAC 20A	CAB-AC-20A-SG-C20	16	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.11	Nexus 9500 Accessory Kit	N9K-C9500-ACK	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.12	Nexus 9504 Rack Mount Kit	N9K-C9504-RMK	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.13	Nexus 9500 Linecard slot cover	N9K-C9500-LC-CV	4	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.14	Nexus 9504 Fabric Module Blank with Fan Power Connector	N9K-C9504-FAN-PWR	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.15	PID to Upgrade Supervisor : N9K-SUP-B+	N9K-SELECT-SUP-B+	2	Ea	$6,612.76	$13,225.52		$6,654.73	$13,309.46		$6,691.49	$13,382.98	
1.16	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.17	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$26,179.46	$52,358.92		$26,345.60	$52,691.20		$26,491.11	$52,982.22	
1.18	Nexus 9500 NX-OS linecard, 48p 10G/25G with 4p 100G QSFP28	N9K-X97160YC-EX	4	Ea	$17,114.31	$68,457.24		$17,222.94	$68,891.76		$17,318.05	$69,272.20	
1.19	PID to Upgrade Universal Power Supply: N9K-PUV2-3000W-B	N9K-SELECT-C95PUV2	8	Ea	$1,835.04	$14,680.32		$1,846.69	$14,773.52		$1,856.89	$14,855.12	
1.2	Nexus 9500 3150W Universal PS, Dual Input, Port-side Intake	N9K-PUV2-3000W-B	8	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.21	DCN Premier Term N9500 M4, 3Y	C1P1TN9500M4-3Y	2	Ea	$55,917.54	$111,835.08		$56,272.44	$112,544.88		$56,583.23	$113,166.46	
1.22	Cisco Support Enhanced for DCN Premier Term N9500 M4, 3Y	SVS-L1N9KP-95M4-3Y	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.23	Nexus(DCN) - Virtual adopt session	DCN-ADOPT-BAS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.24	Select if this product will NOT be used for AI Applications	SW-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
2	100G SR1.2 BiDi QSFP Transceiver, LC, 100m OM4 MMF	QSFP-100G-SR1.2=	4	Ea	$647.81	$2,591.24		$641.77	$2,567.08		$655.52	$2,622.08	
	Total					**$525,760.82**			**$528,211.30**			**$530,908.62**	

					Tech Advanced Computers Inc			Secure Techies			GovBros LLC dba Think IT Ai		
Line Item	Description	Part #	Qty	UM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	Nexus 9504 Chassis Bundle (1 Sup, 2 SC, 4 PS, 4 FM-G, 3 Fan)	N9K-C9504-B3-G	2	Ea	$75,870.00	$151,740.00		$76,427.33	$152,854.66		$76,799.66	$153,599.32	
1.1	CX LEVEL 1 8X7XNCDOSNexus 9504 Chassis Bundle 1 Sup 2 SC Duration: 3.00 Years	CON-L1NCO-N9KC954G	2	Ea	$40,900.00	$81,800.00		$41,463.47	$82,926.94		$41,531.25	$83,062.50	
1.2	Mode selection between ACI and NXOS	MODE-NXOS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.3	Nexus 9300, 9500, 9800 NX-OS SW 10.6.1 (64bit) Cisco Silicon	NXOS-CS-10.6.1F	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.4	Select if this product will NOT be used for AI Applications	DCN-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.5	Info PID for Smart Licensing using Policy for N9K	NXOS-SLP-INFO-9K	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.6	System Controller for Nexus 9500	N9K-SC-A	4	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.7	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	8	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.8	Fan Tray V2 for Nexus 9504 chassis, Port-side Intake	N9K-C9504-FAN2	6	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.9	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	2	Ea	$17,660.00	$35,320.00		$17,787.80	$35,575.60		$17,874.45	$35,748.90	
1.1	N. AMERICA CABINET JUMPER PDU, IEC C20/Saf-D-Grid 250VAC 20A	CAB-AC-20A-SG-C20	16	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.11	Nexus 9500 Accessory Kit	N9K-C9500-ACK	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.12	Nexus 9504 Rack Mount Kit	N9K-C9504-RMK	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.13	Nexus 9500 Linecard slot cover	N9K-C9500-LC-CV	4	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.14	Nexus 9504 Fabric Module Blank with Fan Power Connector	N9K-C9504-FAN-PWR	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.15	PID to Upgrade Supervisor : N9K-SUP-B+	N9K-SELECT-SUP-B+	2	Ea	$6,805.00	$13,610.00		$6,854.90	$13,709.80		$6,888.29	$13,776.58	
1.16	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$0.00	$0.00		$0.00	$0.00		$27,270.26	$54,540.52	
1.17	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$26,940.00	$53,880.00		$27,138.05	$54,276.10		$0.00	$0.00	
1.18	Nexus 9500 NX-OS linecard, 48p 10G/25G with 4p 100G QSFP28	N9K-X97160YC-EX	4	Ea	$17,610.00	$70,440.00		$17,740.98	$70,963.92		$17,827.40	$71,309.60	
1.19	PID to Upgrade Universal Power Supply: N9K-PUV2-3000W-B	N9K-SELECT-C95PUV2	8	Ea	$1,890.00	$15,120.00		$1,902.23	$15,217.84		$1,911.50	$15,292.00	
1.2	Nexus 9500 3150W Universal PS, Dual Input, Port-side Intake	N9K-PUV2-3000W-B	8	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.21	DCN Premier Term N9500 M4, 3Y	C1P1TN9500M4-3Y	2	Ea	$57,540.00	$115,080.00		$57,965.05	$115,930.10		$58,247.44	$116,494.88	
1.22	Cisco Support Enhanced for DCN Premier Term N9500 M4, 3Y	SVS-L1N9KP-95M4-3Y	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.23	Nexus(DCN) - Virtual adopt session	DCN-ADOPT-BAS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.24	Select if this product will NOT be used for AI Applications	SW-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
2	100G SR1.2 BiDi QSFP Transceiver, LC, 100m OM4 MMF	QSFP-100G-SR1.2=	4	Ea	$680.00	$2,720.00		$661.08	$2,644.32		$674.91	$2,699.64	
	Total					**$539,710.00**			**$544,099.28**			**$546,523.94**	

					Adler Charles Services inc			The Computer Genies			ASIMER TECH LLC		
Line Item	Description	Part #	Qty	UM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	Nexus 9504 Chassis Bundle (1 Sup, 2 SC, 4 PS, 4 FM-G, 3 Fan)	N9K-C9504-B3-G	2	Ea	$82,502.29	$165,004.58		$85,230.42	$170,460.84		$75,932.42	$151,864.84	
1.1	CX LEVEL 1 8X7XNCDOSNexus 9504 Chassis Bundle 1 Sup 2 SC Duration: 3.00 Years	CON-L1NCO-N9KC954G	2	Ea	$44,407.41	$88,814.82		$45,876.19	$91,752.38		$16,085.33	$32,170.66	
1.2	Mode selection between ACI and NXOS	MODE-NXOS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.3	Nexus 9300, 9500, 9800 NX-OS SW 10.6.1 (64bit) Cisco Silicon	NXOS-CS-10.6.1F	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.4	Select if this product will NOT be used for AI Applications	DCN-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.5	Info PID for Smart Licensing using Policy for N9K	NXOS-SLP-INFO-9K	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.6	System Controller for Nexus 9500	N9K-SC-A	4	Ea	$0.00	$0.00		$0.00	$0.00		$1,899.41	$7,597.64	
1.7	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	8	Ea	$0.00	$0.00		$0.00	$0.00		$17,672.62	$141,380.96	
1.8	Fan Tray V2 for Nexus 9504 chassis, Port-side Intake	N9K-C9504-FAN2	6	Ea	$0.00	$0.00		$0.00	$0.00		$3,141.80	$18,850.80	
1.9	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	2	Ea	$19,201.70	$38,403.40		$19,836.65	$39,673.30		$17,672.62	$35,345.24	
1.1	N. AMERICA CABINET JUMPER PDU, IEC C20/Saf-D-Grid 250VAC 20A	CAB-AC-20A-SG-C20	16	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.11	Nexus 9500 Accessory Kit	N9K-C9500-ACK	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.12	Nexus 9504 Rack Mount Kit	N9K-C9504-RMK	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.13	Nexus 9500 Linecard slot cover	N9K-C9500-LC-CV	4	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.14	Nexus 9504 Fabric Module Blank with Fan Power Connector	N9K-C9504-FAN-PWR	2	Ea	$0.00	$0.00		$0.00	$0.00		$1,963.63	$3,927.26	
1.15	PID to Upgrade Supervisor : N9K-SUP-B+	N9K-SELECT-SUP-B+	2	Ea	$7,399.78	$14,799.56		$7,644.46	$15,288.92		$6,810.51	$13,621.02	
1.16	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$0.00	$0.00		$0.00	$0.00		$26,962.31	$53,924.62	
1.17	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$29,295.17	$58,590.34		$30,263.88	$60,527.76		$26,962.31	$53,924.62	
1.18	Nexus 9500 NX-OS linecard, 48p 10G/25G with 4p 100G QSFP28	N9K-X97160YC-EX	4	Ea	$19,151.15	$76,604.60		$19,784.43	$79,137.72		$17,626.10	$70,504.40	
1.19	PID to Upgrade Universal Power Supply: N9K-PUV2-3000W-B	N9K-SELECT-C95PUV2	8	Ea	$2,053.44	$16,427.52		$2,121.33	$16,970.64		$1,889.92	$15,119.36	
1.2	Nexus 9500 3150W Universal PS, Dual Input, Port-side Intake	N9K-PUV2-3000W-B	8	Ea	$0.00	$0.00		$0.00	$0.00		$4,157.82	$33,262.56	
1.21	DCN Premier Term N9500 M4, 3Y	C1P1TN9500M4-3Y	2	Ea	$62,572.40	$125,144.80		$64,641.62	$129,283.24		$57,589.69	$115,179.38	
1.22	Cisco Support Enhanced for DCN Premier Term N9500 M4, 3Y	SVS-L1N9KP-95M4-3Y	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.23	Nexus(DCN) - Virtual adopt session	DCN-ADOPT-BAS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.24	Select if this product will NOT be used for AI Applications	SW-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
2	100G SR1.2 BiDi QSFP Transceiver, LC, 100m OM4 MMF	QSFP-100G-SR1.2=	4	Ea	$741.15	$2,964.60		$765.66	$3,062.64		$682.13	$2,728.52	
	Total					**$586,754.22**			**$606,157.44**			**$749,401.88**	

					Audio Video Systems, Inc.			JTF Business Systems			JPT-TECH, LLC		
Line Item	Description	Part #	Qty	UM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	Nexus 9504 Chassis Bundle (1 Sup, 2 SC, 4 PS, 4 FM-G, 3 Fan)	N9K-C9504-B3-G	2	Ea	$77,091.71	$154,183.42		$126,499.75	$252,999.50		$83,208.31	$166,416.62	
1.1	CX LEVEL 1 8X7XNCDOSNexus 9504 Chassis Bundle 1 Sup 2 SC Duration: 3.00 Years	CON-L1NCO-N9KC954G	2	Ea	$16,548.12	$33,096.24		$55,563.48	$111,126.96		$36,997.70	$73,995.40	
1.2	Mode selection between ACI and NXOS	MODE-NXOS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.3	Nexus 9300, 9500, 9800 NX-OS SW 10.6.1 (64bit) Cisco Silicon	NXOS-CS-10.6.1F	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.4	Select if this product will NOT be used for AI Applications	DCN-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.5	Info PID for Smart Licensing using Policy for N9K	NXOS-SLP-INFO-9K	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.6	System Controller for Nexus 9500	N9K-SC-A	4	Ea	$1,928.41	$7,713.64		$0.00	$0.00		$2,595.30	$10,381.20	
1.7	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	8	Ea	$17,942.42	$143,539.36		$0.00	$0.00		$19,366.02	$154,928.16	
1.8	Fan Tray V2 for Nexus 9504 chassis, Port-side Intake	N9K-C9504-FAN2	6	Ea	$3,189.76	$19,138.56		$0.00	$0.00		$3,442.85	$20,657.10	
1.9	Nexus 9500 4-slot chassis 400G cloud scale fabric module	N9K-C9504-FM-G	2	Ea	$17,942.42	$35,884.84		$29,429.05	$58,858.10		$19,366.02	$38,732.04	
1.1	N. AMERICA CABINET JUMPER PDU, IEC C20/Saf-D-Grid 250VAC 20A	CAB-AC-20A-SG-C20	16	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.11	Nexus 9500 Accessory Kit	N9K-C9500-ACK	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.12	Nexus 9504 Rack Mount Kit	N9K-C9504-RMK	2	Ea	$0.00	$0.00		$0.00	$0.00		$124.26	$248.52	
1.13	Nexus 9500 Linecard slot cover	N9K-C9500-LC-CV	4	Ea	$0.00	$0.00		$0.00	$0.00		$47.20	$188.80	
1.14	Nexus 9504 Fabric Module Blank with Fan Power Connector	N9K-C9504-FAN-PWR	2	Ea	$1,993.61	$3,987.22		$0.00	$0.00		$2,151.78	$4,303.56	
1.15	PID to Upgrade Supervisor : N9K-SUP-B+	N9K-SELECT-SUP-B+	2	Ea	$6,914.49	$13,828.98		$11,341.50	$22,683.00		$32,779.74	$65,559.48	
1.16	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$27,373.96	$54,747.92		$11,225.00	$22,450.00		$32,779.74	$65,559.48	
1.17	Supervisor B+ for Nexus 9500	N9K-SUP-B+	2	Ea	$27,373.96	$54,747.92		$11,225.00	$22,450.00		$32,779.74	$65,559.48	
1.18	Nexus 9500 NX-OS linecard, 48p 10G/25G with 4p 100G QSFP28	N9K-X97160YC-EX	4	Ea	$17,895.20	$71,580.80		$29,352.50	$117,410.00		$20,848.83	$83,395.32	
1.19	PID to Upgrade Universal Power Supply: N9K-PUV2-3000W-B	N9K-SELECT-C95PUV2	8	Ea	$1,918.77	$15,350.16		$3,145.00	$25,160.00		$2,071.01	$16,568.08	
1.2	Nexus 9500 3150W Universal PS, Dual Input, Port-side Intake	N9K-PUV2-3000W-B	8	Ea	$4,221.30	$33,770.40		$0.00	$0.00		$4,556.22	$36,449.76	
1.21	DCN Premier Term N9500 M4, 3Y	C1P1TN9500M4-3Y	2	Ea	$72,952.06	$145,904.12		$95,903.45	$191,806.90		$44,230.81	$88,461.62	
1.22	Cisco Support Enhanced for DCN Premier Term N9500 M4, 3Y	SVS-L1N9KP-95M4-3Y	2	Ea	$0.00	$0.00		$22,395.25	$44,790.50		$0.00	$0.00	
1.23	Nexus(DCN) - Virtual adopt session	DCN-ADOPT-BAS	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
1.24	Select if this product will NOT be used for AI Applications	SW-OTHER	2	Ea	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	
2	100G SR1.2 BiDi QSFP Transceiver, LC, 100m OM4 MMF	QSFP-100G-SR1.2=	4	Ea	$685.50	$2,742.00		$2,135.30	$8,541.20		$777.91	$3,111.64	
	Total					**$790,215.58**			**$878,276.16**			**$894,516.26**	

Question	Netsync Network Solutions, Inc.	DOF CREATIONS, LLC	Alpha Technologies USA Inc.
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	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	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.			
Please upload your current certificate(s) of insurance.			
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No
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	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?			
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included
VENDOR REGISTRATION			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	Yes	No
What is your Vendor Number?		7679	
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			
FINANCIAL STATEMENTS			
ADDITIONAL INFORMATION	SunBiz Annual Report State Registration Company Presentation	Company Presentation Experience & Certifications Quote	State Registration
PROFESSIONAL LICENSES		Included	
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	Yes	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Hispanic-American MBE	African-American MBE	Asian-American MBE
MBE Certification Documentation	MBE Certification	MBE Certificate	NMSDC Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	Yes	Yes	No
WMBE Certification Documentation	WBE Certification	WMBE Certificate	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
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A

Question	V3MAIN TECHNOLOGIES INC.	Axelliant LLC	AVI-SPL LLC
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	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	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than “A” as to management, and no less than “Class VI” as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.			
Please upload your current certificate(s) of insurance.			
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No
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	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?			
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included
VENDOR REGISTRATION			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	Yes
What is your Vendor Number?			3419
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			
FINANCIAL STATEMENTS			
ADDITIONAL INFORMATION	Entity Information		Location
PROFESSIONAL LICENSES			
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	Yes
Please indicate your Local Vendor Status	N/A	N/A	Local Broward County Vendor
Local Vendor Preference Certification	N/A	N/A	Meet Requirements
Local Business Tax Receipts	N/A	N/A	Not Included
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	Yes	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	Asian-American	N/A
MBE Certification Documentation	N/A	MBE Certificate	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	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
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	Yes	No	No
Other Vendor Classification Certification Documentation	SBA Certification	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A

Question	Software Information Resource Corp	American Business Solutions, Inc.	Blue Source Group, Inc.
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	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	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	No
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	No	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.	Letter of Intent for Insurance		
Please upload your current certificate(s) of insurance.	Included		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	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	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?			
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included
VENDOR REGISTRATION			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No
What is your Vendor Number?			
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			
FINANCIAL STATEMENTS			
ADDITIONAL INFORMATION	Cisco General Terms Quote Authorized Dealer Certification Bid	Quote	
PROFESSIONAL LICENSES			
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	African-American
MBE Certification Documentation	N/A	MBE Certificate	MBE Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	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
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	Yes	Yes	No
Other Vendor Classification Certification Documentation	Not Included	Included	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	Included	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A

Question	Tech Advanced Computers Inc	Secure Techies	GovBros LLC dba Think IT Ai
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	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	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	No	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.		Included	
Please upload your current certificate(s) of insurance.		Included	
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	Yes
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.			Included
Do you plan on using subcontractors for this project?	No	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?			
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Not Included	Included
VENDOR REGISTRATION			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No
What is your Vendor Number?			
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			
FINANCIAL STATEMENTS			
ADDITIONAL INFORMATION		California Limited Liability Statement Certificate of Status Cisco registered Partner Certificate Cisco registered Partner Letter Pricing Exception Letter	Annual Report
PROFESSIONAL LICENSES			
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Asian-American MBE	N/A	Asian-American MBE
MBE Certification Documentation	MBE Certificate	N/A	Not Included
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	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
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	Yes	No
Other Vendor Classification Certification Documentation	N/A	DVBE Certificate	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A

Question	Adler Charles Services inc	The Computer Genies	ASIMER TECH LLC
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	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	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than “A” as to management, and no less than “Class VI” as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Liability Quote
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.			
Please upload your current certificate(s) of insurance.			
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No
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	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?			
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included
VENDOR REGISTRATION			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	Yes
What is your Vendor Number?			8305
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			Included
FINANCIAL STATEMENTS			
ADDITIONAL INFORMATION		Certificate of Diverse Ownership	Quote
PROFESSIONAL LICENSES			
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	Yes	No	No
Please indicate your Local Vendor Status	Local Broward County Vendor	N/A	N/A
Local Vendor Preference Certification	Meet Requirement	N/A	N/A
Local Business Tax Receipts	LBTR-Browar-09-30-26	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	Yes	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	African-American MBE	African-American MBE	N/A
MBE Certification Documentation	MBE Certificate	MBE Certificate	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	Yes	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	HUB Certificate	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	Yes	No	No
SBE Cerification Documentation	SBE Certificate	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	Yes	No	No
CBE Certification Documentation	CBE Certificate	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	Yes	No
Other Vendor Classification Certification Documentation	N/A	SBD Certificate	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A

Question	Audio Video Systems, Inc.	JTF Business Systems	JPT-TECH, LLC
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	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	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.			
Please upload your current certificate(s) of insurance.			
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No
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	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?			
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included
VENDOR REGISTRATION			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No
What is your Vendor Number?			
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			
FINANCIAL STATEMENTS			
ADDITIONAL INFORMATION		Mission Statement Past Performance Quote	SunBiz
PROFESSIONAL LICENSES	Alarm System Contractor		
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	African-American
MBE Certification Documentation	N/A	N/A	MBE Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	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
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	Yes	No	No
DBE Certification Documentation	DBE Certificate	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	Yes	No
Other Vendor Classification Certification Documentation	N/A	Not Included	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A