

Epoxy Replacement Costs				The Epoxy Pros		
Line Item	Description	UoM	QTY	Unit Cost	Total	Vendor Notes
1	Total Cost to Complete Epoxy Replacement Including but not Limited to the Following Work: Demolition and repair of existing floor, surface preparation, moisture testing, application of primer coating, application of topcoating, application of sealant, application of primer, application of slip resistant finish, second application of topcoating	LS	1	\$143,750.00	\$143,750.00	
Total					\$143,750.00	

Payment and Performance Bond			The Epoxy Pros	
Line Item	Description	UoM	Percentage	Vendor Notes
2	Cost of Payment and Performance Bonds in the form of a Percent	Percent	5%	
Total				

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/03/2025

PRODUCER
SOUTHEAST INSURANCE GROUP
2665 SOUTH BAYSHORE DRIVE, STE 1001
COCONUT GROVE, FL 33133
PHONE: (305) 442-1500

Serial # 172676

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
THE EPOXY PROS
3569 NW 10TH AVENUE
OAKLAND PARK, FL 33309

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: BURLINGTON INSURANCE CO.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	535B545941	10-30-2025	10-30-2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ NONE BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ NONE OTHER THAN EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ NONE AGGREGATE \$ \$ \$ \$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> EL EACH ACCIDENT \$ NONE EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

EPOXY FLOOR COVERINGS -
CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR, AS REQUIRED BY WRITTEN CONTRACT, AS RESPECTS THE OPERATIONS INSURED UNDER THIS POLICY ONLY, SUBJECT TO POLICY TERMS, CONDITIONS & EXCLUSIONS. COVERAGE IS PRIMARY / NON-CONTRIBUTORY WITH WAIVER OF SUBROGATION.

CERTIFICATE HOLDER

FOR INSURANCE PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 13459

KATHI PENNEY-GOEBEL



Shawn Weppelman, AFSB
Vice President, Surety
(216) 399-2734
sweppelman@brunswickcompanies.com

February 23, 2026

Re: The Epoxy Pros LLC
3569 NW 10th Ave. Unit D
Oakland Park, FL 33309

To Whom It May Concern:

It is the privilege of Brunswick Companies to represent The Epoxy Pros LLC as their surety agent. Merchants Bonding Company is providing bonding support of \$1,000,000 single, \$1,000,000 aggregate. These parameters do not necessarily represent a maximum. Higher limits may be available on a case-by-case basis.

We consider The Epoxy Pros LLC one of our outstanding and most valued clients in whom we have the highest confidence. This company, in our opinion, has remained properly financed, well equipped, and capably managed. At their request, we will give favorable consideration to any requested performance and payment bonds.

Please note that the decision to issue performance and payment bonds is a matter between The Epoxy Pros LLC, Brunswick Companies and Merchants Bonding Company. The surety expressly reserves its rights to make a decision upon review of pertinent underwriting information including, but not limited to the terms and conditions of the contract, bond forms, and financing. Merchants Bonding Company assumes no liability to third parties or to you if for any reason, they do not approve a bond request.

If you should desire further information, please feel free to contact me.

Sincerely,

Shawn Weppelman

Proposer's Background Information Form

#	Question	Response	Comment	Status
Contact Information				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	Daniel George Title: Owner. Email: info@theepoxypros.com. Phone number: 954-994-9220		Complete
1.1.2	Authorized Approver: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Authorized Approver for this project.	Daniel George Title: Owner. Email: info@theepoxypros.com. Phone number: 954-994-9220		Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	2019		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2019		Complete
1.2.3	What State is your Company Registered In?	Florida		Complete
Former Business				
1.3.1	Under what former name has your business operated? Include a description of the business.	N/A		Complete
1.3.2	At what address was that business located?	N/A		Complete
Past Failure				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
Inspected				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes		Complete
Subcontracting				
1.6.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	No		Complete
Bankruptcy Petitions				
1.7.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	None		Complete
Bond Claims				
1.8.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	None		Complete
Claims, Arbitrations, Administrative Hearings and Lawsuits				
1.9.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.	None		Complete
Criminal Proceedings or Hearings				
1.10.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	None		Complete
Company Classification				
1.11.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides "Original Provider" please explain.	Original Provider		Complete
Debarment/Suspension				
1.12.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No		Complete
Similar Experience & Contracts				

1.13.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.	Yes	Complete
Professional License Information			
1.14.1	Are professional licenses required to perform the services requested in this solicitation? If so, please list any applicable professional licenses that your company has that are required to provide these services.	Not Applicable	Complete
Conflict of Interest			
1.15.1	Do you need to disclose any conflicts of interest? The award of any contract hereunder is subject to the provisions of Chapter 112, Florida Statutes. Proposers must disclose with their Proposal the name of any officer, director, partner, proprietor, associate or agent who is also an officer or employee of CITY or any of its agencies. Further, all Proposers must disclose the name of any officer or employee of CITY who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer 's firm or any of its branches or affiliate companies.	No	Complete
19 Questions		100.00% Complete	



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

1. This sworn statement is submitted The Epoxy Pros LLC
(name of entity submitting sworn statement) whose business address is
3569 NW 10th Ave Unit D Oakland Park, FL 33309
and (if applicable) its Federal Employer Identification Number (FEIN) is
84-3541291. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: Daniel George.)
2. My name is Daniel George and my
(Please print name of individual signing)
relationship to the entity named above is Owner.
3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a



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

6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**
- A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- B) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which additional statement applies.)**
- B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**
- B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**
- B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**

Daniel George
Bidder's Name/Signature

The Epoxy Pros LLC
Company

03/26/2026
Date



VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

SECTION 1 GENERAL TERM

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

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

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

SECTION 2 AFFIRMATION

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

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

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

Daniel George

Authorized Signature

Daniel George

Authorized Signer Name

The Epoxy Pros LLC

Company Name



NON-COLLUSIVE AFFIDAVIT

BIDDER is the

Owner



(Owner, Partner, Officer, Representative or Agent)

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

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

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

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

Printed Name/Signature Daniel George

Title Owner

Name of Company The Epoxy Pros LLC



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

I, Daniel George - Owner, on behalf of The Epoxy Pros LLC,
Print Name and Title Company Name

certify that The Epoxy Pros LLC:
Company Name

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

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

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

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

The Epoxy Pros LLC
Company Name

Daniel George
Print Name / Signature

Owner
Title



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

1. Definitions:
 - a. **“Contractor”** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.
 - b. **“Subcontractor”** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
 - c. **“E-Verify system”** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.

2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:
 - a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
 - b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
 - c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

3. Contract Termination
 - a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
 - b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
 - c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
 - d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
 - e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

The Epoxy Pros LLC

COMPANY NAME: _____

Daniel George *Daniel George*

PRINTED NAME / AUTHORIZED SIGNATURE: _____



AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS

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

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

FURTHER AFFIANT SAYETH NAUGHT.

DATE: 03/26/2026

SIGNATURE: Daniel George

ENTITY: _____

NAME: Daniel George

TITLE: Owner



VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	The Epoxy Pros LLC		
Doing Business As (DBA)			
Primary Business Address	3569 NW 10th Ave Unit D		
	City:	Oakland Park	
	State:	F	Zip: 33309
	Country:	USA	
Remit To Address			
	City:		
	State:		Zip:
	Country:		
Order From Address			
	City:		
	State:		Zip:
	Country:		
Foreign Entity (Yes/No)	NO		
Telephone Number	954-254-2056		
Primary Company E-mail	info@theepoxypros.com		
Fax			
Website	https://theepoxypros.com/		
DUNS			
Independent Contractor (Yes/No)	Yes		
Identification Number	SSN:		FID: 843541291

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

CONTACT # 1	
Contact Name (First & Last Name)	Daniel George
Description/Title/Position	Owner
Phone (Voice)	9549949220
Phone (Text)	9549949220
Fax	
E-mail	info@theepoxypros.com
	Opt In (Y/N): Y

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

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Daniel George	
	2 Business name/disregarded entity name, if different from above. The Epoxy Pros LLC	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/> <i>(Applies to accounts maintained outside the United States.)</i>	
	5 Address (number, street, and apt. or suite no.). See instructions. 150 SE 3rd Ave Unit 531	Requester's name and address (optional)
	6 City, state, and ZIP code Fort Lauderdale, FL 33301	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Social security number									
			-			-			
or									
Employer identification number									
8	4	-	3	5	4	1	2	9	1

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person <i>Daniel George</i>	Date 01/01/2026
------------------	--	---------------------------

General Instructions

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

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

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

City of Oakland Park

1100 Park Lane East, First Floor
1-954-630-4350

BUSINESS LICENSE CERTIFICATE

THE FIRM NAMED ABOVE IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION LISTED IN THE CITY OF OAKLAND PARK FLORIDA.

Business Name: THE EPOXY PROS
DBA: THE EPOXY PROS

Business Type(s): 325520 Epoxy adhesives manufacturing

Business Location: 3569 NW 10 AVE 0
OAKLAND PARK, FL 33309

Mailing Address: 3569 NW 10 AVE 0
OAKLAND PARK, FL 33309

Owner: DANIEL GEORGE

License Number: SRVC-004455-2024

License Type: Services

Issued Date: 9/17/2025

Classification: Other Services

Expiration Date: 9/30/2026

Fees Paid: \$80.00

Signature

LICENSE MUST BE CONSPICUOUSLY POSTED AT THE PLACE OF BUSINESS SHOWN

TO BE POSTED IN A CONSPICUOUS PLACE



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
THE EPOXY PROS LLC

Filing Information

Document Number	L19000218381
FEI/EIN Number	84-3541291
Date Filed	08/27/2019
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/16/2023

Principal Address

3569 NW 10th Ave
OAKLAND PARK, FL 33069

Changed: 04/07/2024

Mailing Address

3569 NW 10th Ave
Oakland Park, FL 33309

Changed: 04/07/2024

Registered Agent Name & Address

GEORGE, DANIEL R
3569 NW 10th Ave
OAKLAND PARK, FL 33069

Name Changed: 10/16/2023

Address Changed: 04/07/2024

Authorized Person(s) Detail

Name & Address

Title CEO

GEORGE, DANIEL R
3569 NW 10th Ave
OAKLAND PARK, FL 33069

Annual Reports

Report Year	Filed Date
2023	10/16/2023
2024	04/07/2024
2025	04/07/2025

Document Images

[04/07/2025 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[04/07/2024 -- ANNUAL REPORT](#)

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[10/16/2023 -- REINSTATEMENT](#)

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[03/14/2022 -- ANNUAL REPORT](#)

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[04/29/2021 -- ANNUAL REPORT](#)

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[06/15/2020 -- ANNUAL REPORT](#)

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[08/27/2019 -- Florida Limited Liability](#)

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Florida Department of State, Division of Corporations



LOCAL VENDOR PREFERENCE CERTIFICATION

SECTION 1 GENERAL TERM

LOCAL PREFERENCE

The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:

- 1. "Local Pembroke Pines Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines.

OR;

- 2. "Local Broward County Vendor" shall mean or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.

A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the **Local Pembroke Pines Vendor(s)**; A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the **Local Broward County Vendor(s)**.

COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

SECTION 2 AFFIRMATION

LOCAL PREFERENCE CERTIFICATION:

- Place a check mark here only if affirming bidder meets requirements above as a Local Pembroke Pines Vendor. In addition, the business must attach a current business tax receipt from the City of Pembroke Pines along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.
- Place a check mark here only if affirming bidder meets requirements above as a Local Broward County Vendor. In addition, the business must attach a current business tax receipt from the Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.
- Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

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

COMPANY NAME: The Epoxy Pros LLC

PRINTED NAME / AUTHORIZED SIGNATURE: Daniel George



LOCAL VENDOR PREFERENCE CERTIFICATION

SECTION 1 GENERAL TERM

LOCAL PREFERENCE

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- Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

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

COMPANY NAME: _____

PRINTED NAME / AUTHORIZED SIGNATURE: Daniel George

The Epoxy Pros Response

Pricing unsealed at Mar 31, 2026 2:31 PM

CONTACT INFORMATION

Company

The Epoxy Pros

Email

info@theepoxypros.com

Contact

Daniel George

Address

150 Southeast 3rd Avenue

Apt 531

Fort Lauderdale, FL 33301

Phone

(954) 994-9220

Website

N/A

Submission Date

Mar 31, 2026 12:10 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Mar 26, 2026 2:11 PM by Daniel George

QUESTIONNAIRE

1. CONFIRMATION TO BIND

1.1. I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.*

Confirmed

Pass Fail

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

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

2.1. I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.*

Confirmed

Pass Fail

2.2. Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?*

Yes

Pass Fail

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

Yes

Pass Fail

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

Pass Fail

 COI.pdf

2.4. Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?* Pass Fail
No

2.5. Do you plan on using subcontractors for this project?*" Pass Fail
No

3. REFERENCE # 1

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

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

Proposers are advised to confirm that:

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

3.1. Reference Contact Information - Name of Firm, City, County or Agency* Pass Fail
ServPro

3.2. Reference Contact Information - Reference's Business Address* Pass Fail
2880 NW 2nd Ave STE 3, Boca Raton, FL 33431

3.3. Reference Contact Information - Reference's Contact Name & Title* Pass Fail
Mike Osouna

3.4. Reference Contact Information - Reference's E-mail Address* Pass Fail
mikeosouna@smrbyojs.com

3.5. Reference Contact Information - Reference's Phone Number* Pass Fail
2142071792

3.6. Project Information - Was your firm the prime contractor for the listed project?* Pass Fail
Yes

3.7. Project Information - Name of Contactor Performing the Work* Pass Fail
Project Manager: Marc Lebron
Installers: Nicholas Clarity, Edwin Diaz, Bruno Castro

3.8. Project Information - Name and location of the project* Pass Fail
Florida International University

3.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for* Pass Fail
Countertop - Elite Crete Solid Color System

3.10. Project Information - Project Duration* Pass Fail
14 days

3.11. Project Information - Completion (Anticipated) Date* Pass Fail
June 18, 2025

3.12. Project Information - Size of Project* Pass Fail

Entire FIU Cafeteria

3.13. Project Information – Cost of Project* Pass Fail

\$47,640

4. REFERENCE # 2**4.1. Reference Contact Information – Name of Firm, City, County or Agency*** Pass Fail

Florida Atlantic University

4.2. Reference Contact Information – Reference's Business Address* Pass Fail

7777 Glades Rd, Boca Raton, FL

4.3. Reference Contact Information – Reference's Contact Name & Title* Pass Fail

Fady Iskarous

4.4. Reference Contact Information – Reference's E-mail Address* Pass Fail

fiskarous@fau.edu

4.5. Reference Contact Information – Reference's Phone Number* Pass Fail

561-213-9946

4.6. Project Information – Was your firm the prime contractor for the listed project?* Pass Fail

Yes

4.7. Project Information – Name of Contactor Performing the Work* Pass Fail

Project Manager: Marc Lebron

Installers: Nicholas Clarity, Edwin Diaz, Christopher Moran

4.8. Project Information – Name and location of the project* Pass Fail

Florida Atlantic University - Atlantic Dining Hall Floor

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

High Wear Traffic Coating - Sika Material

4.10. Project Information – Project Duration* Pass Fail

1 week

4.11. Project Information – Completion (Anticipated) Date* Pass Fail

Jan 09, 2026

4.12. Project Information – Size of Project* Pass Fail

17,400 sq/ft

4.13. Project Information – Cost of Project* Pass Fail

\$39,500

5. REFERENCE # 3**5.1. Reference Contact Information – Name of Firm, City, County or Agency*** Pass Fail

K Legacy Consulting

5.2. Reference Contact Information – Reference's Business Address* Pass Fail

3323 West Commercial Boulevard Fort Lauderdale, Florida 33309

5.3. Reference Contact Information – Reference's Contact Name & Title* Pass Fail

Kyle Mcandrews

5.4. Reference Contact Information – Reference's E-mail Address* Pass Fail

info@klegacyconsulting.com

5.5. Reference Contact Information – Reference's Phone Number* 3053007953	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.6. Project Information – Was your firm the prime contractor for the listed project?* Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.7. Project Information – Name of Contactor Performing the Work* Project Manager: Marc Lebron Installers: Nicholas Clarity, Edwin Diaz, Christopher Moran	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.8. Project Information – Name and location of the project* Metallic System - Fort Lauderdale	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for* Metallic System	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.10. Project Information – Project Duration* 8 days	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.11. Project Information – Completion (Anticipated) Date* May 30, 2025	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.12. Project Information – Size of Project* 8,200 sq/ft	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.13. Project Information – Cost of Project* \$78,900	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6. REFERENCE # 4	
6.1. Reference Contact Information – Name of Firm, City, County or Agency* CBT Construction	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.2. Reference Contact Information – Reference's Business Address* 87889 Overseas Hwy, Islamorada, FL 33036	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.3. Reference Contact Information – Reference's Contact Name & Title* Craig	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.4. Reference Contact Information – Reference's E-mail Address* Craig@cbtconstruction.com	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.5. Reference Contact Information – Reference's Phone Number* 5612217833	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.6. Project Information – Was your firm the prime contractor for the listed project?* Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.7. Project Information – Name of Contractor Performing the Work* Project Manager: Marc Lebron Installers: Nicholas Clarity, Edwin Diaz, Christopher Moran	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.8. Project Information – Name and location of the project* 87889 Overseas Hwy, Islamorada, FL 33036	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for* Metallic System Urethane cement system Polyaspartic full sand broadcast system	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Urethane cement cove base

Urethane waterproofing system

Sika gard flex coat over lay system

Epoxy / Polyaspartic Vinyl Chip System (flakes)

6.10. Project Information – Project Duration*

Pass Fail

3 weeks

6.11. Project Information – Completion (Anticipated) Date*

Pass Fail

Oct 30, 2026

6.12. Project Information – Size of Project*

Pass Fail

10,000 sq/ft

6.13. Project Information – Cost of Project*

Pass Fail

\$53,382.50

7. REFERENCE # 5

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

Pass Fail

Jmc Improvements Inc

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

Pass Fail

5300 NW 36th St Unit 863 Miami, FL 33122

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

Pass Fail

Juan Cordoba

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

Pass Fail

jmcimprovementsinc@gmail.com

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

Pass Fail

9542000592

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

Pass Fail

Yes

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

Pass Fail

Project Manager: Marc Lebron

Installers: Nicholas Clarity, Edwin Diaz, Christopher Moran

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

Pass Fail

Miami International Airport

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

Pass Fail

400 Grit Polish

7.10. Project Information – Project Duration*

Pass Fail

1 month

7.11. Project Information – Completion (Anticipated) Date*

Pass Fail

July 30, 2024

7.12. Project Information – Size of Project*

Pass Fail

90,000 sq/ft

7.13. Project Information – Cost of Project*

Pass Fail

\$266,000

8. INSTALLER LETTER OF QUALIFICATION

8.1. INSTALLER LETTER OF QUALIFICATION*

Pass Fail

Please provide documentation verifying your company has been in business for at least 5 years and listing 5 projects in the last 2 years of similar scope.

For each project provide: project name, location, date of installation, contact information, size of project, and manufacturer of materials with system information.

[The Epoxy Pros Sunbiz .pdf](#)

9. PROJECT DOCUMENTS

9.1. PROPOSERS BACKGROUND INFORMATION FORM*

Pass Fail

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

[Proposers Background Information Form \(1\).xlsx](#)

[Proposer's Background Information Form .xlsx](#)

9.2. PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)*

Pass Fail

- 1. A Proposal Security shall be in the amount of **\$10,000 or 5% of the total cumulative base amount proposed, whichever is less.**
- 2. Therefore, proposal should be accompanied by a certified or cashier's check or by a Bid Bond made payable to the City of Pembroke Pines on an approved form, duly executed by the Proposer as principal and having as surety thereon a surety company acceptable to CITY and authorized to write such Bond under the laws of the State of Florida.
- 3. Contingency is not to be counted in the total amount the proposal security is based on.
- 4. Proposers must submit a scanned copy of their bid security (bid bond form or cashier's check) with their bid submittal through OpenGov.
- 5. Proposers should also submit their original bid security (bid bond form or cashier's check) at time of the bid due date, or they may be deemed as non-responsive.
- 6. The original Bid Bond or Cashier's Check should be in a sealed envelope, plainly marked "**BID SECURITY - RE-26-01 Epoxy Replacement of the Great Hall of Charles F. Dodge City Hall**" and sent to the City of Pembroke Pines, City Clerk's Office, 4th Floor, 601 City Center Way, Pembroke Pines, Florida, 33025.
- 7. Please see SPECIAL TERMS & CONDITIONS of this document for additional information.

[Bond Performance Letter.pdf](#)

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

10.1. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM*

Pass Fail

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

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

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

10.2. Public Entity Crimes Status*

Pass Fail

- Which option did you select on the Sworn Statement on Public Entity Crimes Form:
 - A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - B1) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)
 - B2) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)
 - B3) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

A) No convictions.

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

Pass Fail

No

10.4. Did you select option B3 above?*

Pass Fail

No

11. DRUG-FREE WORKPLACE CERTIFICATION

11.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM*

Pass Fail

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

 [Vendor_Drug-Free_Workplace_Certification_Form.pdf](#)

 [Vendor_Drug-Free_Workplace_Certification_Form.pdf](#)

11.2. Drug-Free Status*

Pass Fail

Complies fully.


12. STANDARD DOCUMENTS


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

12.1. NON-COLLUSIVE AFFIDAVIT*

Pass Fail

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


 [Non-Collusive_Affidavit.pdf](#)

 [Non-Collusive_Affidavit.pdf](#)

12.2. SCRUTINIZED COMPANY CERTIFICATION*

Pass Fail

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

 [Scrutinized_Company_Certification.pdf](#)

 [Scrutinized_Company_Certification.pdf](#)

12.3. E-VERIFY SYSTEM CERTIFICATION*

Pass Fail

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

 [E-Verify_System_Certification_Statement.pdf](#)

 [E-Verify_System_Certification_Statement.pdf](#)

12.4. HUMAN TRAFFICKING AFFIDAVIT*

Pass Fail

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

 [Human_Trafficking_Affidavit.pdf](#)

 [Human_Trafficking_Affidavit.pdf](#)

13. VENDOR REGISTRATION

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

Pass Fail

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


- Invitations will typically be sent to the contact listed on the submitted Vendor Information Form.


No

13.2. VENDOR INFORMATION FORM* Pass Fail

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

 [Vendor Information Form.pdf](#)


 [Vendor_Information_Form.pdf](#)

 [The_Epoxy_Proc_Sunbiz_.pdf](#)

13.3. FORM W-9 (REVISED MARCH 2024)* Pass Fail

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

 [Form_W-9_\(Rev_March_2024\).pdf](#)

 [Form_W-9_2026.pdf](#)

14. OPTIONAL DOCUMENTATION**14.1. TRADE SECRETS**

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

*No response submitted***14.2. FINANCIAL STATEMENTS**

1. The City is **NOT** requesting the vendor to submit any financial statements for this project and prefers if the vendor does not submit financial statements. In addition, if the City needs a copy of the vendor's financial statements, the City can contact the vendor after the bid due date to request those documents. However, if the vendor does submit the financial statements, they should be uploaded in this section.
2. Any claim of confidentiality on financial statements must be asserted at the time of submittal. The firm must identify the specific statute that authorizes the exemption from the Public Records Law. Please note that the financial statement exemption provided for in Section 119.071(1)c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

*No response submitted***14.3. ALTERNATIVES**

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

other than that specified. The City retains the right to determine if the proposed brand shall be considered as an approved equivalent or not.

No response submitted

14.4. ADDITIONAL INFORMATION

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

No response submitted

14.5. PROFESSIONAL LICENSES

- If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation. The following licensing requirements shall apply when the applicable Florida statute mandates specific licensing for Contractors engaged in the type of work covered by this solicitation.
 - State of Florida, Department of Professional Regulation, Construction Industries Licensing Board and licensed by other federal, state, regional, county or municipal agencies having jurisdiction over the specified construction work.
 - Said licenses shall be in the Firm's name as it appears on the OpenGov registration and as appropriately registered with the applicable licensing entity. Proposer shall supply appropriate license numbers, with expiration dates, as part of their bid. Failure to hold and provide proof of proper licensing, certification and registration may be grounds for rejection of the bid.
 - Subcontractors contracted by the Prime Contractor shall be licensed in their respective fields to obtain construction permits as necessary. Said licenses must be in the name of the subcontractor.

No response submitted

15. VENDOR CLASSIFICATION

15.1. Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?*

Pass Fail

- The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:
 - "Local Pembroke Pines Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines, **OR**;
 - "Local Broward County Vendor" shall mean or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.
- A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the Local Pembroke Pines Vendor(s); A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the Local Broward County Vendor(s).

Yes

15.1.1. Please indicate your Local Vendor Status*

Pass Fail

Local Broward County Vendor (LBCV)

15.1.2. Local Vendor Preference Certification*

Pass Fail

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

 [Local_Vendor_Preference_Certification.pdf](#)

 [Local_Vendor_Preference_Certification.pdf](#)

15.1.3. Local Business Tax Receipts*

Pass Fail

- If claiming Local Vendor Preference, please upload any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

 [City_of_Oakland_Business_License_Certificate.pdf](#)

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

Pass Fail

- The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy

this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation.

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

No

15.3. Is your firm a Minority-Owned Business Enterprise (MBE)?* Pass Fail
 No

15.4. Is your firm a Woman-Owned Business Enterprise (WBE)?* Pass Fail
 No

15.5. Is your firm a HubZone Business / Labor Surplus Area Firm?* Pass Fail
 No

15.6. Is your firm a Broward County Small Business Enterprise (SBE)?* Pass Fail
 No

15.7. Is your firm a Broward County Business Enterprise (CBE)?* Pass Fail
 No

15.8. Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?* Pass Fail
 No

15.9. Does your firm have a Vendor Classification that was not listed above?* Pass Fail
 No

PRICE TABLES

Epoxy Replacement Costs

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
1	Total Cost to Complete Epoxy Replacement Including but not Limited to the Following Work: Demolition and repair of existing floor, surface preparation, moisture testing, application of primer coating, application of topcoating, application of sealant, application of primer, application of slip resistant finish, second application of topcoating	1	LS	\$143,750.00	\$143,750.00	
Total					\$143,750.00	

Payment and Performance Bond

Line Item	Description	Unit of Measure	Percentage	Vendor N...
1	Cost of Payment and Performance Bonds in the form of a Percent	Percent	5%	

