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-26-02

Sophos License Renewal

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

SELECTED VENDOR TOTALS

Pricing Option 1

Vendor	One Year Term
SMART IT PROS INC	$100,402.50
Zones LLC	$128,072.00
Arif International Corporation	$132,818.50
Axelliant LLC	$133,401.00
American Business Solutions, Inc.	$133,474.00
AlxTel, Inc.	$133,759.50
Software Information Resource Corp	$133,909.50
Southern Computer Warehouse, Inc.	$133,982.00
Questivity	$135,464.50
TECHBRANIUM LLC	$135,483.50
vPrime Tech Inc	$135,605.50
Tech Advanced Computers Inc	$135,650.00
Adler Charles Services inc	$136,365.50
Kambrian Corporation	$136,816.00
Hypertec USA Inc.	$136,914.00
GHA Technologies, Inc	$137,107.50
SKKN INC.	$139,457.00

Pricing Option 2

Vendor	Three Year Term Lump Sum
ASIMER TECH LLC	$0.00
SMART IT PROS INC	$100,402.50
New Tech Solutions Inc	$132,867.50
Zones LLC	$278,346.00
Arif International Corporation	$292,462.50
Axelliant LLC	$293,747.00
American Business Solutions, Inc.	$293,917.00
AlxTel, Inc.	$294,813.50
Adler Charles Services inc	$294,813.50
Software Information Resource Corp	$294,861.00
Tech Advanced Computers Inc	$295,450.00
GHA Technologies, Inc	$296,650.00
Questivity	$298,305.50
TECHBRANIUM LLC	$298,323.50
vPrime Tech Inc	$298,905.00
Kambrian Corporation	$301,253.50
Hypertec USA Inc.	$301,496.50

Pricing Option 3

Vendor	Three-year Term (Annual Payments)
Axelliant LLC	$0.00
Software Information Resource Corp	$0.00
Questivity	$0.00
vPrime Tech Inc	$0.00
Kambrian Corporation	$0.00
Hypertec USA Inc.	$0.00
SKKN INC.	$0.00
New Tech Solutions Inc	$0.00
ASIMER TECH LLC	$0.00
Adler Charles Services inc	$1,249.86
Arif International Corporation	$293,195.49
American Business Solutions, Inc.	$293,917.50
SMART IT PROS INC	$301,230.51
Zones LLC	$303,584.43
TommyTQL LLC	$319,225.50
GHA Technologies, Inc	$321,046.17
Wholesale369 LLC	$331,305.00

Pricing Option 1

Vendor	One Year Term
Wholesale369 LLC	$145,200.00
Velocity1 Technologies, LLC (an RJ Young Company)	$147,595.50
Universal Adaptive Consulting Services Inc	$170,270.00
New Tech Solutions Inc	$292,652.50
ASIMER TECH LLC	$293,432.00
TommyTQL LLC	$319,225.50

Pricing Option 2

Vendor	Three Year Term Lump Sum
SKKN INC.	$307,053.00
TommyTQL LLC	$319,225.50
Velocity1 Technologies, LLC (an RJ Young Company)	$324,962.00
Wholesale369 LLC	$331,305.00
Universal Adaptive Consulting Services Inc	$374,945.50
Southern Computer Warehouse, Inc.	$488,933.50

Pricing Option 3

Vendor	Three-year Term (Annual Payments)
Velocity1 Technologies, LLC (an RJ Young Company)	$390,000.00
Tech Advanced Computers Inc	$403,275.00
TECHBRANIUM LLC	$406,427.67
Universal Adaptive Consulting Services Inc	$409,996.83
Southern Computer Warehouse, Inc.	$422,043.30
AlxTel, Inc.	$426,350.61

Question	ASIMER TECH LLC	New Tech Solutions Inc	Axelliant LLC	Software Information Resource Corp	Adler Charles Services inc
CONFIRMATION TO BIND					
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	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	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	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	No	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Not Included	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	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	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	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	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	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	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	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS					
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included	Included
VENDOR REGISTRATION					
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	Yes	No	No	No	No
What is your Vendor Number?	8305				
VENDOR INFORMATION FORM	Included	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included	Included
OPTIONAL DOCUMENTATION					
TRADE SECRETS					
FINANCIAL STATEMENTS					
ADDITIONAL INFORMATION	Annual Report Insurance Policy Quote Quote				
PROFESSIONAL LICENSES				Included	
VENDOR CLASSIFICATION					
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No	Yes
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A	Local Broward County Vendor
Local Vendor Preference Certification	N/A	N/A	N/A	N/A	Included - Meet Requirement
Local Business Tax Receipts	N/A	N/A	N/A	N/A	LBTR - Broward - 09-30-26
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	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	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	Yes	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	Asian-American MBE	N/A	African-American MBE
MBE Certification Documentation	N/A	N/A	MBE Certificate	N/A	MBE Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No	Yes
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A	Hub Certificate
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No	Yes
SBE Certification Documentation	N/A	N/A	N/A	N/A	SBE Certificate
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No	Yes
CBE Certification Documentation	N/A	N/A	N/A	N/A	CBE Certificate
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	Yes	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	Included	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	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	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A	N/A

Question	Questivity	vPrime Tech Inc	Kambrian Corporation	Hypertec USA Inc.	SKKN 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	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	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	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	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Not 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	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	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	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	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	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	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	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS					
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Not Included	Included	Included
VENDOR REGISTRATION					
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	No	No
What is your Vendor Number?					
VENDOR INFORMATION FORM	Included	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included	Included
OPTIONAL DOCUMENTATION					
TRADE SECRETS					
FINANCIAL STATEMENTS					
ADDITIONAL INFORMATION	Quote - 1 Year Quote - 3 Years	Quote - 1 Year Quote - 3 Years Manufacturer Authorization Letter Risk Management Policy	Annual Resale	Quote 1 Year Sophos Silver Prtner Certificate	
PROFESSIONAL LICENSES					
VENDOR CLASSIFICATION					
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	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	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	Yes	Yes	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Other option not listed above	Asian-American MBE	Asian-American MBE	N/A	N/A
MBE Certification Documentation	NMSDC Certificate	MBE Certificate	MBE Certificate	N/A	MBE Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	Yes	No	No
WMBE Certification Documentation	N/A	N/A	WBE Certificate	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	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	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A	N/A

Question	SMART IT PROS INC	Zones LLC	Arif International Corporation	American Business Solutions, 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	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	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	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	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	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	Yes	No
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	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	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	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	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	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	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	Yes	No
What is your Vendor Number?			8139	
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ADDITIONAL INFORMATION	Bid Submittal			Quote
PROFESSIONAL LICENSES				
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	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	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	Yes	Yes	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Other option not listed above	Asian-American MBE	Asian-American MBE	N/A
MBE Certification Documentation	NMSDC Certificate	MBE Certificate	Included	MBE Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	Yes	No
WMBE Certification Documentation	N/A	N/A	Included	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	Yes
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	Included
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

Question	GHA Technologies, Inc	Wholesale369 LLC	Tech Advanced Computers Inc	TECHBRANIUM LLC	AlxTel, 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	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	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	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	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	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	Yes	No	No	No
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	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	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	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	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	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	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS					
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included	Included
VENDOR REGISTRATION					
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	Yes	No	No	No	No
What is your Vendor Number?	6748				
VENDOR INFORMATION FORM	Included	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included	Included
OPTIONAL DOCUMENTATION					
TRADE SECRETS					
FINANCIAL STATEMENTS					
ADDITIONAL INFORMATION		Quote SunBiz		Scope of Work	
PROFESSIONAL LICENSES					
VENDOR CLASSIFICATION					
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	LBTR - Miami Dade - 09-30-26	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	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	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	No	Yes	Yes	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Other option not listed above	N/A	Asian-American MBE	African-American MBE	N/A
MBE Certification Documentation	MBE Certificate	N/A	MBE Certificate	MBE Certificate	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	Yes	Yes	No	No	No
Other Vendor Classification Certification Documentation	Included	Included	N/A	NMSDC Certificate	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	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	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A	N/A

Question	Velocity1 Technologies, LLC (an RJ Young Company)	Universal Adaptive Consulting Services Inc	TommyTQL LLC	Southern Computer Warehouse, 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	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	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	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	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	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	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	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 - Not Filled	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	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	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	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 - Not Signed	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included - Not Signed	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	Yes
What is your Vendor Number?				3312
VENDOR INFORMATION FORM	Included	Included	Included - Not Filled	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ADDITIONAL INFORMATION	Manufacturer Authorization MDR Partner Certificate Sophos Platinum Partner Certification		Capability Statement	
PROFESSIONAL LICENSES				
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	Yes	No	No
Please indicate your Local Vendor Status	N/A	Local Broward County Vendor (LBCV)	N/A	N/A
Local Vendor Preference Certification	N/A	Meet Requirement	N/A	N/A
Local Business Tax Receipts	N/A	LBTR - Broward - 09-30-26 LBTR - City of Hallandale - 09-30-26	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	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	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	Yes	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	African-American MBE	N/A	N/A
MBE Certification Documentation	N/A	MBE Application	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	Yes	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	Included	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No
DBE Certification Documentation	N/A	DBE Application	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	Yes	No	No
Other Vendor Classification Certification Documentation	N/A	Included	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

	Pricing Option 1 - One (1) Year Term				SMART IT PROS INC			Zones LLC			Arif International Corporation		
Line Item	Description	Qty	UM	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - MDR Complete User	2300	Each	MDRCEU12AIREAA	$41.46	$95,358.00		$52.87	$121,601.00		$54.83	$126,109.00	
1.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - MDR Complete Server	50	Each	MDRCSS12BDREAA	$100.89	$5,044.50		$129.42	$6,471.00		$134.19	$6,709.50	
	Total					**$100,402.50**			**$128,072.00**			**$132,818.50**	

	Pricing Option 1 - One (1) Year Term				Axelliant LLC			American Business Solutions, Inc.			AlxTel, Inc.		
Line Item	Description	Qty	UM	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - MDR Complete User	2300	Each	MDRCEU12AIREAA	$55.07	$126,661.00	Quote is valid till 5/27/2026	$55.10	$126,730.00	Sophos Inc.	$55.23	$127,029.00	
1.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - MDR Complete Server	50	Each	MDRCSS12BDREAA	$134.80	$6,740.00		$134.88	$6,744.00	Sophos Inc.	$134.61	$6,730.50	
	Total					**$133,401.00**			**$133,474.00**			**$133,759.50**	

	Pricing Option 1 - One (1) Year Term				Software Information Resource Corp			Southern Computer Warehouse, Inc.			Questivity		
Line Item	Description	Qty	UM	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - MDR Complete User	2300	Each	MDRCEU12AIREAA	$55.28	$127,144.00		$55.31	$127,213.00		$55.98	$128,754.00	Questivity, Inc
1.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - MDR Complete Server	50	Each	MDRCSS12BDREAA	$135.31	$6,765.50		$135.38	$6,769.00		$134.21	$6,710.50	Questivity, Inc
	Total					**$133,909.50**			**$133,982.00**			**$135,464.50**	

	Pricing Option 1 - One (1) Year Term				TECHBRANIUM LLC			vPrime Tech Inc			Tech Advanced Computers Inc		
Line Item	Description	Qty	UM	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - MDR Complete User	2300	Each	MDRCEU12AIREAA	$55.93	$128,639.00		$55.98	$128,754.00		$56.00	$128,800.00	
1.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - MDR Complete Server	50	Each	MDRCSS12BDREAA	$136.89	$6,844.50		$137.03	$6,851.50		$137.00	$6,850.00	
	Total					**$135,483.50**			**$135,605.50**			**$135,650.00**	

	Pricing Option 1 - One (1) Year Term				Adler Charles Services inc			Kambrian Corporation			Hypertec USA Inc.		
Line Item	Description	Qty	UM	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - MDR Complete User	2300	Each	MDRCEU12AIREAA	$56.35	$129,605.00		$56.48	$129,904.00		$56.52	$129,996.00	PLEASE SEE ATTACHED QUOTE
1.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - MDR Complete Server	50	Each	MDRCSS12BDREAA	$135.21	$6,760.50		$138.24	$6,912.00		$138.36	$6,918.00	
	Total					**$136,365.50**			**$136,816.00**			**$136,914.00**	

	Pricing Option 1 - One (1) Year Term				GHA Technologies, Inc			SKKN INC.			Wholesale369 LLC		
Line Item	Description	Qty	UM	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - MDR Complete User	2300	Each	MDRCEU12AIREAA	$56.60	$130,180.00		$57.57	$132,411.00	SOPHOS	$60.00	$138,000.00	
1.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - MDR Complete Server	50	Each	MDRCSS12BDREAA	$138.55	$6,927.50		$140.92	$7,046.00	SOPHOS	$144.00	$7,200.00	
	Total					**$137,107.50**			**$139,457.00**			**$145,200.00**	

	Pricing Option 1 - One (1) Year Term				Velocity1 Technologies, LLC (an RJ Young Company)			Universal Adaptive Consulting Services Inc			New Tech Solutions Inc		
Line Item	Description	Qty	UM	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - MDR Complete User	2300	Each	MDRCEU12AIREAA	$60.93	$140,139.00		$70.29	$161,667.00		$120.85	$277,955.00	
1.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - MDR Complete Server	50	Each	MDRCSS12BDREAA	$149.13	$7,456.50		$172.06	$8,603.00		$293.95	$14,697.50	
	Total					**$147,595.50**			**$170,270.00**			**$292,652.50**	

	Pricing Option 1 - One (1) Year Term				ASIMER TECH LLC			TommyTQL LLC		
Line Item	Description	Qty	UM	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - MDR Complete User	2300	Each	MDRCEU12AIREAA	$121.17	$278,691.00		$131.82	$303,186.00	
1.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - MDR Complete Server	50	Each	MDRCSS12BDREAA	$294.82	$14,741.00		$320.79	$16,039.50	
	Total					**$293,432.00**			**$319,225.50**	

	Option 2 – Three (3) Year Term (Lump Sum)				ASIMER TECH LLC			SMART IT PROS INC			New Tech Solutions Inc		
Line Item	Description	Qty	Um	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
2.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	2300	Each	MDRCEU36AIREAA	$0.00	$0.00		$41.46	$95,358.00		$54.85	$126,155.00	
2.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	50	Each	MDRCSS36BDREAA	$0.00	$0.00		$100.89	$5,044.50		$134.25	$6,712.50	
	Total					**$0.00**			**$100,402.50**			**$132,867.50**	

	Option 2 – Three (3) Year Term (Lump Sum)				Zones LLC			Arif International Corporation			Axelliant LLC		
Line Item	Description	Qty	Um	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
2.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	2300	Each	MDRCEU36AIREAA	$114.94	$264,362.00		$120.77	$277,771.00		$121.30	$278,990.00	Quote valid till 6/27/2026
2.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	50	Each	MDRCSS36BDREAA	$279.68	$13,984.00		$293.83	$14,691.50		$295.14	$14,757.00	
	Total					**$278,346.00**			**$292,462.50**			**$293,747.00**	

	Option 2 – Three (3) Year Term (Lump Sum)				American Business Solutions, Inc.			Adler Charles Services inc			AlxTel, Inc.		
Line Item	Description	Qty	Um	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
2.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	2300	Each	MDRCEU36AIREAA	$121.37	$279,151.00	Sophos Inc.	$121.77	$280,071.00		$121.77	$280,071.00	
2.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	50	Each	MDRCSS36BDREAA	$295.32	$14,766.00	Sophos Inc.	$294.85	$14,742.50		$294.85	$14,742.50	
	Total					**$293,917.00**			**$294,813.50**			**$294,813.50**	

	Option 2 – Three (3) Year Term (Lump Sum)				Software Information Resource Corp			Tech Advanced Computers Inc			GHA Technologies, Inc		
Line Item	Description	Qty	Um	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
2.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	2300	Each	MDRCEU36AIREAA	$121.76	$280,048.00		$122.00	$280,600.00		$122.50	$281,750.00	
2.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	50	Each	MDRCSS36BDREAA	$296.26	$14,813.00		$297.00	$14,850.00		$298.00	$14,900.00	
	Total					**$294,861.00**			**$295,450.00**			**$296,650.00**	

	Option 2 – Three (3) Year Term (Lump Sum)				Questivity			TECHBRANIUM LLC			vPrime Tech Inc		
Line Item	Description	Qty	Um	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
2.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	2300	Each	MDRCEU36AIREAA	$123.31	$283,613.00		$123.19	$283,337.00		$123.43	$283,889.00	
2.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	50	Each	MDRCSS36BDREAA	$293.85	$14,692.50		$299.73	$14,986.50		$300.32	$15,016.00	
	Total					**$298,305.50**			**$298,323.50**			**$298,905.00**	

	Option 2 – Three (3) Year Term (Lump Sum)				Kambrian Corporation			Hypertec USA Inc.			SKKN INC.		
Line Item	Description	Qty	Um	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
2.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	2300	Each	MDRCEU36AIREAA	$124.40	$286,120.00		$124.50	$286,350.00	PLEASE SEE ATTACHED QUOTE-3Y UPFRONT PRICING	$126.80	$291,640.00	SOPHOS
2.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	50	Each	MDRCSS36BDREAA	$302.67	$15,133.50		$302.93	$15,146.50		$308.26	$15,413.00	SOPHOS
	Total					**$301,253.50**			**$301,496.50**			**$307,053.00**	

	Option 2 – Three (3) Year Term (Lump Sum)				TommyTQL LLC			Velocity1 Technologies, LLC (an RJ Young Company)			Wholesale369 LLC		
Line Item	Description	Qty	Um	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
2.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	2300	Each	MDRCEU36AIREAA	$131.82	$303,186.00		$134.19	$308,637.00		$136.59	$314,157.00	
2.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	50	Each	MDRCSS36BDREAA	$320.79	$16,039.50		$326.50	$16,325.00		$342.96	$17,148.00	
	Total					**$319,225.50**			**$324,962.00**			**$331,305.00**	

	Option 2 – Three (3) Year Term (Lump Sum)				Universal Adaptive Consulting Services Inc			Southern Computer Warehouse, Inc.		
Line Item	Description	Qty	Um	SKU	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
2.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	2300	Each	MDRCEU36AIREAA	$154.83	$356,109.00		$58.07	$133,561.00	Please note: Pricing is subject to changes based on market value as Sophos does not directly offer terms beyond 1 year
2.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	50	Each	MDRCSS36BDREAA	$376.73	$18,836.50		$7,107.45	$355,372.50	Please note: Pricing is subject to changes based on market value as Sophos does not directly offer terms beyond
	Total					**$374,945.50**			**$488,933.50**	

	Option 3 – Three (3) Year Term (Annual Payments)					ASIMER TECH LLC			Axelliant LLC			Hypertec USA Inc.		
Line Item	Description	Qty of Years	UM	Qty	SKU	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes
3.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	2300	MDRCEU36AIREAA	$0.00	$0.00		$0.00	$0.00	Vendor is unable to provide Annual Payments	$0.00	$0.00	NO BID- for Sophos, only offers 1 year or 3 years Upfront
3.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	50	MDRCSS36BDREAA	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	NO BID- for Sophos, only offers 1 year or 3 years Upfront
	Total						**$0.00**			**$0.00**			**$0.00**	

	Option 3 – Three (3) Year Term (Annual Payments)					Kambrian Corporation			New Tech Solutions Inc			Questivity		
Line Item	Description	Qty of Years	UM	Qty	SKU	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes
3.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	2300	MDRCEU36AIREAA	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	No Bid on this option
3.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	50	MDRCSS36BDREAA	$0.00	$0.00		$0.00	$0.00		$0.00	$0.00	No Bid on this option
	Total						**$0.00**			**$0.00**			**$0.00**	

	Option 3 – Three (3) Year Term (Annual Payments)					SKKN INC.			Software Information Resource Corp			vPrime Tech Inc		
Line Item	Description	Qty of Years	UM	Qty	SKU	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes
3.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	2300	MDRCEU36AIREAA	$0.00	$0.00	Sophos does not offer annual payments	$0.00	$0.00		$0.00	$0.00	No Bid - Sophos doesn't do annual payments.
3.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	50	MDRCSS36BDREAA	$0.00	$0.00	Sophos does not offer annual payments	$0.00	$0.00		$0.00	$0.00	No Bid - Sophos doesn't do annual payments.
	Total						**$0.00**			**$0.00**			**$0.00**	

	Option 3 – Three (3) Year Term (Annual Payments)					Adler Charles Services inc			Arif International Corporation			American Business Solutions, Inc.		
Line Item	Description	Qty of Years	UM	Qty	SKU	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes
3.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	2300	MDRCEU36AIREAA	$121.77	$365.31		$92,834.33	$278,502.99		$93,058.00	$279,174.00	Sophos Inc.
3.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	50	MDRCSS36BDREAA	$294.85	$884.55		$4,897.50	$14,692.50		$4,914.50	$14,743.50	Sophos Inc.
	Total						**$1,249.86**			**$293,195.49**			**$293,917.50**	

	Option 3 – Three (3) Year Term (Annual Payments)					SMART IT PROS INC			Zones LLC			TommyTQL LLC		
Line Item	Description	Qty of Years	UM	Qty	SKU	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes
3.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	2300	MDRCEU36AIREAA	$95,365.67	$286,097.01		$96,114.81	$288,344.43		$101,062.00	$303,186.00	
3.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	50	MDRCSS36BDREAA	$5,044.50	$15,133.50		$5,080.00	$15,240.00		$5,346.50	$16,039.50	
	Total						**$301,230.51**			**$303,584.43**			**$319,225.50**	

	Option 3 – Three (3) Year Term (Annual Payments)					GHA Technologies, Inc			Wholesale369 LLC			Velocity1 Technologies, LLC (an RJ Young		
Line Item	Description	Qty of Years	UM	Qty	SKU	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes
3.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	2300	MDRCEU36AIREAA	$107,015.39	$321,046.17	Includes both the end-user and Server pricing	$103,500.00	$310,500.00		$123,469.19	$370,407.57	
3.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	50	MDRCSS36BDREAA	$0.00	$0.00	Included above	$6,935.00	$20,805.00		$6,530.81	$19,592.43	
	Total						**$321,046.17**			**$331,305.00**			**$390,000.00**	

	Option 3 – Three (3) Year Term (Annual Payments)					Tech Advanced Computers Inc			TECHBRANIUM LLC			Universal Adaptive Consulting Services Inc		
Line Item	Description	Qty of Years	UM	Qty	SKU	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes
3.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	2300	MDRCEU36AIREAA	$127,650.00	$382,950.00		$128,631.18	$385,893.54		$129,820.67	$389,462.01	
3.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	50	MDRCSS36BDREAA	$6,775.00	$20,325.00		$6,844.71	$20,534.13		$6,844.94	$20,534.82	
	Total						**$403,275.00**			**$406,427.67**			**$409,996.83**	

	Option 3 – Three (3) Year Term (Annual Payments)					Southern Computer Warehouse, Inc.			AlxTel, Inc.		
Line Item	Description	Qty of Years	UM	Qty	SKU	Annual Cost	Total	Vendor Notes	Annual Cost	Total	Vendor Notes
3.1	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE - 2000-4999 USERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	2300	MDRCEU36AIREAA	$133,573.65	$400,720.95	Please note: Pricing is subject to changes based on market value as Sophos does not directly offer terms beyond 1 year	$134,936.63	$404,809.89	
3.2	SOPHOS CENTRAL MANAGED DETECTION AND RESPONSE COMPLETE – 50-99 SERVERS - 36 MOS - RENEWAL - EDU	3	Annual Payment	50	MDRCSS36BDREAA	$7,107.45	$21,322.35	Please note: Pricing is subject to changes based on market value as Sophos does not directly offer terms beyond 1 year	$7,180.24	$21,540.72	
	Total						**$422,043.30**			**$426,350.61**	