



EVALUATION TABULATION
IFB No. TS-25-21
Cisco Security Incident Response Retainer Enhanced
RESPONSE DEADLINE: December 23, 2025 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
Presidio Networked Solutions LLC	\$148,104.00
Arif International Corporation	\$151,262.54
Adler Charles Services inc	\$152,460.00
Verity Partners Inc	\$153,099.00
Questivity	\$156,275.00

				Presidio Networked Solutions LLC			Arif International Corporation			Adler Charles Services inc		
Line Item	Description	Qty	UM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
CTIR-SUB	CISCO TALOS INCIDENT RESPONSE SUBSCRIPTION (12 Months)	1	Each	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	Cisco
SVS-CTIR-CON	SERVICE CONTRACT FOR CISCO TALOS INCIDENT RESPONSE RETAINER (12 UNITS) (12 Months)	1	Each	\$148,104.00	\$148,104.00		\$0.00	\$0.00		\$152,460.00	\$152,460.00	Cisco
SVS-CTIR-L	CISCO TALOS INCIDENT RESPONSE RETAINER - LARGE (12 Months)	1	Each	\$0.00	\$0.00		\$151,262.54	\$151,262.54		\$0.00	\$0.00	Cisco
	Total				\$148,104.00			\$151,262.54			\$152,460.00	

				Verity Partners Inc			Questivity		
Line Item	Description	Qty	UM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
CTIR-SUB	CISCO TALOS INCIDENT RESPONSE SUBSCRIPTION (12 Months)	1	Each	\$0.00	\$0.00	top level zero dollar sku	\$0.00	\$0.00	
SVS-CTIR-CON	SERVICE CONTRACT FOR CISCO TALOS INCIDENT RESPONSE RETAINER (12 UNITS) (12 Months)	1	Each	\$0.00	\$0.00	included	\$156,275.00	\$156,275.00	
SVS-CTIR-L	CISCO TALOS INCIDENT RESPONSE RETAINER - LARGE (12 Months)	1	Each	\$153,099.00	\$153,099.00	main component	\$0.00	\$0.00	
	Total				\$153,099.00			\$156,275.00	

Question	Presidio Networked Solutions LLC	Arif International Corporation	Adler Charles Services inc	Verity Partners Inc
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	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?	No	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	Yes	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	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM				
Public Entity Crimes Status	Included	Included	Included	Included
Did you select option B1 or B2 above?	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.	No	No	No	No
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM				
Equal Benefits Status	Included	Included	Included	Included
Did you select option D2 above?	A) Contractor currently complies.	A) Contractor currently	A) Contractor currently complies.	A) Contractor currently
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.	No	No	No	No
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM				
Drug-Free Status	Included	Included	Included	Included
	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	Yes	No	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				
ALTERNATIVES				
ADDITIONAL INFORMATION	SunBiz			
PROFESSIONAL LICENSES				
VENDOR CLASSIFICATION				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	Yes	No	Yes	No
Please indicate your Local Vendor Status	Local Broward County Vendor	N/A	Local Broward County Vendor	N/A
Local Vendor Preference Certification	Included - Meet Requirement	N/A	Included - Meet Requirement	N/A
Local Business Tax Receipts	LBTR-Broward-09-30-26	N/A	LBTR-Broward-09-30-26	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	Yes	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	Asian-American MBE	African-American MBE	N/A
MBE Certification Documentation	N/A	MBE Certification	MBE Certificate	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	Yes	No
SBE Certification Documentation	N/A	N/A	SBE Certificate	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	Yes	No
CBE Certification Documentation	N/A	N/A	CBE Certificate	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	Yes	No	No
Other Vendor Classification Certification Documentation	N/A	DVBE Certificate	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

Question	Questivity
CONFIRMATION TO BIND	
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CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE	
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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?	No
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	
Please upload your current certificate(s) of insurance.	
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No
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Do you plan on using subcontractors for this project?	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	
PROJECT DOCUMENTS	
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SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included
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DRUG-FREE WORKPLACE CERTIFICATION	
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included
Drug-Free Status	Complies fully.
STANDARD DOCUMENTS	
NON-COLLUSIVE AFFIDAVIT	Included
SCRUTINIZED COMPANY CERTIFICATION	Included
E-VERIFY SYSTEM CERTIFICATION	Included
HUMAN TRAFFICKING AFFIDAVIT	Included
VENDOR REGISTRATION	
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No
What is your Vendor Number?	
VENDOR INFORMATION FORM	Included
FORM W-9 (REVISED MARCH 2024)	Included
OPTIONAL DOCUMENTATION	
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PROFESSIONAL LICENSES	
VENDOR CLASSIFICATION	
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Local Vendor Preference Certification	N/A
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Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Other option not listed above
MBE Certification Documentation	NMSDC Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No
WMBE Certification Documentation	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No
SBE Certification Documentation	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No
CBE Certification Documentation	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No
DBE Certification Documentation	N/A
Does your firm have a Vendor Classification that was not listed above?	Yes
Other Vendor Classification Certification Documentation	Included
If yes, please provide your Unique Entity ID (UEI)	DVBE Certificate
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A
Proof of Registration Upload	N/A
If yes, please provide an explanation.	N/A
If yes, please upload any relevant documentation, if applicable.	N/A