

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.	James Joyce President jim@jjoyce.net 954-533-2672		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.	same		Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	1995		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	1995		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.	None		Complete
1.3.2	At what address was that business located?	NA		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.)	Yes	JJ Davis Plumbing 10%. Quachs Quality Electrical Services LLC 10%. Coldstream AC	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.	We have local experience with projects like this for the past 30 years	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 JAMEL JOYCE CONST. CORP.
(name of entity submitting sworn statement) whose business address is
7874 IRONWOOD WAY PARKLAND, FL 33067
and (if applicable) its Federal Employer Identification Number (FEIN) is
65-0603395. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: _____.)

2. My name is JAMEL JOYCE and my
(Please print name of individual signing)
relationship to the entity named above is PRESIDENT.

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.)**

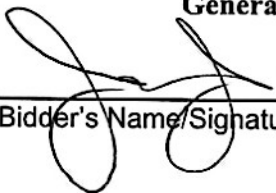
A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to 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.)**


Bidder's Name/Signature

JAMES JOYCE CONT. CORP.
Company

11/11/25
Date



EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

"During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City's Code of Ordinances, and its employees with Domestic Partners and all Married Couples".

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

SECTION 1 DEFINITIONS

1. **Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
2. **Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
3. **Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
4. **Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

- A. Contractor currently complies with the requirements of this section; or
- B. Contractor will comply with the conditions of this section at the time of contract award; or
- C. Contractor will not comply with the conditions of this section at the time of contract award:
or
- D. Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
1. The Contractor does not provide benefits to employees' spouses in traditional marriages;
2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;



3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;

4. The Contractor is a governmental agency;

The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.

COMPANY NAME: JAMES JOYCE CONST. CORP.

AUTHORIZED OFFICER NAME / SIGNATURE: JAMES JOYCE / 



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.



Authorized Signature

James Joyce
Authorized Signer Name

JAMES JOYCE CONST. CORP.
Company Name



NON-COLLUSIVE AFFIDAVIT

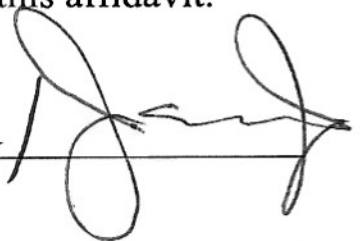
BIDDER is the James Joyce,
(Owner, Partner, Officer, Representative or Agent)

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 James Joyce 
Title President
Name of Company James Joyce Const. Corp.



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

I, JAMES JOYCE - PRESIDENT, on behalf of JAMES JOYCE CONST. CORP.,
Print Name and Title Company Name

certify that JAMES JOYCE CONST. CORP.:
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.

JAMES JOYCE CONST. CORP.
Company Name

JAMES JOYCE 
Print Name / Signature

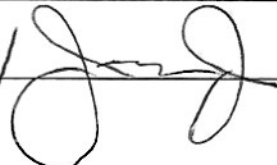
PRESIDENT
Title



**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.

COMPANY NAME: JAMES JOYCE CONTR. CORP.

PRINTED NAME / AUTHORIZED SIGNATURE: JAMES JOYCE 



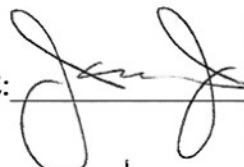
AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS

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: 11/11/25

SIGNATURE: 

ENTITY: JAMES JOYCE CONST. CORP.

NAME: JAMES JOYCE

TITLE: PRESIDENT



AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS

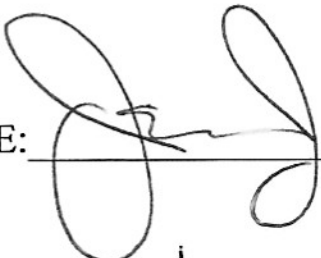
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FURTHER AFFIANT SAYETH NAUGHT.

DATE: 11/11/25

ENTITY: James Joyce Const-Corp.

SIGNATURE: 

NAME: James Joyce

TITLE: President



VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	James Joyce Construction Corp.		
Doing Business As (DBA)			
Primary Business Address	7874 Ironwood Way		
	City:	Parkland	
	State:	FL	Zip: 33067
	Country:	USA	
Remit To Address	same		
	City:		
	State:		Zip:
	Country:		
Order From Address	same		
	City:		
	State:		Zip:
	Country:		
Foreign Entity (Yes/No)	No		
Telephone Number	954-533-2672		
Primary Company E-mail	jim@jjoyce.net		
Fax			
Website	joyceimpactwindows.net		
DUNS	030905698		
Independent Contractor (Yes/No)	No		
Identification Number	SSN:		FID:

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

CONTACT # 1			
Contact Name (First & Last Name)	James Joyce Jr.		
Description/Title/Position	President		
Phone (Voice)	954-533-2672		
Phone (Text)	954-444-1301	Opt In (Y/N):	
Fax			
E-mail	jim@jjoyce.net		

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.) James Joyce Construction Corp.
	2 Business name/disregarded entity name, if different from above.
	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 type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" 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)
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	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"/>
	5 Address (number, street, and apt. or suite no.). See instructions. 7874 Ironwood Way
	6 City, state, and ZIP code Parkland, FL 33067
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									
6	5	-	0	6	0	3	3	9	5

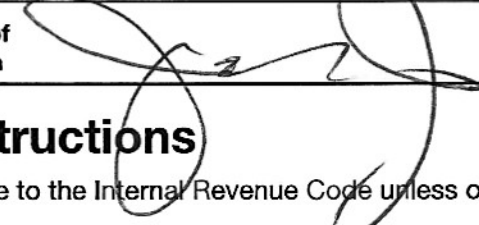
Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 	Date 11/11/25
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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.

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

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).



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

JOYCE, JAMES ERNEST

JAMES JOYCE CONSTRUCTION CORP
7874 IRONWOOD WAY
PARKLAND FL 33067

LICENSE NUMBER: CGC058100

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 08/01/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



From: System Support Services
Sent: Friday, March 5, 2021 10:41 AM
To: Jim Joyce
Cc: sbcert@broward.org
Subject: Certification Application Notification

***** DO NOT REPLY TO THIS EMAIL, MAILBOX IS NOT MONITORED *****

EMAIL NOTIFICATION:

Dear Applicant,

The Broward County Office of Economic and Small Business Development(OESBD) is pleased to award your company certification as a County Business Enterprise(CBE) and Small Business Enterprise(SBE). Your firm is now eligible to participate in the Office of Economic and Small Business Development programs.

Your certifications are continuous but are contingent upon your firm verifying annually its eligibility in each of the two programs. Each year, on or before the anniversary of the date you were awarded certification, you must submit to OESBD through the ACCESS Broward account you set up when you initially applied for certification, a new personal net worth calculation, a copy of the previous year's Business Tax Return, copies of the current professional licenses(if applicable), and copies of your current Broward County and local municipal business tax receipts. As a courtesy, you will be notified in advance of your obligation to provide the continuing eligibility documents. However, the responsibility to ensure continued certification is yours.

Please review your account to view your certifications, anniversary date, and the major services your firm is certified to provide the County. Please notify this office in writing, of any changes or errors and staff will make the corrections.

Again, congratulations on becoming a certified small business with Broward County!

Sincerely, OESBD Certification Staff

This is a Web Generated Email Free of viruses | Add - NoReply Service Account - to your Safe Sender List.

**CERTIFICATION REGARDING LOBBYING;
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS
FOR EXPENDITURE OF FEDERAL FUNDS**

LOBBYING

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over \$100,000 involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions; and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Official

Printed Name and Title of Contractor's Authorized Official

JAMES JOYCE CONST. CORP.
Contractor / Name of Company

Date

11/11/25

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over \$25,000 involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

Signature of Contractor's Authorized Official

Printed Name and Title of Contractor's Authorized Official

JAMES JOYCE CONST. CORP.
Contractor / Name of Company

Date

11/11/25

NA

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action: a. contract _____ b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: _____ a. bid / offer / application b. initial award c. post-award	3. Report Type: _____ a. initial filing _____ b. material change For material change only: Year _____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: _____ Prime _____ Subawardee _____ Tier _____, if Known: Congressional District, if known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: James Joyce Title: President Telephone No.: 954-533-2672 Date: 11/11/25	



JAMES JOYCE CONSTRUCTION CORP

Unique Entity ID R7D6AE2DS165	CAGE / NCAGE 78Q14	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Feb 11, 2026	
Physical Address 7874 Ironwood WAY Parkland, Florida 33067-0933 United States	Mailing Address 7874 Ironwood WAY Parkland, Florida 33067 United States	

Business Information

Doing Business as (blank)	Division Name James Joyce Construction Corp	Division Number (blank)
Congressional District Florida 23	State / Country of Incorporation Florida / United States	URL (blank)

Registration Dates

Activation Date Feb 13, 2025	Submission Date Feb 11, 2025	Initial Registration Date Nov 5, 2014
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Entity Dates

Entity Start Date Jun 22, 1995	Fiscal Year End Close Date Dec 31
--	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

No

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

Not Selected

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

Not Selected

Exclusion Summary

City of Pembroke Pines
Section 3 Implementation Plan
FORM 1 – SECTION 3 ASSESSMENT AND CERTIFICATIONS

This form is required for ALL projects and must be submitted with bid.

Project Information

Project Name: <u>GENERAL CONTRACTOR FOR HOME REPAIR PROJECTS</u>
Project Location or Address(es): <u>PEMBROKE PINES</u>

Developer/Contactor Information:

Name of Firm: <u>JAMES JOYCE CONST. CORP.</u>	Address: <u>7874 IRONWOOD WAY PARKLAND, FL 33067</u>
Authorized Representative: <u>JAMES JOYCE</u>	Title: <u>PRESIDENT</u>
Phone: <u>954-533-2672</u>	Email: <u>JIM6JJoyce.net</u>

1. Check all that apply to your business:

- Your business is at least 51% owned and controlled by low- or very low-income persons
- Over 75% of the labor hours performed for your business over the past three-month period were performed by Section 3 workers
- Your business is at least 51% owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing
- None of the above

2. Will you be hiring new employees or providing new training opportunities because of this contract? Yes No

3. Will you be using subcontractors to complete this project? Yes No

4. Is your bid/contract amount greater than \$200,000? Yes No

If the response to item 4 above is "YES," Section 3 requirements will be fully enforced on this project. Please complete the certifications below. Please submit FORMS 2, 3, and 6 with final compliance reports, 30 days after project completion. FORM 4 is only required if numeric goals were not met.

If NO, Section 3 participation is strongly encouraged but not required. Please attempt to meet the Section 3 goals to the greatest extent feasible. You must still complete the certifications below as applicable and return FORMS 1 with your bid.

Certifications		YES	NO	N/A
All Projects:	By completing and signing this form, I agree to comply with all applicable requirements of the Section 3 of the Housing and Urban Development Act of 1968 (24 CFR Part 75)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	I understand that I must complete and submit FORM 1 with my bid even if my bid is under \$200,000.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Projects over \$200K:	I will include the Section 3 Clause (FORM 5) in all subcontracts for which Section 3 compliance is required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I understand that I am required to submit final Section 3 reports (FORMS 2, 3, 4, and 6), as applicable, along with supporting documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I agree that my company has made and will continue to make efforts "to the greatest extent feasible" to comply with Section 3 as required by HUD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I understand the minimum numerical goals for Section 3 participation and have completed FORM 1 with my bid. FORMS 2–6 will be submitted during final reporting, as applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I declare that all statements contained in this form and any accompanying documents are true and correct, and made with full knowledge that all statements given are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or revocation of funding or other penalties as prescribed under 18 U.S. Code § 1001.

Authorized Representative Signature

11/11/25
Date

James Joyce Construction Corp Response

Pricing unsealed at Nov 18, 2025 2:34 PM

CONTACT INFORMATION

Company	James Joyce Construction Corp
Email	jim@jjoyce.net
Contact	James Joyce
Address	7874 Ironwood Way Parkland, FL 33067
Phone	(954) 533-2672
Website	joyceimpactwindows.net
Submission Date	Nov 17, 2025 8:59 AM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

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.* Pass Fail
 Confirmed

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.* Pass Fail
 Confirmed

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


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?*

Yes Pass Fail

2.5.1. Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?*

Yes Pass Fail

3. EXPERIENCE AND CAPABILITIES

The relative experience and qualification of each applicant's proposed team, with respect to the project scope, will be judged and a relative rating assigned. This parameter expresses the general and specific project-related capability of the team and indicates the adequate depth and abilities of the organization which it can draw upon as needed. This will include management, technical, and support staff.

3.1. Explain your firm's interest in working on this project, a positive commitment to perform the required work and a description of the firm.* Pass Fail
We specialize in County Municipal programs like this and have worked with Pembroke Pines for over 16 years and would be interested in continuing our partnership with the city. We pride ourselves on our quality of workmanship and commitment to communication with the customer. We have been working with other City programs like this RFQ for 30 years.

3.2. Describe the size of your firm.* Pass Fail
James Joyce President, Terri Joyce Secretary and 4 full time workers.

3.3. Describe your firm's financial history, strength and stability.* Pass Fail
Our financial history for construction funding has been strong with no loans ever in the company's existence and we have multiple times throughout the past 30 years managed over 20 projects at one time with multiple municipalities.

3.4. Describe your firm's range of activities.* Pass Fail
All aspects of home remodeling and renovations from exterior concrete driveways, windows, doors, roofs, irrigation, baths, kitchens, ac, painting, plumbing, electrical including additions, mold & lead remediation and management of same.

3.5. Describe the specialized experience and technical competence of the firm or persons with respect to working on similar projects.* Pass Fail
Our experience specializes in programs like this working closely with the city and homeowner for 30 years. We continually advance the measure of knowledge needed in continued education on codes and updating changes as necessary to be on top of the current projects.

3.6. Do you have a minimum of two (2) years of experience? Please provide proof of such experience.* Pass Fail
We have been working on projects with numerous municipalities throughout Broward, Dade, Palm Beach Counties, Port Everglades, Parks & Recreation, Convention Centers and others including Pembroke Pines for the past 30 years.

3.7. The firm must provide information on their proximity to and familiarity with the area in which the project is located.* Pass Fail
Our firm has worked under previous RFQ's in Pembroke Pines for over 16 years. Broward County for 30 years.

3.8. Explain the availability and access to the firm's top level management personnel.* Pass Fail
We are available immediately or at you or customers convenience to answer any questions you may have concerning any project.

3.9. Identify the contact person and supervisory personnel who will work on the various projects, including the relative experience of all professionals proposed for use on the team.* Pass Fail
James Joyce would be the main contact as President and all hourly personal & subcontractors have been partners on our team for over 10 years with the highest-level of experience on their specific trade.

3.10. Provide summaries of key persons and on-site staff to be assigned to the project with emphasis on their experience with similar work.* Pass Fail

James Joyce III would be the onsite foreman-supervisor with 15 years' experience. Our hourly personal have been with us for over 10 years. James Joyce shall be directly involved with the management and scheduling of the renovations and has done so for the past 30 years.

3.11. Explain the ability and experience of the field staff with specific attention to project related experience.* Pass Fail

Field working staff have been with our firm for over 10 years working closely with homeowners and City inspectors supervised and unsupervised and have the utmost experience with programs like this.

3.12. Contractor should list any applicable qualification, including education, experience, honors and awards received, and professional associations of which the firm and/or its personnel are members.* Pass Fail

We continue to receive additional continued education regarding code changes, construction standards and we are a certified EPA LEAD-SAFE certified firm.

3.13. Provide the recent, current, and projected workload of the firm.* Pass Fail

We are currently working on 7 projects under contract with City programs throughout Broward County like this RFQ and recently have closed out and invoiced 3 in the past 30 days. We anticipate signing contracts on 3 more projects in the next 45 days.

3.14. What is your reputation compared to your peers in the market?* Pass Fail

Our level of quality workmanship is unsurpassed in the industry.

3.15. What is your reputation like among customers and how have you developed it?* Pass Fail

Our reputation is excellent, and we have developed it with quality work for the past 30 years that meets or exceeds expectations.

3.16. How does your service differ from similar competitors? How do you win and retain business?*

Pass Fail
We lean on communication during and after each project. After closing out projects if there are any concerns the owner may have regarding products and additional services they may need in the remodeling industry we are there to help. Additionally, out of professional courtesy we would visit any home after the warranty period has expired to address concerns someone may have if called upon.

3.17. A brief statement must be included which explains why your proposal would be the most effective and beneficial to the City of Pembroke Pines.* Pass Fail

Our experience and quality of work. Continuing our working relationships with Pembroke Pines working as a team helping homeowners throughout the community.

4. FIRM'S UNDERSTANDING AND APPROACH TO THE WORK

The understanding that the applicant and consultants demonstrate as to the requirements and needs of the project, including an evaluation of the thoroughness demonstrated in analyzing and investigating the scope of the project.

4.1. Provide a narrative statement demonstrating an understanding of the overall intent of this solicitation, as well as the methods used to complete assigned tasks.* Pass Fail

Initially, we would meet the city rep to review the scope of work along with the owner. We would then schedule a meeting with homeowner to review and permits, NOC, association forms, material choices and discuss scheduling. Permits prepared and submitted. Materials that can be ordered while waiting for permits is now done. Communication during the construction stages is communicated with the client daily and weekly updates to keep the project running efficiently. Closing out the job includes final inspections, walking the unit with owner ensuring the project is complete to their satisfaction. Owner receives the closing package with permits, releases of liens, warranties and mitigation reports. All City required documents are then submitted along with final invoice.

4.2. Please clearly describe all aspects of the project proposed.* Pass Fail

Our firm would be responsible for the bid processing, permitting and office duties regarding the management areas of the projects. James Joyce would oversee each project from contract signing to close out to make sure project runs smoothly. All employees have extensive experience in the remodeling industry for the project workload, and all sub-contractors have worked with us for over 10 years. Additionally, we have been working with most municipalities and or management companies for those clients for over 15 years. Some partners like Broward County for 30 years.

4.3. Include details of your approach and work plans.* Pass Fail

Plans are rough drafted during early phase of the project with meetings with the homeowner along with the sub-contractors. Plans are then updated to include the necessary items required in the specifications and with the approved sign off of selections from homeowners and association approvals if needed. All trade plans are then drafted to a finalized form and submitted to the building department along with the required permits for approval.

4.4. How would you organize this project in terms of milestones?*

Pass Fail
Preconstruction, planning, design approvals, permitting, track progress, construction, inspections, substantial completion and closeout.

4.5. Identify any issues or concerns of significance that may be appropriate.* Pass Fail

No major issues over the years except mainly reiterating the scope of work and material selections to homeowners where some can be difficult if the products associated with the project are not detailed in the scope of work and understanding of brands, allocations and the required mandatory items. Making sure they are made aware before the start of the renovations which would include being also addressed by the spec writer before the pre bid meeting.

4.6. How do you ensure the quality of your services?*

Pass Fail
Clear goals, regular inspections, detailed documentation and checklists.

4.7. What criteria do you use to measure your quality?*

Pass Fail
Professional knowledge and skills of the certain projects at hand, customer satisfaction, reliability and restoration performance and self-assessment.

4.8. How often do you find mistakes or errors in your work and what is done to correct these errors, and what is the average correction time?*

Pass Fail
Not often but we are human and, in some instances, errors are made. If an error is in house or in documentation, we correct it immediately and we use checklists to help for future reference. If it is construction related, we would meet at the job to discuss the correction method and if it is a matter that doesn't require a special order it would be scheduled within that same week.

4.9. Describe the firm's techniques for quality control. At a minimum describe the firm's technique to control design and contract documentation, including record keeping.* Pass Fail

Weekly inspections, product inspections to eliminate defects, visually inspect to check for errors in documentation and identify potential future issues.

5. PREVIOUS EXPERIENCE

In this section, vendors are required to provide a detailed account of their previous experience relevant to the services outlined in this solicitation. The aim is to assess the vendor's capability and track record in delivering similar projects.

5.1. How many clients have you provided Services for?*

Pass Fail
Programs like this RFQ solicitation well over 500.

5.2. What similar or related projects have you worked on within the past three years?*

Pass Fail
We have worked on similar projects for the past 30 years. As far as the last 3 years approximately 60 +

5.3. What challenges did you face and how did you overcome them?*

Pass Fail
Product & building code changes. Use better technology and better analysis on certain changes that effect our business.

5.4. How many of your clients are repeat clients?*

Pass Fail
25% after close out,

5.5. How much of your revenue is derived from managing projects similar to ours?*

Pass Fail
0

5.6. Please describe the past record of performance of the firm or person with respect to accessibility to clients, ability to meet schedules, communication, and coordination skills. *

Pass Fail
JJCC has a outstanding record of performance and has full accessibility to clients regarding our services and product selections. We at project start up give a pre-construction schedule to clients and keep in contact on a daily and weekly basis. We use appointment schedulers and calendars and confirm meeting details by email or text. We organize project documents and tasks to maintain efficiency and order.

6. 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 3** references should be from the last **five 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.

6.1. Reference Contact Information - Name of Firm, City, County or Agency* Pass Fail
Broward County Minority Builders Coalition of Broward County

6.2. Reference Contact Information - Reference's Business Address* Pass Fail
499 NW 70th Ave. Suite 114 Plantation, FL 33317

6.3. Reference Contact Information - Reference's Contact Name & Title* Pass Fail
Janice Hayes Director of Housing and Community Development

6.4. Reference Contact Information - Reference's E-mail Address* Pass Fail
janice.hayes@minoritybuilders.org

6.5. Reference Contact Information - Reference's Phone Number* Pass Fail
954-792-1121 x25

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

6.7. Project Information - Name of Contactor Performing the Work* Pass Fail
James Joyce Const. Corp.

6.8. Project Information - Name and location of the project* Pass Fail
Projects throughout Broward County

6.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for* Pass Fail
GC services

6.10. Project Information - Project Duration* Pass Fail
up to 120 days

6.11. Project Information - Completion (Anticipated) Date* Pass Fail
All jobs completed

6.12. Project Information - Size of Project* Pass Fail
Windows, doors, roofs, kitchens, baths, electric, plumbing, ac all aspects of remodeling.

6.13. Project Information - Cost of Project* Pass Fail
\$10,000 thru \$85,000

7. REFERENCE # 2

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

7.2. Reference Contact Information - Reference's Business Address* Pass Fail
7525 NW 88 Ave. Tamarac, FL 33321

7.3. Reference Contact Information - Reference's Contact Name & Title* Pass Fail
Nichola Lewis Housing Director

7.4. Reference Contact Information - Reference's E-mail Address* Pass Fail
nichola.lewis@tamarac.org

7.5. Reference Contact Information - Reference's Phone Number* Pass Fail
954-597-3538

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
James Joyce Construction Corp.

7.8. Project Information - Name and location of the project* Pass Fail
Projects throughout the City of Tamarac

7.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for* Pass Fail
GC services

7.10. Project Information - Project Duration* Pass Fail
Up to 120 days

7.11. Project Information - Completion (Anticipated) Date* Pass Fail
All completed

7.12. Project Information - Size of Project* Pass Fail
Windows, doors, kitchens, baths, electric, plumbing and all aspects of remodeling.

7.13. Project Information - Cost of Project* Pass Fail
\$30,000 thro \$58,000

8. REFERENCE # 3

8.1. Reference Contact Information – Name of Firm, City, County or Agency* City of Hollywood	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.2. Reference Contact Information – Reference's Business Address* 2600 Hollywood Blvd. Hollywood, FL	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.3. Reference Contact Information – Reference's Contact Name & Title* Grantland Allen Housing coordinator & inspector	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.4. Reference Contact Information – Reference's E-mail Address* grallen@hollywoodfl.org	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.5. Reference Contact Information – Reference's Phone Number* 954-921-3031	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.6. Project Information – Was your firm the prime contractor for the listed project?* Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.7. Project Information – Name of Contactor Performing the Work* James Joyce Construction Corp.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.8. Project Information – Name and location of the project* Projects throughout City of Hollywood	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for* GC services	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.10. Project Information – Project Duration* Up to 120 days	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.11. Project Information – Completion (Anticipated) Date* All completed	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.12. Project Information – Size of Project* Windows, doors, roof, concrete drives, irrigation, painting and remodeling.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
8.13. Project Information – Cost of Project* \$45,000 thru \$64,000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

9. REFERENCE # 4

9.1. Reference Contact Information – Name of Firm, City, County or Agency Town of Davie	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.2. Reference Contact Information – Reference's Business Address 4700 SW 64 Ave. Suite D Davie, FL 33314	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.3. Reference Contact Information – Reference's Contact Name & Title Jael Martinez Senior Neighborhood Resource Manager	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.4. Reference Contact Information – Reference's E-mail Address jmartinez@davie-fl.gov	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.5. Reference Contact Information – Reference's Phone Number 954-792-1152	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.6. Project Information – Was your firm the prime contractor for the listed project? Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.7. Project Information – Name of Contactor Performing the Work James Joyce Const. Corp.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.8. Project Information – Name and location of the project Projects throughout the Town of Davie	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for James Joyce Construction Corp.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.10. Project Information – Project Duration up to 120 days	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.11. Project Information – Completion (Anticipated) Date All completed	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.12. Project Information – Size of Project Windows, doors, roofs, kitchens, baths, electric, plumbing, ac, all aspects of renovations.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9.13. Project Information – Cost of Project \$40,000 thru \$62,000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

10. REFERENCE # 5

10.1. Reference Contact Information – Name of Firm, City, County or Agency TSC Associates, Inc.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.2. Reference Contact Information – Reference's Business Address PO Box 120487 Fort Lauderdale, FL 33312	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.3. Reference Contact Information – Reference's Contact Name & Title	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

10.4. Reference Contact Information – Reference's E-mail Address tscinspectionsservices@gmail.com	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.5. Reference Contact Information – Reference's Phone Number 954-709-0471	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.6. Project Information – Was your firm the prime contractor for the listed project? Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.7. Project Information – Name of Contactor Performing the Work James Joyce Construction Corp.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.8. Project Information – Name and location of the project Projects throughout Broward and Dade County's	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for James Joyce Construction Corp.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.10. Project Information – Project Duration Up to 120 days	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.11. Project Information – Completion (Anticipated) Date All complete	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.12. Project Information – Size of Project All aspects of restoration & remodeling.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10.13. Project Information – Cost of Project \$20,00 thru \$135,000	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
11. PROJECT DOCUMENTS	
11.1. PROPOSERS BACKGROUND INFORMATION FORM* 1. Please download the attached document, complete all required fields, and upload the completed form here. Proposers_Background_Information_Form.xlsx Background_info.pdf	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
12. SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	
12.1. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM* 1. Please download the attached document, complete all required fields, and upload the completed form here. Sworn_Statement_on_Public_Entity_Crimes.pdf Public_Crimes_form.pdf	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
12.2. Public Entity Crimes Status* Which option did you select on the Sworn Statement on Public Entity Crimes Form: <ul style="list-style-type: none">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.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
12.3. Did you select option B1 or B2 above?* No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
12.4. Did you select option B3 above?* No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
13. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES	
13.1. EQUAL BENEFITS CERTIFICATION FORM* 1. Please download the attached document, complete all required fields, and upload the completed form here. Equal_Benefits_Certification_Form.pdf Equal_Benefits_cert.pdf	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
13.2. Equal Benefits Status* Which option did you select on the Equal Benefits Certification Form: <ul style="list-style-type: none">A. Contractor currently complies with the requirements of this section; orB. Contractor will comply with the conditions of this section at the time of contract award; orC. Contractor will not comply with the conditions of this section at the time of contract award; orD. Contractor does not comply with the conditions of this section because of the following allowable exemption (Check only one box below):<ul style="list-style-type: none">1. The Contractor does not provide benefits to employees' spouses in traditional marriages;2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;4. The Contractor is a governmental agency;	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

A) Contractor currently complies.

13.3. Did you select option D2 above?*

Pass Fail

No

14. DRUG-FREE WORKPLACE CERTIFICATION

14.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION*

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](#)

[Drug_free_form.pdf](#)

14.2. Drug-Free Status*

Pass Fail

Complies fully.

15. 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).

15.1. 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](#)

15.2. 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](#)

[Scutinized_Co.pdf](#)

15.3. 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.pdf](#)

15.4. 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.pdf](#)

16. VENDOR REGISTRATION

16.1. 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.

Yes

16.1.1. What is your Vendor Number?*

Pass Fail

3701

16.2. 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.pdf](#)

16.3. 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](#)

[W9.pdf](#)

17. OPTIONAL DOCUMENTATION

17.1. TRADE SECRETS

- 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.
- 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.
- 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

17.2. 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

17.3. 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

17.4. ADDITIONAL INFORMATION

1. 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

17.5. PROFESSIONAL LICENSES

1. If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation.

Pass Fail

[license.pdf](#)

18. VENDOR CLASSIFICATION

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

Pass Fail

1. 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

18.2. Is your firm a Minority-Owned Business Enterprise (MBE)?*

Pass Fail

No

18.3. Is your firm a Woman-Owned Business Enterprise (WBE)?*

Pass Fail

No

18.4. Is your firm a HubZone Business / Labor Surplus Area Firm?*

Pass Fail

No

18.5. Is your firm a Broward County Small Business Enterprise (SBE)?*

Pass Fail

Yes

18.5.1. SBE Certification Documentation*

1. Upload your SBE Certification Documentation from Broward County's Office of Economic and Small Business Development (OESBD). If you have multiple certifications, please combine them into one (1) document and upload.

Pass Fail

[SBE.pdf](#)

18.6. Is your firm a Broward County Business Enterprise (CBE)?*

Pass Fail

No

18.7. Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?*

Pass Fail

No

18.8. Does your firm have a Vendor Classification that was not listed above?*

Pass Fail

No

19. FEDERAL DOCUMENTS

19.1. Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds*

Pass Fail

1. Lobbying:

1. As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the Contractor must complete the **Certification Regarding Lobbying**.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the Contractor shall also complete and submit the **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions.

2. Debarment, Suspension and Other Responsibility Matters:

1. Where the Contractor is unable to certify to any of the statements in the certification for **Debarment, Suspension and Other Responsibility Matters**, he or she shall **provide an explanation**.

- Please download the below documents, complete, and upload.

[Federal Certification for Lobbying and Debarment and Form LLL.pdf](#)

[Lobbying.pdf](#)

19.2. Are you currently registered as an active entity on SAM.gov (System for Award Management)?*

Pass Fail

1. All vendors submitting bids for this project must be registered and active in the System for Award Management (SAM.gov) at the time of bid award. This is a federal requirement for entities receiving federal funds, including contracts, grants, or other financial assistance. Registration on SAM.gov ensures that vendors are eligible to do business with the U.S. government and are not suspended, debarred, or otherwise excluded from participation in federal programs. SAM registration is free and can be completed at <https://sam.gov>. Bidders must provide their Unique Entity ID (UEI) and proof of active registration as part of their proposal.

Yes

19.2.1. If yes, please provide your Unique Entity ID (UEI)*

Pass Fail

19.2.2. What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)*

Pass Fail

02/11/2026

19.2.3. Proof of Registration Upload*

Pass Fail

1. Please upload a PDF copy or screenshot of your entity's active registration status from SAM.gov that includes:

1. Entity Name
2. Unique Entity ID (UEI)
3. DUNS (if applicable)
4. Registration Status ("Active")
5. Expiration Date

2. This document must be downloaded from <https://sam.gov> and must show the current status at the time of bid submission.

 [Sam.pdf](#)

19.3. Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?*


Pass Fail


No

19.4. Form 1 of HUD Section 3 Implementation Plan*

Pass Fail

1. This project is governed by Section 3 of the Housing and Urban Development Act of 1968, as amended. Section 3 ensures that employment and economic opportunities created by HUD assistance benefit low- and very low-income individuals, especially those residing within the project's service area.
2. NO VALUEs must demonstrate their compliance with Section 3 requirements, please see "**HUD Section 3 Implementation Plan and Forms 1-6**" in the attachments section for additional information.
3. This may include providing information on how they will hire qualified low- and very low-income individuals and/or utilize Section 3 businesses as part of the project.
4. As part of the bidding process, NO VALUE must return **Form 1** with their bid submission, as failure to do so may result in the disqualification of your submittal.
5. In addition, Forms 2-6 must be submitted with final reporting, 30 days after project completion, as applicable.
6. Please download the below documents, complete, and upload.

 [Form 1 of HUD Section 3 Implementation Plan.pdf](#)

 [Section 3.pdf](#)

19.5. I certify that the information provided above is true and correct to the best of my knowledge. I understand that false or misleading statements may disqualify this bid and subject the entity to federal penalties.*

Confirmed

Pass Fail