



## EVALUATION TABULATION

IFB No. TS-25-17

Veeam Software Support and Maintenance Renewal

RESPONSE DEADLINE: October 21, 2025 at 2:00 pm

### SELECTED VENDOR TOTALS

Vendor	Total
Golden Five LLC	\$80,647.32
Arif International Corporation	\$92,688.64
Axelliant LLC	\$92,994.59
Southern Computer Warehouse, Inc.	\$93,071.94
Concourse Tech Inc.	\$93,242.65
ASIMER TECH LLC	\$93,331.07
Consultadd Inc	\$93,430.92
vCloud Tech Inc	\$93,734.75
DIGITAL NET SOLUTION LLC	\$93,747.46
vPrime Tech Inc	\$93,847.29
Hypertec USA Inc.	\$94,353.89

EVALUATION TABULATION

IFB No. TS-25-17

Veeam Software Support and Maintenance Renewal

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Vendor	Total
Software Information Resource Corp	\$94,699.55
JPT-TECH, LLC	\$96,165.81

				Golden Five LLC						Arif International Corporation					
Line Item	Description	Qty	UM	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)
1	Veeam Data Platform Advanced Universal Subscription License. Includes Enterprise Plus Edition features. 1 Year Renewal Subscription Upfront Billing & Production (24/7) Support. 10 instance pack.	3	Each	\$1,758.74	\$5,276.22	Golden Five LLC	D-ADVVL-0I-SU1AR-00	3231440	Bundles	\$1,728.38	\$5,185.14	Arif International Corporation DBA Numeriksoft	D-ADVVL-0I-SU1AR-00	3231440	Bundles
2	Annual Production (24/7) Maintenance Renewal (includes 24/7 uplift) - Veeam Data Platform Advanced Enterprise Plus.	65	Each	\$1,076.73	\$69,987.45	Golden Five LLC	D-ADVPLS-VS-PP1AR-00	3231441	Sockets	\$1,068.62	\$69,460.30	Arif International Corporation DBA	D-ADVPLS-VS-PP1AR-00	3231441	Sockets
3	Veeam Data Platform Advanced Enterprise Plus. 1 year of Production (24/7) Support is included.	5	Each	\$1,076.73	\$5,383.65	Golden Five LLC	D-ADVPLS-VS-PP1AR-00	3231442	Sockets	\$3,608.64	\$18,043.20	Arif International Corporation DBA	D-ADVPLS-VS-PP1AR-00	3231442	Sockets
Total				\$80,647.32						\$92,688.64					
				Axelliant LLC						Southern Computer Warehouse, Inc.					
Line Item	Description	Qty	UM	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)
1	Veeam Data Platform Advanced Universal Subscription License. Includes Enterprise Plus Edition features. 1 Year Renewal Subscription Upfront Billing & Production (24/7) Support. 10 instance pack.	3	Each	\$1,734.08	\$5,202.24		D-ADVVL-0I-SU1AR-00	3231440	Bundles	\$1,735.53	\$5,206.59		D-ADVVL-0I-SU1AR-00	3231440	Bundles
2	Annual Production (24/7) Maintenance Renewal (includes 24/7 uplift) - Veeam Data Platform Advanced Enterprise Plus.	65	Each	\$1,072.15	\$69,689.75		D-ADVPLS-VS-PP1AR-00	3231441	Sockets	\$1,073.04	\$69,747.60		D-ADVPLS-VS-PP1AR-00	3231441	Sockets
3	Veeam Data Platform Advanced Enterprise Plus. 1 year of Production (24/7) Support is included.	5	Each	\$3,620.52	\$18,102.60		D-ADVPLS-VS-PP1AR-00	3231442	Sockets	\$3,623.55	\$18,117.75		D-ADVPLS-VS-PP1AR-00	3231442	Sockets
Total				\$92,994.59						\$93,071.94					
				Concourse Tech Inc.						ASIMER TECH LLC					
Line Item	Description	Qty	UM	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)
1	Veeam Data Platform Advanced Universal Subscription License. Includes Enterprise Plus Edition features. 1 Year Renewal Subscription Upfront Billing & Production (24/7) Support. 10 instance pack.	3	Each	\$1,778.70	\$5,336.10		D-ADVVL-0I-SU1AR-00	3231440	Bundles	\$1,780.39	\$5,341.17		D-ADVVL-0I-SU1AR-00	3231440	Bundles
2	Annual Production (24/7) Maintenance Renewal (includes 24/7 uplift) - Veeam Data Platform Advanced Enterprise Plus.	65	Each	\$1,066.07	\$69,294.55		D-ADVPLS-VS-PP1AR-00	3231441	Sockets	\$1,067.08	\$69,360.20		D-ADVPLS-VS-PP1AR-00	3231441	Sockets
3	Veeam Data Platform Advanced Enterprise Plus. 1 year of Production (24/7) Support is included.	5	Each	\$3,722.40	\$18,612.00		D-ADVPLS-VS-PP1AR-00	3231442	Sockets	\$3,725.94	\$18,629.70		D-ADVPLS-VS-PP1AR-00	3231442	Sockets
Total				\$93,242.65						\$93,331.07					

				Consultadd Inc						vCloud Tech Inc					
Line Item	Description	Qty	UM	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)
1	Veeam Data Platform Advanced Universal Subscription License. Includes Enterprise Plus Edition features. 1 Year Renewal Subscription Upfront Billing & Production (24/7) Support. 10 instance pack.	3	Each	\$1,741.49	\$5,224.47		D-ADVVL-0I-SU1AR-00	3231440	Bundles	\$1,622.25	\$4,866.75		D-ADVVL-0I-SU1AR-00	3231440	Bundles
2	Annual Production (24/7) Maintenance Renewal (includes 24/7 uplift) - Veeam Data Platform Advanced Enterprise Plus.	65	Each	\$1,077.33	\$70,026.45		D-ADVPLS-VS-PP1AR-00	3231441	Sockets	\$1,065.50	\$69,257.50		D-ADVPLS-VS-PP1AR-00	3231441	Sockets
3	Veeam Data Platform Advanced Enterprise Plus. 1 year of Production (24/7) Support is included.	5	Each	\$3,636.00	\$18,180.00		D-ADVPLS-VS-PP1AR-00	3231442	Sockets	\$3,922.10	\$19,610.50		D-ADVPLS-VS-PP1AR-00	3231442	Sockets
Total				\$93,430.92						\$93,734.75					
				DIGITAL NET SOLUTION LLC						vPrime Tech Inc					
Line Item	Description	Qty	UM	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)
1	Veeam Data Platform Advanced Universal Subscription License. Includes Enterprise Plus Edition features. 1 Year Renewal Subscription Upfront Billing & Production (24/7) Support. 10 instance pack.	3	Each	\$1,748.12	\$5,244.36		D-ADVVL-0I-SU1AR-00	3231440	Bundles	\$1,749.98	\$5,249.94		D-ADVVL-0I-SU1AR-00	3231440	Bundles
2	Annual Production (24/7) Maintenance Renewal (includes 24/7 uplift) - Veeam Data Platform Advanced Enterprise Plus.	65	Each	\$1,080.83	\$70,253.95		D-ADVPLS-VS-PP1AR-00	3231441	Sockets	\$1,081.98	\$70,328.70		D-ADVPLS-VS-PP1AR-00	3231441	Sockets
3	Veeam Data Platform Advanced Enterprise Plus. 1 year of Production (24/7) Support is included.	5	Each	\$3,649.83	\$18,249.15		D-ADVPLS-VS-PP1AR-00	3231442	Sockets	\$3,653.73	\$18,268.65		D-ADVPLS-VS-PP1AR-00	3231442	Sockets
Total				\$93,747.46						\$93,847.29					
				Hypertec USA Inc.						Software Information Resource Corp					
Line Item	Description	Qty	UM	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)
1	Veeam Data Platform Advanced Universal Subscription License. Includes Enterprise Plus Edition features. 1 Year Renewal Subscription Upfront Billing & Production (24/7) Support. 10 instance pack.	3	Each	\$1,759.43	\$5,278.29		D-ADVVL-0I-SU1AR-00	3231440	Bundles	\$1,686.50	\$5,059.50	Correct contract # 03562386	D-ADVVL-0I-SU1AR-00	3231440	Bundles
2	Annual Production (24/7) Maintenance Renewal (includes 24/7 uplift) - Veeam Data Platform Advanced Enterprise Plus.	65	Each	\$1,087.82	\$70,708.30		D-ADVPLS-VS-PP1AR-00	3231441	Sockets	\$1,076.73	\$69,987.45	Correct contract # 03562387	D-ADVPLS-VS-PP1AR-00	3231441	Sockets
3	Veeam Data Platform Advanced Enterprise Plus. 1 year of Production (24/7) Support is included.	5	Each	\$3,673.46	\$18,367.30		D-ADVPLS-VS-PP1AR-00	3231442	Sockets	\$3,930.52	\$19,652.60	No Contract # yet.	D-ADVPLS-VS-PP1AR-00	3231442	Sockets
Total				\$94,353.89						\$94,699.55					

				JPT-TECH, LLC					
Line Item	Description	Qty	UM	Unit Cost	Total	Vendor Notes	Product SKU	License / Contract	Licensed Unit (+term)
1	Veeam Data Platform Advanced Universal Subscription License. Includes Enterprise Plus Edition features. 1 Year Renewal Subscription Upfront Billing & Production (24/7) Support. 10 instance pack.	3	Each	\$1,793.22	\$5,379.66		D-ADVVL-0I-SU1AR-00	3231440	Bundles
2	Annual Production (24/7) Maintenance Renewal (includes 24/7 uplift) - Veeam Data Platform Advanced Enterprise Plus.	65	Each	\$1,108.71	\$72,066.15		D-ADVPLS-VS-PP1AR-00	3231441	Sockets
3	Veeam Data Platform Advanced Enterprise Plus. 1 year of Production (24/7) Support is included.	5	Each	\$3,744.00	\$18,720.00		D-ADVPLS-VS-PP1AR-00	3231442	Sockets
Total					\$96,165.81				

Question	Golden Five LLC	Arif International Corporation	Axelliant LLC	Southern Computer Warehouse,
<b>CONFIRMATION TO BIND</b>				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	No	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.				
Please upload your current certificate(s) of insurance.				
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	No	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?				
<b>PROJECT DOCUMENTS</b>				
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included	Included	Included	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)</b>				
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	Included	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
<b>EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES</b>				
<b>EQUAL BENEFITS CERTIFICATION FORM</b>	Contractor Will Comply	Included	Included	Included
Equal Benefits Status	A) Contractor currently	A) Contractor currently	A) Contractor currently	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>				
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>				
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>				
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	Included	Included	Included	Included
<b>VENDOR REGISTRATION</b>				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	No
What is your Vendor Number?				
<b>VENDOR INFORMATION FORM</b>	Included	Included	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included	Included	Included
<b>OPTIONAL DOCUMENTATION</b>				
<b>TRADE SECRETS</b>				
<b>FINANCIAL STATEMENTS</b>				
<b>ADDITIONAL INFORMATION</b>				
<b>PROFESSIONAL LICENSES</b>				
<b>VENDOR CLASSIFICATION</b>				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	Yes	Yes	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Hispanic-American MBE	Asian-American MBE	Asian-American MBE	N/A
MBE Certification Documentation	Not Included	MBE Certificate	MBE Certificate	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	Yes	No	No
Other Vendor Classification Certification Documentation	N/A	SBE Certificate	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

Question	Concourse Tech Inc.	ASIMER TECH LLC	Consultadd Inc	vCloud Tech Inc
<b>CONFIRMATION TO BIND</b>				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.				
Please upload your current certificate(s) of insurance.				
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	No	Yes	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?			Yes	
<b>PROJECT DOCUMENTS</b>				
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included	Included	Included	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)</b>				
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	Included	Included - No Selections	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
<b>EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES</b>				
<b>EQUAL BENEFITS CERTIFICATION FORM</b>	Contractor Will Comply	Included - No Selections	Included	Included
Equal Benefits Status	A) Contractor currently	A) Contractor currently	A) Contractor currently	A) Contractor currently
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>				
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>				
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>				
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	Included	Included	Included	Included
<b>VENDOR REGISTRATION</b>				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	No
What is your Vendor Number?				
<b>VENDOR INFORMATION FORM</b>	Included	Included	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included	Included	Included
<b>OPTIONAL DOCUMENTATION</b>				
<b>TRADE SECRETS</b>				
<b>FINANCIAL STATEMENTS</b>				
<b>ADDITIONAL INFORMATION</b>	Quote Vendor Portal			Quote Annual resale Veem LOA
<b>PROFESSIONAL LICENSES</b>				
<b>VENDOR CLASSIFICATION</b>				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	Yes	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	Asian-American MBE	N/A
MBE Certification Documentation	N/A	N/A	MBE Certificate	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	Yes	No
Other Vendor Classification Certification Documentation	N/A	N/A	DBE Certificate	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A

Question	DIGITAL NET SOLUTION LLC	vPrime Tech Inc	Hypertec USA Inc.	Software Information Resource
<b>CONFIRMATION TO BIND</b>				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	No	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	No	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Not InCluded	Included	Included	Included - Not Available
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.				
Please upload your current certificate(s) of insurance.				
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	No	No	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?				
<b>PROJECT DOCUMENTS</b>				
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included	Included	Included	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)</b>				
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	Included	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
<b>EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES</b>				
<b>EQUAL BENEFITS CERTIFICATION FORM</b>	Included	Included	Included	Included
Equal Benefits Status	A) Contractor currently	A) Contractor currently	A) Contractor currently	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>				
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>				
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>				
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	Included	Included	Included	Included
<b>VENDOR REGISTRATION</b>				
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	No
What is your Vendor Number?				
<b>VENDOR INFORMATION FORM</b>	Not Included	Included	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included	Included	Included
<b>OPTIONAL DOCUMENTATION</b>				
<b>TRADE SECRETS</b>				
<b>FINANCIAL STATEMENTS</b>				
<b>ADDITIONAL INFORMATION</b>	Quote	Quote VEEAM Partner Annual Report		SunBiz
<b>PROFESSIONAL LICENSES</b>				
<b>VENDOR CLASSIFICATION</b>				
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	Yes	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	Asian-American MBE	N/A	N/A
MBE Certification Documentation	N/A	MBE Certificate	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A



Question	JPT-TECH, LLC
<b>CONFIRMATION TO BIND</b>	
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed
<b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>	
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	No
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	No
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included - Quote
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	Included
Please upload your current certificate(s) of insurance.	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.	
Do you plan on using subcontractors for this project?	No
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?	
<b>PROJECT DOCUMENTS</b>	
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)</b>	
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	Included
Public Entity Crimes Status	A) No convictions.
Did you select option B1 or B2 above?	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.	
Did you select option B3 above?	No
Please describe any action taken by or pending with the Department of General Services.	
<b>EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES</b>	
<b>EQUAL BENEFITS CERTIFICATION FORM</b>	Included
Equal Benefits Status	A) Contractor currently
Did you select option D2 above?	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.	
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>	
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>	
Drug-Free Status	Complies fully.
<b>STANDARD DOCUMENTS</b>	
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	Included
<b>VENDOR REGISTRATION</b>	
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No
What is your Vendor Number?	
<b>VENDOR INFORMATION FORM</b>	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included
<b>OPTIONAL DOCUMENTATION</b>	
<b>TRADE SECRETS</b>	
<b>FINANCIAL STATEMENTS</b>	
<b>ADDITIONAL INFORMATION</b>	
<b>PROFESSIONAL LICENSES</b>	
<b>VENDOR CLASSIFICATION</b>	
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No
Please indicate your Local Vendor Status	N/A
Local Vendor Preference Certification	N/A
Local Business Tax Receipts	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	African-American MBE
MBE Certification Documentation	MBE Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No
WMBE Certification Documentation	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No
SBE Certification Documentation	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No
CBE Certification Documentation	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No
DBE Certification Documentation	N/A
Does your firm have a Vendor Classification that was not listed above?	No
Other Vendor Classification Certification Documentation	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A
Proof of Registration Upload	N/A
If yes, please provide an explanation.	N/A
If yes, please upload any relevant documentation, if applicable.	N/A