

City of Pembroke Pines

Procurement

Mark Gomes, Procurement Director 601 City Center Way, Pembroke Pines, FL 33025

EVALUATION TABULATION

IFB No. TS-25-19

Sharefile Software Licensing Renewal

RESPONSE DEADLINE: November 18, 2025 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
New Tech Solutions Inc	\$71,115.00
vCloud Tech Inc	\$71,492.50
Questivity	\$72,515.00
Salvant Technologies, Inc.	\$72,517.50
ASIMER TECH LLC	\$75,127.50
Adler Charles Services inc	\$75,305.00
Vinsys Information Technology Inc	\$77,625.00
12 VISIONS INC	\$82,625.00

				New Tech Solution		utions Inc vCloud Tech Inc		Questivity			Salvant Technologies, Inc.				
Line	Description	Qty	υм	Unit	Total	Material #	Unit	Total	Material #	Unit	Total	Material #	Unit	Total	Material #
Item	Description	Qiy	OIVI	Cost	Total	(SKU)	Cost	TOLAI	(SKU)	Cost	TOLAI	(SKU)	Cost	Total	(SKU)
1	Sharefile Service Unlimited Premium	250	Each	¢204.46	\$71.115.00	6000023	¢20F 07	\$71.492.50	6000023	¢200.06	\$72.515.00	6000023	¢200.07	\$72.517.50	6000023
1	User (per user 12mos)	250	EdCII	\$264.40	\$71,115.00	6000023	\$205.97	\$71,492.50	6000023	\$290.00	\$72,515.00	0000023	\$290.07	\$72,517.50	0000023
	Total				\$71,115.00			\$71,492.50			\$72,515.00			\$72,517.50	

					ASIMER TEC	H LLC	Adl	er Charles Se	ervices inc	Vinsys I	nformation 1	Technology Inc		12 VISIONS	INC
Line Item	Description	Qty	им	Unit Cost	Total	Material # (SKU)	Unit Cost	Total	Material # (SKU)	Unit Cost	Total	Material # (SKU)	Unit Cost	Total	Material # (SKU)
1	Sharefile Service Unlimited Premium User (per user 12mos)	250	Each		\$75,127.50	6000023		\$75,305.00			\$77,625.00	6000023		\$82,625.00	6000023
	Total				\$75,127.50			\$75,305.00			\$77,625.00			\$82,625.00	

Question	New Tech Solutions Inc	vCloud Tech Inc	Questivity
CONFIRMATION TO BIND I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed
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	No
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	No
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation. 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'	No	No	No
Compensation)? 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
Do you plan on using subcontractors for this project? 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?	NO	NO	NO
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	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
Please describe any action taken by or pending with the Department of General Services. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES			
EQUAL BENEFITS CERTIFICATION FORM Equal Benefits Status	Included A) Contractor currently complies.	Included A) Contractor currently complies.	Included - No Selection A) Contractor currently complies.
Did you select option D2 above?	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. DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM Drug-Free Status	Included Complies fully.	Included Complies fully.	Included Complies fully.
STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION	Included	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustem?	No	No	No
What is your Vendor Number?	la el cele el	la alcoda d	la altrida d
VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	Included Included	Included Included	Included Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS FINANCIAL STATEMENTS			
ADDITIONAL INFORMATION	Quote	Quote	
PROFESSIONAL LICENSES			
VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran Affairs Center	No No	No No	No No
notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	No N/A	No N/A	Yes Asian-American MBE
MBE Certification Documentation	N/A	N/A	MBE Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	No N/A	No N/A	No N/A
WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm?	N/A No	N/A No	N/A No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No N/A	No N/A	No N/A
SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)?	N/A	N/A No	N/A No
CBE Certification Documentation	No		
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No N/A	N/A	N/A
	N/A No	No	Yes
DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above?	N/A No N/A	No N/A	Yes N/A
DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation	N/A No	No	Yes
Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI)	N/A No N/A No N/A	No N/A No N/A	Yes N/A No N/A
Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI) What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A No N/A No N/A N/A	No N/A No N/A N/A	Yes N/A No N/A N/A
Does your firm have a Vendor Classification that was not listed above? Other Vendor Classification Certification Documentation If yes, please provide your Unique Entity ID (UEI)	N/A No N/A No N/A	No N/A No N/A	Yes N/A No N/A

Question	Salvant Technologies, Inc.	ASIMER TECH LLC	Adler Charles Services inc
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE			
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance			
policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed
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	Yes	Yes	Yes
strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	163	163	les les
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
Please upload your current certificate(s) of insurance that demonstrate compliance with the			
insurance requirements outlined in this solicitation. 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
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
Do you acknowledge that all subcontractors must also carry the same insurance or be covered		-	
under your policy, and that proof of such coverage must be provided to the City?			
PROJECT DOCUMENTS PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER		modeca	
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status Did you select option B1 or B2 above?	A) No convictions.	A) No convictions.	A) No convictions.
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division		110	110
of Administrative Hearings.			
Did you select option B3 above? Please describe any action taken by or pending with the Department of General Services.	No No	No	No
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES			
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included
Equal Benefits Status	A) Contractor currently complies.	D1) Does not comply due to an exemption: No spousal benefits for	A) Contractor currently complies.
Did you select option D2 above?	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. DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT		Included	Included
VENDOR REGISTRATION	Included		meiadea
VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks		No	No
		No	
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustam? What is your Vendor Number? VENDOR INFORMATION FORM	No Included	Included	No Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustam? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024)	No		No
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustem? What is your Vendor Number? VENDOR INFORMATION FORM	No Included	Included	No Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustem? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS	No Included Included	Included Included	No Included Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustam? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION	No Included	Included	No Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustant? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS	No Included Included	Included Included	No Included Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustam? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES	No Included Included	Included Included	No Included Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System 7 What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status	No Included Included Quote No Local Broward County Vendor	Included Included Quote No N/A	No Included Included Capability Statement Yes Local Broward County Vendor
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustant? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification	No Included Included Quote No Local Broward County Vendor Not Included	Included Included Quote No N/A N/A	No Included Included Capability Statement Yes Local Broward County Vendor Meet Requirement
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustam? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status	No Included Included Quote No Local Broward County Vendor	Included Included Quote No N/A	No Included Included Capability Statement Yes Local Broward County Vendor
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Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustam? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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)	No Included Included Quote No Local Broward County Vendor Not Included Not Included No N/A	Included Included Quote No N/A N/A N/A NO N/A	No Included Included Capability Statement Yes Local Broward County Vendor Meet Requirement Broward-09-30-26 No N/A
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustam? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRES FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran Affairs Center	No Included Included Quote No Local Broward County Vendor Not Included Not Included No	Included Included Quote No N/A N/A N/A N/A NO	No Included Included Capability Statement Yes Local Broward County Vendor Meet Requirement Broward-09-30-26 No
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustam? What is your Yendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)?	No Included Included Quote Quote No Local Broward County Vendor Not Included Not Included No N/A N/A Yes African-American MBE	Included Included Quote No N/A N/A N/A N/A N/A NO N/A N/A NO N/A N/A N/A N/A N/A N/A N/A N/A N/A	No Included Included Capability Statement Yes Local Broward County Vendor Meet Requirement Broward-09-30-26 No N/A N/A Yes African-American MBE
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Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks Sustam? What is your Yendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business they have been approved as a Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation	No Included Included Quote Quote No Local Broward County Vendor Not Included Not Included No N/A Yes African-American MBE MBE Certification No N/A No N/A No N/A No	Included Included Quote No N/A N/A N/A N/A N/A NO N/A N/A NO N/A	No Included Included Included Capability Statement Yes Local Broward County Vendor Meet Requirement Broward-09-30-26 No N/A N/A Yes African-American MBE MBE Certificate No N/A Yes HUB Certificate
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Question	Vinsys Information Technology	12 VISIONS INC
CONFIRMATION TO BIND I certify that I have read, understood and agree to the terms in this solicitation, and that I am	Confirmal	Con Connect
authorized to submit this response on behalf of my company.	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE I certify that, if awarded this contract, I will be required to obtain and maintain all insurance		
policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed
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	Yes	Yes
Insured, Waiver of Subrogation, etc.) must be included? Do you currently carry insurance policies that meet or exceed the minimum requirements outlined	No	Yes
in the INSURANCE REQUIREMENTS section of this solicitation? Please upload your current certificate(s) of insurance that demonstrate compliance with the	·	
insurance requirements outlined in this solicitation. 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.		
or insurance. Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers'	Yes	No
Compensation)? 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
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	المماريطمط
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM Public Entity Crimes Status	Included A) No convictions.	Included A) No convictions.
Did you select option B1 or B2 above?	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
Please describe any action taken by or pending with the Department of General Services.	INO	NO
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES		
EQUAL BENEFITS CERTIFICATION FORM	Included	Included
Equal Benefits Status	B) Will comply by contract award.	 A) Contractor currently complies.
Did you select option D2 above?	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. DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No
What is your Vendor Number?		
VENDOR INFORMATION FORM	Included Included	Included
FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION	included	Included
TRADE SECRETS		
FINANCIAL STATEMENTS		
ADDITIONAL INFORMATION PROFESSIONAL LICENSES	Responses	
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification Local Business Tax Receipts	N/A N/A	N/A N/A
Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)?	N/A No	N/A No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center	N/A	N/A
notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	·	<u> </u>
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)?	N/A Yes	N/A No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Asian-American MBE	N/A
MBE Certification Documentation	MBE Certificate	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation	No N/A	No 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
Is your firm a Broward County Small Business Enterprise (SBE)?	No N/A	No N/A
SBE Cerification Documentation Is your firm a Broward County Business Enterprise (CBE)?	N/A No	N/A No
CBE Certification Documentation	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No DDS Contifference	No
DBE Certification Documentation Does your firm have a Vendor Classification that was not listed above?	DBE Certificate No	N/A No
Other Vendor Classification Certification Documentation	140	INO
	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	NI/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A N/A	NI/A
	N/A N/A N/A	N/A N/A