



## 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
I2 VISIONS INC	\$82,625.00

Line Item	Description	Qty	UM	New Tech Solutions Inc			vCloud Tech Inc			Questivity			Salvant Technologies, Inc.		
				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	\$284.46	\$71,115.00	6000023	\$285.97	\$71,492.50	6000023	\$290.06	\$72,515.00	6000023	\$290.07	\$72,517.50	6000023
	<b>Total</b>				<b>\$71,115.00</b>			<b>\$71,492.50</b>			<b>\$72,515.00</b>			<b>\$72,517.50</b>	

Line Item	Description	Qty	UM	ASIMER TECH LLC			Adler Charles Services inc			Vinsys Information Technology Inc			I2 VISIONS INC		
				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	\$300.51	\$75,127.50	6000023	\$301.22	\$75,305.00	6000023	\$310.50	\$77,625.00	6000023	\$330.50	\$82,625.00	6000023
	<b>Total</b>				<b>\$75,127.50</b>			<b>\$75,305.00</b>			<b>\$77,625.00</b>			<b>\$82,625.00</b>	

Question	New Tech Solutions Inc	vCloud Tech Inc	Questivity
<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
<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
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' 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?			
<b>PROJECT DOCUMENTS</b>			
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included	Included	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER</b>			
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	Included	Included	Included
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.			
<b>EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES</b>			
<b>EQUAL BENEFITS CERTIFICATION FORM</b>	Included	Included	Included - No Selection
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.	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.			
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>			
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>			
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	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
What is your Vendor Number?			
<b>VENDOR INFORMATION FORM</b>	Included	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included	Included
<b>OPTIONAL DOCUMENTATION</b>			
<b>TRADE SECRETS</b>			
<b>FINANCIAL STATEMENTS</b>			
<b>ADDITIONAL INFORMATION</b>	Quote	Quote	
<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
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)?	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
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)?	No	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	Asian-American MBE
MBE Certification Documentation	N/A	N/A	MBE Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	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	No	No
SBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	Yes
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No
<b>Other Vendor Classification Certification Documentation</b>			
If yes, please provide your Unique Entity ID (UEI)	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
<b>Proof of Registration Upload</b>	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A

Question	Salvant Technologies, Inc.	ASIMER TECH LLC	Adler Charles Services 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
<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
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
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?			
<b>PROJECT DOCUMENTS</b>			
<b>PROPOSERS BACKGROUND INFORMATION FORM</b>	Included	Included	Included
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER</b>			
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	Included	Included	Included
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.			
<b>EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES</b>			
<b>EQUAL BENEFITS CERTIFICATION FORM</b>	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.			
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>			
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>			
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	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
What is your Vendor Number?			
<b>VENDOR INFORMATION FORM</b>	Included	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included	Included
<b>OPTIONAL DOCUMENTATION</b>			
<b>TRADE SECRETS</b>			
<b>FINANCIAL STATEMENTS</b>			
<b>ADDITIONAL INFORMATION</b>	Quote	Quote	Capability Statement
<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	Yes
Please indicate your Local Vendor Status	Local Broward County Vendor	N/A	Local Broward County Vendor
Local Vendor Preference Certification	Not Included	N/A	Meet Requirement
Local Business Tax Receipts	Not Included	N/A	Broward-09-30-26
Is your firm a Veteran Owned Small Business (VOSB)?	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
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)?	Yes	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	African-American MBE	N/A	African-American MBE
MBE Certification Documentation	MBE Certification	N/A	MBE Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	Yes
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	HUB Certificate
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	Yes
SBE Certification Documentation	N/A	N/A	SBE Certificate
Is your firm a Broward County Business Enterprise (CBE)?	Yes	No	Yes
CBE Certification Documentation	CBE Certification	N/A	CBE Certificate
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No
<b>Other Vendor Classification Certification Documentation</b>			
If yes, please provide your Unique Entity ID (UEI)	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
<b>Proof of Registration Upload</b>	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A

Question	Vinsys Information Technology Inc	I2 VISIONS 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
<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
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
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	No	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)?	Yes	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
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
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER</b>		
<b>SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM</b>	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	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.		
<b>EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES</b>		
<b>EQUAL BENEFITS CERTIFICATION FORM</b>	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.		
<b>DRUG-FREE WORKPLACE CERTIFICATION</b>		
<b>VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM</b>	Included	Included
Drug-Free Status	Complies fully.	Complies fully.
<b>STANDARD DOCUMENTS</b>		
<b>NON-COLLUSIVE AFFIDAVIT</b>	Included	Included
<b>SCRUTINIZED COMPANY CERTIFICATION</b>	Included	Included
<b>E-VERIFY SYSTEM CERTIFICATION</b>	Included	Included
<b>HUMAN TRAFFICKING AFFIDAVIT</b>	Included	Included
<b>VENDOR REGISTRATION</b>		
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No
What is your Vendor Number?		
<b>VENDOR INFORMATION FORM</b>	Included	Included
<b>FORM W-9 (REVISED MARCH 2024)</b>	Included	Included
<b>OPTIONAL DOCUMENTATION</b>		
<b>TRADE SECRETS</b>		
<b>FINANCIAL STATEMENTS</b>		
<b>ADDITIONAL INFORMATION</b>	Responses	
<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
Please indicate your Local Vendor Status	N/A	N/A
Local Vendor Preference Certification	N/A	N/A
Local Business Tax Receipts	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	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
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	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)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	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	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No
DBE Certification Documentation	DBE Certificate	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No
<b>Other Vendor Classification Certification Documentation</b>		
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A
<b>Proof of Registration Upload</b>	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A