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

EVALUATION TABULATION

IFB No. PSUT-25-08

Water Treatment Plant Unit B Rehabilitation

RESPONSE DEADLINE: August 12, 2025 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
Lawrence Lee Construction Services, Inc.	$2,775,000.00
Conti LLC	$2,994,787.00
Razorback LLC	$3,344,000.00

PRIMARY RESPONSE

				Lawrence Lee Construction Services, Inc.			Conti LLC			Razorback LLC		
Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1-1	Mobilization and Demobilization	1	Lump Sum	$135,000.00	$135,000.00		$145,000.00	$145,000.00		$300,000.00	$300,000.00	
1-2	Renovation of Treatment Unit B (removal and replacement of interior parts)	1	Lump Sum	$2,270,000.00	$2,270,000.00		$2,564,787.00	$2,564,787.00		$2,560,000.00	$2,560,000.00	
1-3	Surface preparation and painting	1	Lump Sum	$280,000.00	$280,000.00		$185,000.00	$185,000.00		$355,000.00	$355,000.00	
1-4	Electrical Renovation	1	Lump Sum	$50,000.00	$50,000.00		$30,000.00	$30,000.00		$22,000.00	$22,000.00	
1-5	Unit C Stair Access	1	Lump Sum	$40,000.00	$40,000.00		$70,000.00	$70,000.00		$107,000.00	$107,000.00	
Total					$2,775,000.00			$2,994,787.00			$3,344,000.00	

PAYMENT AND PERFORMANCE BOND

Payment and Performance Bond			Conti LLC	Lawrence Lee Construction Services, Inc.	Razorback LLC
Line Item	Description	Unit of Measure	Percentage	Percentage	Percentage
2-1	Cost to provide a Payment & Performance Bond for the project, in the form of a percent	Percent	1%	1.1%	3%

Question	Lawrence Lee Construction Services, Inc.	Conti LLC
CONFIRMATION TO BIND		
y 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
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE	Included	Included
y 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
confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as 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?	Yes	Yes
upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Not Included	Not Included
e 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.	Not Included	Not Included
Please upload your current certificate(s) of insurance.	Not Included	Not Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.	Not Included	Not Included
Do you plan on using subcontractors for this project?	Yes	Yes
u 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	Yes
PROJECT DOCUMENTS		
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)		
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included - A. Neither the entity nor any officers who are acitve in management nor any affiliate have been charged with a public entity crime.	Included - A. Neither the entity nor any officer are acitve in management nor any affiliate hav charged with a public entity crime.
Public Entity Crimes Status	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No
se upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.		Not Included
Did you select option B3 above?	No	No
Please describe any action taken by or pending with the Department of General Services.		Not Included
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES		
EQUAL BENEFITS CERTIFICATION FORM	Included - Currently complies	Included - Currently complies
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No
e 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.	Not Included	Not Included
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Complies fully.	Complies fully.
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	Included	Included
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ALTERNATIVES		
ADDITIONAL INFORMATION	Certificate of Liability Everify Page Full Bid Package Resume	Resume Company Presentation Qualifications
PROFESSIONAL LICENSES	General Contractor License	Electrical Contractor License General Contractor License Mechanical Contractor License Plumbing Contractor License Underground Utility & Excavation Licens
PREFERRED LICENSE(S)		
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	Yes
Please indicate your Local Vendor Status	N/A	Local Broward County Vendor (LBCV)
Local Vendor Preference Certification	N/A	Meet Requirement
Local Business Tax Receipts	N/A	Broward - 09-30-25
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
d 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)?	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A
MBE Certification Documentation	N/A	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)?	Yes	No
SBE Cerification Documentation	Not Included	Included
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	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No
Other Vendor Classification Certification Documentation	N/A	N/A
Are you currently registered as an active entity on SAM.gov (System for Award Management)?	Yes	No
If yes, please provide your Unique Entity ID (UEI)	L9ERGRVZ8N33	Not Included
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	08/10/2025	N/A
Proof of Registration Upload	N/A	N/A
barment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?	No	No
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A
y 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	Confirmed

Question	Razorback LLC
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
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE	Included
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?	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Not 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.	Not Included
Please upload your current certificate(s) of insurance.	Not 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.	Not Included
Do you plan on using subcontractors for this project?	Yes
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
PROJECT DOCUMENTS	
PROPOSERS BACKGROUND INFORMATION FORM	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included - A. Neither the entity nor any officers who are acitve in management nor any affiliate have been charged with a public entity crime.
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.	
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES	
EQUAL BENEFITS CERTIFICATION FORM	Included - Currently complies
Equal Benefits Status	A) Contractor currently complies.
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.	Not Included
DRUG-FREE WORKPLACE CERTIFICATION	
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Complies fully.
Drug-Free Status	Complies fully.
STANDARD DOCUMENTS	
NON-COLLUSIVE AFFIDAVIT	Included
SCRUTINIZED COMPANY CERTIFICATION	Included
E-VERIFY SYSTEM CERTIFICATION	Included
HUMAN TRAFFICKING AFFIDAVIT	Included
VENDOR INFORMATION FORM	Included
FORM W-9 (REVISED MARCH 2024)	Included
OPTIONAL DOCUMENTATION	
TRADE SECRETS	
FINANCIAL STATEMENTS	
ALTERNATIVES	
ADDITIONAL INFORMATION	Sun Biz Resume SBA Certification
PROFESSIONAL LICENSES	General Contractor License
PREFERRED LICENSE(S)	
VENDOR CLASSIFICATION	
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)?	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A
MBE Certification Documentation	N/A
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 Cerification Documentation	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No
CBE Certification Documentation	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No
DBE Certification Documentation	N/A
Does your firm have a Vendor Classification that was not listed above?	Yes
Other Vendor Classification Certification Documentation	N/A
Are you currently registered as an active entity on SAM.gov (System for Award Management)?	Yes
If yes, please provide your Unique Entity ID (UEI)	QCKDKX2DLW55
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	04/11/2026
Proof of Registration Upload	N/A
Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?	No
If yes, please provide an explanation.	N/A
If yes, please upload any relevant documentation, if applicable.	N/A
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