

Exhibit "B"

PRICE TABLES

Locations

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
1	Rose G price Park	1	Lump Sum	\$111,500.00	\$111,500.00	
2	R&R Village 1461	1	Lump Sum	\$29,290.00	\$29,290.00	
3	West Campus Building I	1	Lump Sum	\$132,350.00	\$132,350.00	
4	Central Campus Building Y	1	Lump Sum	\$129,250.00	\$129,250.00	
5	FSU Building C	1	Lump Sum	\$107,550.00	\$107,550.00	
Total						\$509,940.00

Payment & Performance Bond

Line Item	Description	Unit of Measure	Percentage	Vendor N...
1	Cost to provide a payment & performance bond for this project, in the form of a percent	Percent	2%	

Additional Work

Exhibit "B"

R&R Village (Optional Additional Work)

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
1	1/2 Plywood overlay over existing wood deck	1	Per Square Foot	\$6,100.00	\$6,100.00	
	Total				\$6,100.00	



Exhibit "B"

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Acrisure Southeast Partners Insurance Services LLC 1317 Citizens Blvd Leesburg FL 34748	CONTACT NAME: PHONE (A/C, No, Ext): 800-845-8437 FAX (A/C, No): E-MAIL ADDRESS: ibroomfield@acrisure.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Summit Specialty Insurance Company 16889	
	INSURER B : Monroe Guaranty Insurance Company 32506	
	INSURER C : Westchester Surplus Lines Insurance Company 10172	
	INSURER D : FCCI Insurance Company 10178	
	INSURER E : Bridgefield Casualty Insurance Company 10335	
	INSURER F :	
	License#: BR-1796553 PALEROO-01	
	INSURED Paletz Roofing And Inspections, Inc. 10428 W State Road 84 Unit 7 Davie FL 33324	

COVERAGES **CERTIFICATE NUMBER:** 196218877 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		SCGL004000014901	8/9/2025	8/9/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$		
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	X	SCHEDULED AUTOS NON-OWNED AUTOS ONLY	CA100076040-03	3/11/2025	3/11/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ P.I.P. \$ 10,000		
A	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	X	OCCUR CLAIMS-MADE	SXCS004000007001	8/9/2025	8/9/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 OTHER: \$		
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	196-49179	8/9/2025	8/9/2026	X PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000		
C	Contractors Pollution Liability Contractors Equipment Installation Floater			G71656123 005 CM100083456-02	10/28/2025 3/11/2025	10/28/2026 3/11/2026	Each Occ./Aggregate Leased or Rented Jobsite Limit	\$1,000,000 \$150,000 \$300,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Pembroke Pines is included as additional insured for General Liability as required by written contract.

CERTIFICATE HOLDER The City of Pembroke Pines 601 City Center Way Pembroke Pines FL 33025	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
	AUTHORIZED REPRESENTATIVE 	

© 1988-2015 ACORD CORPORATION. All rights reserved.

Exhibit "B"

Proposer's Background Information Form

#	Question	Response	Comment	Status
Contact Information				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	Tyler Paletz, Project Manager,tyler@paletzroofing.com,954-993-0953		Complete
1.1.2	Authorized Approver: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Authorized Approver for this project.	Cynthia Paletz, President,cindy@paletzroofing.com,954-275-5403		Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	2003		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2003		Complete
1.2.3	What State is your Company Registered In?	Florida		Complete
Former Business				
1.3.1	Under what former name has your business operated? Include a description of the business.	None		Complete
1.3.2	At what address was that business located?	None		Complete
Past Failure				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
Inspected				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes		Complete
Subcontracting				
1.6.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	No		Complete
Bankruptcy Petitions				
1.7.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	none		Complete
Bond Claims				
1.8.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	none		Complete
Claims, Arbitrations, Administrative Hearings and Lawsuits				
1.9.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.	none		Complete
Criminal Proceedings or Hearings				

Exhibit "B"

1.10.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	none		Complete
Company Classification				
1.11.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides \"Original Provider\" please explain.	Original Provider		Complete
Debarment/Suspension				
1.12.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No		Complete
Similar Experience & Contracts				
1.13.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.	Our firm has extensive local experience in managing contracts of similar size and complexity over the past three years. We have successfully delivered projects in Broward County over totaling amounting to over 8 million square feet of roof removal and replacement demonstrating our ability to navigate local regulations and engage with community stakeholders effectively. Our dedicated team has consistently achieved project goals on time and within budget, ensuring high-quality service tailored to the unique needs of our clients. We pride ourselves on our collaborative approach.		Complete
Professional License Information				
1.14.1	Are professional licenses required to perform the services requested in this solicitation? If so, please list any applicable professional licenses that your company has that are required to provide these services.	Applicable	Roofing Contractor	Complete
Conflict of Interest				
1.15.1	Do you need to disclose any conflicts of interest? The award of any contract hereunder is subject to the provisions of Chapter 112, Florida Statutes. Proposers must disclose with their Proposal the name of any officer, director, partner, proprietor, associate or agent who is also an officer or employee of CITY or any of its agencies. Further, all Proposers must disclose the name of any officer or employee of CITY who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer's firm or any of its branches or affiliate companies.	No		Complete

19 Questions

100.00% Complete


AIA® Document A310™ – 2010
Bid Bond
CONTRACTOR:

(Name, legal status and address)
Paletz Roofing and Inspections, Inc.

10428 W State Road 84, Unit 7
Davie, FL 33324

OWNER:

(Name, legal status and address)
City of Pembroke Pines
8300 South Palm Drive, Pembroke Pines, FL 33025

BOND AMOUNT: 5%

SURETY:

(Name, legal status and principal place
of business)
FCCI Insurance Company
6300 University Parkway
Sarasota, FL 34240

This document has important legal
consequences. Consultation with
an attorney is encouraged with
respect to its completion or
modification.

Any singular reference to
Contractor, Surety, Owner or
other party shall be considered
plural where applicable.

PROJECT:

(Name, location or address, and Project number, if any)
Roof Replacement of City Wide Roofs

IFB # PSPW-25-11

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

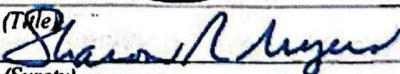
Signed and sealed this 29 day of September, 2025


(Witness)


(Principal)

(Seal)


(Witness)


(Title)
(Surety)
Sharon R. Myers, Attorney-in-fact
(Title)

(Seal)



GENERAL POWER OF ATTORNEY

Know all men by these presents: That the FCCI Insurance Company, a Corporation organized and existing under the laws of the State of Florida (the "Corporation") does make, constitute and appoint:

Sharon R. Myers; Griseldys Acosta

Each, its true and lawful Attorney-In-Fact, to make, execute, seal and deliver, for and on its behalf as surety, and as its act and deed in all bonds and undertakings provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the sum of (not to exceed \$30,000,000.00): **\$30,000,000.00**

This Power of Attorney is made and executed by authority of a Resolution adopted by the Board of Directors. That resolution also authorized any further action by the officers of the Company necessary to effect such transaction.

The signatures below and the seal of the Corporation may be affixed by facsimile, and any such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached.

In witness whereof, the FCCI Insurance Company has caused these presents to be signed by its duly authorized officers and its corporate Seal to be hereunto affixed, this 20th day of December, 2024.

Attest:

Christina D. Welch

Christina D. Welch, President
FCCI Insurance Company



Chris
Christopher Shoucair,
EVP, CFO, Treasurer, Secretary
FCCI Insurance Company

State of Florida
County of Sarasota

Before me this day personally appeared Christina D. Welch, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027



PEGGY SNOW
Commission # HH 326535
Expires February 27, 2027

Peggy Snow
Notary Public

State of Florida
County of Sarasota

Before me this day personally appeared Christopher Shoucair, who is personally known to me and who executed the foregoing document for the purposes expressed therein.

My commission expires: 2/27/2027



PEGGY SNOW
Commission # HH 326535
Expires February 27, 2027

Peggy Snow
Notary Public

CERTIFICATE

I, the undersigned Secretary of FCCI Insurance Company, a Florida Corporation, DO HEREBY CERTIFY that the foregoing Power of Attorney remains in full force and has not been revoked; and furthermore that the February 27, 2020 Resolution of the Board of Directors, referenced in said Power of Attorney, is now in force.

Dated this 29 day of September, 2025

Chris
Christopher Shoucair, EVP, CFO, Treasurer, Secretary
FCCI Insurance Company



**SWORN STATEMENT
ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

1. This sworn statement is submitted Paletz Roofing and Inspections, Inc.
 (name of entity submitting sworn statement) whose business address is
10428 State Road 84 Suite 7, Davie, FL 33324

and (if applicable) its Federal Employer Identification Number (FEIN) is
20-0422251. (If the entity has no FEIN, include the Social Security
 Number of the individual signing this sworn statement: _____.)

2. My name is Cynthia Paletz _____ and my
 (Please print name of individual signing)
 relationship to the entity named above is its President _____.

3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime: or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a



joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**
 - A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - B) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which additional statement applies.)**
 - B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**
 - B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**
 - B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**


Bidder's Name/Signature

Paletz Roofing and Inspections, Inc.
Company

Spetmebr 8, 2025
Date



EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

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

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

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

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

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

SECTION 1 DEFINITIONS

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



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

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

SECTION 2 CERTIFICATION OF CONTRACTOR

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

A. Contractor currently complies with the requirements of this section; or

B. Contractor will comply with the conditions of this section at the time of contract award; or

C. Contractor will not comply with the conditions of this section at the time of contract award: or

D. Contractor does not comply with the conditions of this section because of the following allowable exemption (Check only one box below):

1. The Contractor does not provide benefits to employees' spouses in traditional marriages;

2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;

Exhibit "B"



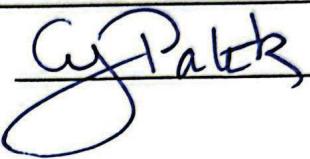
City of Pembroke Pines

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

4. The Contractor is a governmental agency;

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

COMPANY NAME: Paletz Roofing and Inspections, Inc.

AUTHORIZED OFFICER NAME / SIGNATURE: 



VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

IDENTICAL TIE BIDS - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after each conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

SECTION 2 AFFIRMATION

Place a check mark here only if affirming bidder complies fully with the above requirements for a Drug-Free Workplace.

Place a check mark here only if affirming bidder does not meet the requirements for a Drug-Free Workplace.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.


Authorized Signature

Cynthia Paletz

Authorized Signer Name

Paletz Roofing and Inspections, Inc

Company Name



NON-COLLUSIVE AFFIDAVIT

BIDDER is the

Owner



(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature

A handwritten signature in blue ink that appears to read "G. Paletz".

Title **President**

Name of Company Paletz Roofing and Inspections, Inc.



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

I, Cynthia Paletz, on behalf of Paletz Roofing and Inspections, Inc.,
 Print Name and Title Company Name
 certify that Paletz Roofing and Inspections, Inc. :
Company Name

1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Paletz Roofing and Inspections, Inc.

Company Name

Cynthia Paletz

Print Name / Signature

President

Title



**E-VERIFY SYSTEM CERTIFICATION STATEMENT
(UNDER SECTION 448.095, FLORIDA STATUTES)**

1. Definitions:
 - a. **Contractor** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. "Contractor" includes, but is not limited to, a vendor or consultant.
 - b. **Subcontractor** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
 - c. **E-Verify system** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.
2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:
 - a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
 - b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
 - c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.
3. Contract Termination
 - a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
 - b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
 - c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
 - d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
 - e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

Paletz Roofing and Inspections, Inc.

COMPANY NAME: _____

Cynthia Paletz

PRINTED NAME / AUTHORIZED SIGNATURE: _____



City of Pembroke Pines

AFFIDAVIT OF COMPLIANCE WITH HUMAN TRAFFICKING LAWS

In accordance with section 787.06 (13), Florida Statutes, the undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury that:

1. The Affiant is an officer or representative of the Entity entering into an agreement with the City of Pembroke Pines.
2. The Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled "Human Trafficking".
3. The Affiant is authorized to execute this Affidavit on behalf of the Entity.
4. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.
5. Pursuant to Sec. 92.525(2), Fla. Stat., under penalties of perjury, I declare that I have read the foregoing affidavit of compliance with Human Trafficking Laws and that the facts stated in it are true.

FURTHER AFFIANT SAYETH NAUGHT.

DATE: September 8, 2025

ENTITY: Paletz Roofing and Inspections, Inc

SIGNATURE: 

NAME: Cynthia Paletz

TITLE: President

Exhibit "B"



City of Pembroke Pines

(OFFICE USE ONLY) Vendor # _____

VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	Paletz Roofing and Inspections, Inc .		
Doing Business As (DBA)			
Primary Business Address	10428 State Road 84 Suite 7 		
	City:	Davie	
	State:	FL	Zip: 33324
	Country:	USA	
Remit To Address	10428 State Road 84 Suite 7 		
	City:	Davie	
	State:	FL	Zip: 33324
	Country:	USA	
Order From Address	10428 State Road 84 Suite 7 		
	City:	Davie	
	State:	FL	Zip: 33324
	Country:	USA	
Foreign Entity (Yes/No)	No		
Telephone Number	833-916-7663		
Primary Company E-mail	cindy@paletzroofing.com		
Fax	954-916-6634		
Website	www.paletzroofing.com		
DUNS			
Independent Contractor (Yes/No)	No		
Identification Number	SSN:		FID: 20-0422251

GENERAL PAYMENT TERMS		
Discount Percent Defines the discount percentage the vendor extends to your organization.	Days to Discount Number of days which payment must be received to claim the discount percent.	Days to Net Number of days that the vendor allows before requiring net payment.
0	0	30

CONTACT # 1	
Contact Name (First & Last Name)	Cynthia Paletz
Description/Title/Position	President
Phone (Voice)	954-275-5403
Phone (Text)	Opt In (Y/N): Y
Fax	954-916-6634
E-mail	cindy@paletzroofing.com

STATE REGISTRATION	
Is your company registered with the State of Florida? (Y/N)	Y
If not, what state is your company registered in?	

Please attach the print out from <https://dos.myflorida.com/sunbiz/> or the appropriate state showing your active registration and any applicable fictitious names that are registered.

W-9

Form
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Paletz Roofing and Inspections, Inc.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions

5 Address (number, street, and apt. or suite no.). See instructions.

10428 State Road 84 Suite 7

Requester's name and address (optional)

6 City, state, and ZIP code

Davie, FL 33324

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number						
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

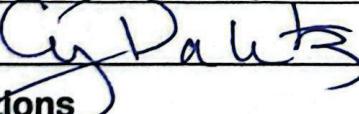
or									
Employer identification number									
20	-	0422251	<input type="text"/>						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person		Date	9/8/2025
-----------	--------------------------	---	------	----------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Ron DeSantis, Governor

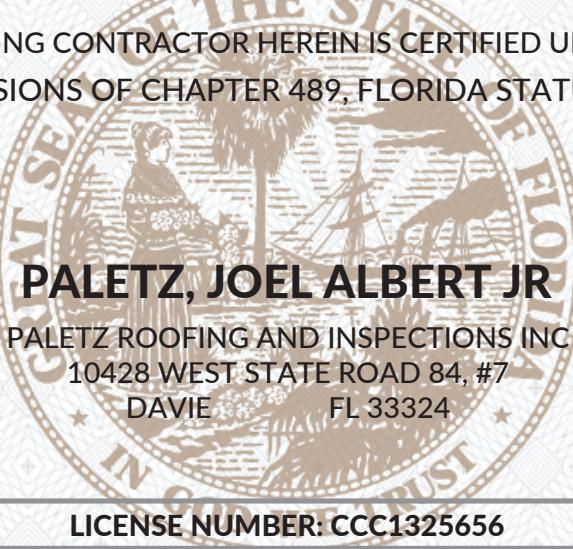
Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

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



PALETZ, JOEL ALBERT JR

PALETZ ROOFING AND INSPECTIONS INC
10428 WEST STATE ROAD 84, #7
DAVIE FL 33324

LICENSE NUMBER: CCC1325656

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 07/24/2024

Do not alter this document in any form.

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





LOCAL VENDOR PREFERENCE CERTIFICATION

SECTION 1 GENERAL TERM

LOCAL PREFERENCE

The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:

1. "Local Pembroke Pines Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines.

OR;

2. "Local Broward County Vendor" shall mean or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.

A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the **Local Pembroke Pines Vendor(s)**; A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the **Local Broward County Vendor(s)**.

COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

SECTION 2 AFFIRMATION

LOCAL PREFERENCE CERTIFICATION:

Place a check mark here only if affirming bidder meets requirements above as a Local Pembroke Pines Vendor. In addition, the business must attach a current business tax receipt from the City of Pembroke Pines along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

Place a check mark here only if affirming bidder meets requirements above as a Local Broward County Vendor. In addition, the business must attach a current business tax receipt from the Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor **Ineligible for Local Preference**. This form must be completed by/for the proposer; the proposer **WILL NOT** qualify for Local Vendor Preference based on their sub-contractors' qualifications.

COMPANY NAME: Paletz Roofing and Inspections, Inc.

PRINTED NAME / AUTHORIZED SIGNATURE: _____

Exhibit "B"**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025**Receipt #:** 185-1095
ROOFING/SHEET METAL CONTRACTOR**Business Name:** PALETZ ROOFING AND INSPECTIONS INC **Business Type:** (CERTIFIED ROOFING CONTRACTOR)**Owner Name:** JOEL ALBERT PALETZ JR (QUALIFIER) **Business Opened:** 02/25/2004**Business Location:** 10428 W STATE RD 84 #7 **State/County/Cert/Reg:** CCC1325656
DAVIE **Exemption Code:****Business Phone:** 954-432-4431

Rooms	Seats	Employees	Machines	Professionals
		3		

Number of Machines:		For Vending Business Only					
		Vending Type:					
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid	
27.00	0.00	0.00	0.00	0.00	0.00	27.00	

Receipt Fee 27.00
Packing/Processing/Canning Employees 0.00**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS****THIS BECOMES A TAX RECEIPT**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:JOEL ALBERT PALETZ JR
10428 W STATE RD 84 #7
DAVIE, FL 33324Receipt #10B-23-00003334
Paid 08/02/2024 27.00**2024 - 2025**



**HEREBY GRANTS
WOMAN OWNED SMALL BUSINESS (WOSB) CERTIFICATION TO**

Paletz Roofing & Inspections, Inc.

The identified small business is an eligible WOSB for the WOSB Program, as set forth in 13 C.F.R. part 127 and has been certified as such by an SBA approved Third Party Certifier pursuant to the Third Party Agreement, dated June 30, 2011, and available at www.sba.gov/wosb.

The WOSB Certification expires on the date herein unless there is a change to the SBA's regulation that makes the WOSB ineligible or there is a change in the WOSB that makes the WOSB ineligible. If either occurs, this WOSB Certification is immediately invalid. The WOSB must not misrepresent its certification status to any other party, including any local or State government or contracting official or the Federal government or any of its contracting officials.

Majority Female Owner: Cynthia Paletz
NAICS: 238160 UNSPSC: 72101601
Certification Number: WOSB231944
Renewal Date: October 9, 2025
WOSB Regulation Expiration Date: 10/9/2026



A handwritten signature in black ink, appearing to read "Nancy Allen".

Nancy Allen, Women's Business Enterprise Council Florida President & CEO

A handwritten signature in black ink, appearing to read "Pamela Prince-Easton".

Pamela Prince-Easton, WBENC President & CEO

A handwritten signature in black ink, appearing to read "LaKesha White".

LaKesha White, Sr. Vice President, Certification

Exhibit "B"

Paletz Roofing and Inspections Inc. Response

Pricing unsealed at Sep 30, 2025 2:30 PM

CONTACT INFORMATION

Company

Paletz Roofing and Inspections Inc.

Email

tyler@paletzroofing.com

Contact

Tyler Paletz

Address

10428 State Road 84 Suite 7

Davie, FL 33324

Phone

(954) 993-0953

Website

www.paletzroofing.com

Submission Date

Sep 30, 2025 7:26 AM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Sep 8, 2025 12:13 PM by Tyler Paletz

Addendum #2

Confirmed Sep 8, 2025 12:14 PM by Tyler Paletz

Addendum #3

Confirmed Sep 27, 2025 9:44 AM by Tyler Paletz

Addendum #4

Confirmed Sep 27, 2025 9:44 AM by Tyler Paletz

QUESTIONNAIRE

1. CONFIRMATION TO BIND

1.1. I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.*

Confirmed

Pass Fail

2. CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE

NOTE: Vendors are not required to purchase any additional insurance in order to submit a bid. However, they must certify that they either currently hold, or are able and willing to obtain, all required insurance coverages, endorsements, and limits prior to award and execution of the contract.

2.1. I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.*

Confirmed

Pass Fail

2.2. Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?*

Exhibit "B"

Yes

Pass Fail

2.3. Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?*

Yes

Pass Fail

2.3.1. Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.*

[The City of Pembroke Pines Paletz Roofing And Inspections, Inc August 25-26 without form 9-18-2025 196218877.pdf](#)

Pass Fail

2.4. Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?*

No

Pass Fail

2.5. Do you plan on using subcontractors for this project?*

No

Pass Fail

3. REFERENCE # 1

The minimum experience for this project is **five (5) years**. Provide specific examples of similar experience conducting licensed work of equal or similar scope of work, preferably delivered by the proposed team members. A **minimum of 3** references should be from the last **five years** and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications. In this section you will have the ability to enter information for 5 different references including their contact details and specific project information.

Please note that the City prefers references who are not current employees of the City of Pembroke Pines, as we generally do not contact our own employees for reference checks.

Proposers are advised to confirm that:

1. Each reference provided by the Respondent has up to date contact persons and contact information;
2. The contact person provided for each reference is someone who has personal knowledge of the Proposer's performance during the referenced project; and
3. The contact person for each reference has been contacted by the Proposer regarding this specific bid submittal and such person confirmed their willingness to serve as a reference.

3.1. Reference Contact Information - Name of Firm, City, County or Agency*

Pass Fail

Wimbledon at Jacaranda, Plantation, FL

3.2. Reference Contact Information - Reference's Business Address*

Pass Fail

820 South State Rd 7 Plantation FL 33317

3.3. Reference Contact Information - Reference's Contact Name & Title*

Pass Fail

Ricky- HOA Board

3.4. Reference Contact Information - Reference's E-mail Address*

Pass Fail

info@wbmanage.com

3.5. Reference Contact Information - Reference's Phone Number*

Pass Fail

9544511441

3.6. Project Information - Was your firm the prime contractor for the listed project?*

Pass Fail

Yes

3.7. Project Information - Name of Contactor Performing the Work*

Pass Fail

Paletz Roofing

3.8. Project Information - Name and location of the project*

Pass Fail

Wimbledon at Jacaranda

3.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for*

Pass Fail

Exhibit "B"

Re-roofing

3.10. Project Information - Project Duration*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6 Months	
3.11. Project Information - Completion (Anticipated) Date*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10/24	
3.12. Project Information - Size of Project*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
150000 SF	
3.13. Project Information - Cost of Project*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
950k	
4. REFERENCE # 2	
4.1. Reference Contact Information - Name of Firm, City, County or Agency*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
RK Centers	
4.2. Reference Contact Information - Reference's Business Address*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
17100 Collins Ave. Sunny Isles, FL	
4.3. Reference Contact Information - Reference's Contact Name & Title*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Chris Eterno- PM	
4.4. Reference Contact Information - Reference's E-mail Address*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ChrisE@rkcenters.com	
4.5. Reference Contact Information - Reference's Phone Number*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
9548549033	
4.6. Project Information - Was your firm the prime contractor for the listed project?*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Yes	
4.7. Project Information - Name of Contactor Performing the Work*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Paletz Roofing	
4.8. Project Information - Name and location of the project*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Crunch Fitness- Hallandale Beach	
4.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Reroofing	
4.10. Project Information - Project Duration*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
3 months	
4.11. Project Information - Completion (Anticipated) Date*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5/25	
4.12. Project Information - Size of Project*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
65000	
4.13. Project Information - Cost of Project*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
650000	
5. REFERENCE # 3	
5.1. Reference Contact Information - Name of Firm, City, County or Agency*	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Emerald Oaks HOA	

Exhibit "B"

5.2. Reference Contact Information - Reference's Business Address* 2500 Hollywood Blvd. Suite 314	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.3. Reference Contact Information - Reference's Contact Name & Title* Allen- HOA President	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.4. Reference Contact Information - Reference's E-mail Address* sludwig@vestapropertyservices.com	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.5. Reference Contact Information - Reference's Phone Number* 3057102013	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.6. Project Information - Was your firm the prime contractor for the listed project?* Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.7. Project Information - Name of Contactor Performing the Work* Paletz Roofing	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.8. Project Information - Name and location of the project* Emerald Oaks- Hollywood, FL	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for* reroofing	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.10. Project Information - Project Duration* 1 year	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.11. Project Information - Completion (Anticipated) Date* 9/26	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.12. Project Information - Size of Project* 300000SF	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
5.13. Project Information - Cost of Project* 4 Million	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6. REFERENCE # 4	
6.1. Reference Contact Information - Name of Firm, City, County or Agency na	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.2. Reference Contact Information - Reference's Business Address na	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.3. Reference Contact Information - Reference's Contact Name & Title na	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.4. Reference Contact Information - Reference's E-mail Address na	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.5. Reference Contact Information - Reference's Phone Number na	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.6. Project Information - Was your firm the prime contractor for the listed project? No	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
6.7. Project Information - Name of Contactor Performing the Work na	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Exhibit "B"

6.8. Project Information - Name and location of the project	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
6.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
6.10. Project Information - Project Duration	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
6.11. Project Information - Completion (Anticipated) Date	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
6.12. Project Information - Size of Project	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
6.13. Project Information - Cost of Project	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7. REFERENCE # 5	
7.1. Reference Contact Information - Name of Firm, City, County or Agency	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.2. Reference Contact Information - Reference's Business Address	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.3. Reference Contact Information - Reference's Contact Name & Title	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.4. Reference Contact Information - Reference's E-mail Address	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.5. Reference Contact Information - Reference's Phone Number	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.6. Project Information - Was your firm the prime contractor for the listed project?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
No	
7.7. Project Information - Name of Contactor Performing the Work	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.8. Project Information - Name and location of the project	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.10. Project Information - Project Duration	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.11. Project Information - Completion (Anticipated) Date	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.12. Project Information - Size of Project	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	
7.13. Project Information - Cost of Project	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
na	

Exhibit "B"

8. PROJECT DOCUMENTS

8.1. PROPOSERS BACKGROUND INFORMATION FORM*

1. Please download the attached document, complete all required fields, and upload the completed form here.

Pass Fail

 [Proposers Background Information Form_\(1\).xlsx](#)

 [Proposers Background Information Form_\(1\)_PP.xlsx](#)

8.2. PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)

Pass Fail

1. In the event that your total cumulative base proposal amount exceeds \$200,000, a Proposal Security shall be in an amount not less than of 5% of the total cumulative base amount proposed.
2. Therefore, proposal should be accompanied by a certified or cashier's check or by a Bid Bond made payable to the City of Pembroke Pines on an approved form, duly executed by the Proposer as principal and having as surety thereon a surety company acceptable to CITY and authorized to write such Bond under the laws of the State of Florida.
3. Contingency is not to be counted in the total amount the proposal security is based on.
4. Proposers must submit a scanned copy of their bid security (bid bond form or cashier's check) with their bid submittal through OpenGov.
5. Proposers should also submit their original bid security (bid bond form or cashier's check) at time of the bid due date, or they may be deemed as non-responsive.
6. The original Bid Bond or Cashier's Check should be in a sealed envelope, plainly marked "**BID SECURITY - PSPW-25-11 Roof Replacement of City Wide Roofs**" and sent to the City of Pembroke Pines, City Clerk's Office, 4th Floor, 601 City Center Way, Pembroke Pines, Florida, 33025.
7. Please see [SPECIAL TERMS & CONDITIONS](#) of this document for additional information.

 [Bid_Bond_Paletz.pdf](#)

9. SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)

9.1. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Sworn Statement on Public Entity Crimes.pdf](#)

 [Sworn_Statement_- Paletz.pdf](#)

9.2. Public Entity Crimes Status*

Pass Fail

- Which option did you select on the Sworn Statement on Public Entity Crimes Form:
 - A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - B1) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)
 - B2) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)
 - B3) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

A) No convictions.

9.3. Did you select option B1 or B2 above?*

Pass Fail

No

9.4. Did you select option B3 above?*

Pass Fail

No

10. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Exhibit "B"

10.1. EQUAL BENEFITS CERTIFICATION FORM*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

[!\[\]\(9744027c2462738a4b8ec7d9c6615183_img.jpg\) Equal_Benefits_Certification_Form.pdf](#)

[!\[\]\(5e17ffbca1f899607873677550e81004_img.jpg\) Equal_Benefits_Paletz.pdf](#)

10.2. Equal Benefits Status*

Pass Fail

- Which option did you select on the Equal Benefits Certification Form:
 - A. Contractor currently complies with the requirements of this section; or
 - B. Contractor will comply with the conditions of this section at the time of contract award; or
 - C. Contractor will not comply with the conditions of this section at the time of contract award; or
 - D. Contractor does not comply with the conditions of this section because of the following allowable exemption (Check only one box below):
 - 1. The Contractor does not provide benefits to employees' spouses in traditional marriages;
 - 2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;
 - 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;
 - 4. The Contractor is a governmental agency;

A) Contractor currently complies.

10.3. Did you select option D2 above?*

Pass Fail

No

11. DRUG-FREE WORKPLACE CERTIFICATION

11.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

[!\[\]\(4945c270a84299e830fccf8bc8af6c34_img.jpg\) Vendor_Drug-Free_Workplace_Certification_Form.pdf](#)

[!\[\]\(87a5c5a1c76280c2f1cd158a8009530f_img.jpg\) Drug_Free_Paletz.pdf](#)

11.2. Drug-Free Status*

Pass Fail

Complies fully.

12. STANDARD DOCUMENTS

The following documents are standard documents that the City generally requires for every solicitation. As a result, we recommend vendors to keep these documents updated and readily available so that they can be easily uploaded for each project that the vendor would like to participate in. In the event that the City does not have one of the forms or documents listed below for your company, the City may reach out to your company after the bid has closed to obtain the document(s).

12.1. NON-COLLUSIVE AFFIDAVIT*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

[!\[\]\(4b701b1e00e1a735f374a8d46b5c17db_img.jpg\) Non-Collusive_Affidavit.pdf](#)

[!\[\]\(4569929a76afd5c60cfbed9364ba621a_img.jpg\) Non-Collusive_Paletz.pdf](#)

12.2. SCRUTINIZED COMPANY CERTIFICATION*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

[!\[\]\(1e2ef454b839a5fb0e14211fa5fe8991_img.jpg\) Scrutinized_Company_Certification.pdf](#)

[!\[\]\(343d79330d3bc70830dcd18dc807d8ca_img.jpg\) Scrut_Paletz.pdf](#)

12.3. E-VERIFY SYSTEM CERTIFICATION*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

Exhibit "B"

2. Effective January 1, 2021, pursuant to Section 448.095. Florida Statutes, the City may not enter into a contract with a vendor/contractor/subcontractor unless that vendor/contractor/subcontractor is registered with and uses the E- Verify system administered by the U.S. Department of Homeland Security ("DHS").
3. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

 [E-Verify System Certification Statement.pdf](#)

 [E-verify_Paletz.pdf](#)

12.4. HUMAN TRAFFICKING AFFIDAVIT*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Human Trafficking Affidavit.pdf](#)

 [Human_Traf_Paletz.pdf](#)

13. VENDOR REGISTRATION

13.1. Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?*

Pass Fail

- The City of Pembroke Pines utilizes OpenGov as its e-Procurement platform for solicitation and bid submission purposes. However, please be advised that **vendor registration for onboarding and processing payments is handled separately** through the City's Accounts Payable Division using **PaymentWorks**, a secure online vendor management platform.
- All vendors that will be submitting invoices and requiring payments from the City are required to register on the PaymentWorks platform. If the vendor is not currently registered with the City via PaymentWorks and does not have a Vendor Number, the City will have to invite the vendor to register.
- For formal solicitations such as this project, the Procurement Department will send PaymentWorks registration invitations to vendor(s) who are under active consideration for award. Please be aware that not all vendors who submit proposals will receive an invitation, in order to manage system usage and avoid onboarding vendors who are unlikely to receive payments from the City.
- Invitations will typically be sent to the contact listed on the submitted Vendor Information Form.

No

13.2. VENDOR INFORMATION FORM*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

 [Vendor Information Form.pdf](#)

 [Vendor_Form_Paletz.pdf](#)

13.3. FORM W-9 (REVISED MARCH 2024)*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Note - Please use the March 2024 version of the form as previously dated versions of this form may delay the processing of any payments to the selected vendor.

 [Form_W-9_\(Rev_March_2024\).pdf](#)

 [W-9_Paletz.pdf](#)

14. OPTIONAL DOCUMENTATION

14.1. TRADE SECRETS

1. The Proposer's response to this solicitation is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this solicitation and the Contract to be executed for this solicitation, subject to the provisions of Chapter 119.07 of the Florida Statutes.
2. Any language contained in the Proposer's response to the solicitation purporting to require confidentiality of any portion of the Proposer's response to the solicitation, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the solicitation constitutes a Trade Secret.
3. EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE SOLICITATION AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE SOLICITATION OR ANY PART THEREOF AS COPYRIGHTED. ALL DOCUMENTS THAT THE FIRM PURPORTS TO BE

Exhibit "B"

CONFIDENTIAL, PROPRIETARY OR A TRADE SECRET SHALL BE UPLOADED TO THE OPENGOV WEBSITE AS A SEPARATE ATTACHMENT, IN THIS SECTION, CLEARLY IDENTIFYING THE EXEMPTION BEING CLAIMED UNDER FLORIDA STATUTES 119.07.

4. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records.

No response submitted

14.2. FINANCIAL STATEMENTS

1. The City is **NOT** requesting the vendor to submit any financial statements for this project and prefers if the vendor does not submit financial statements. In addition, if the City needs a copy of the vendor's financial statements, the City can contact the vendor after the bid due date to request those documents. However, if the vendor does submit the financial statements, they should be uploaded in this section.
2. Any claim of confidentiality on financial statements must be asserted at the time of submittal. The firm must identify the specific statute that authorizes the exemption from the Public Records Law. Please note that the financial statement exemption provided for in Section 119.071(1)c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

No response submitted

14.3. ALTERNATIVES

1. If you are submitting an alternative product, please upload any related information in this section (such as specification sheets, etc.).
2. In addition, pursuant to the "**Brand Names**" Section included in the GENERAL TERMS AND CONDITIONS Section if and wherever in the specifications a brand name, make, name of manufacturer, trade name, or vendor catalog number is mentioned, it is for the purpose of establishing a grade or quality of material only. Since the City does not wish to rule out other competition and equal brands or makes, the phrase "OR EQUAL" is added. However, if a product other than that specified is bid, Proposers shall indicate on their proposal and clearly state the proposed substitution and deviation. It is the vendor's responsibility to provide any necessary documentation and samples within their bid submittal to prove that the product is equal to that specified. Such samples are to be furnished before the date of bid opening, unless otherwise specified. Additional evidence in the form of documentation and samples may be requested if the proposed brand is other than that specified. The City retains the right to determine if the proposed brand shall be considered as an approved equivalent or not.

No response submitted

14.4. ADDITIONAL INFORMATION

1. Please provide any additional information that you deem necessary to complete your proposal in this section, if it has not been requested in another section.

No response submitted

14.5. PROFESSIONAL LICENSES

Pass Fail

1. If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation. The following licensing requirements shall apply when the applicable Florida statute mandates specific licensing for Contractors engaged in the type of work covered by this solicitation.
 - A. State of Florida, Department of Professional Regulation, Construction Industries Licensing Board and licensed by other federal, state, regional, county or municipal agencies having jurisdiction over the specified construction work.
 - B. Said licenses shall be in the Firm's name as it appears on the OpenGov registration and as appropriately registered with the applicable licensing entity. Proposer shall supply appropriate license numbers, with expiration dates, as part of their bid. Failure to hold and provide proof of proper licensing, certification and registration may be grounds for rejection of the bid.
 - C. Subcontractors contracted by the Prime Contractor shall be licensed in their respective fields to obtain construction permits as necessary. Said licenses must be in the name of the subcontractor.

 [3_PALETZ_STATE_LICENSE.pdf](#)

15. VENDOR CLASSIFICATION

15.1. Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?*

Pass Fail

1. The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:
 1. "**Local Pembroke Pines Vendor**" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines, **OR**;
 2. "**Local Broward County Vendor**" shall mean or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal

Exhibit "B"

solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.

2. A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the Local Pembroke Pines Vendor(s); A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the Local Broward County Vendor(s).

Yes

15.1.1. Please indicate your Local Vendor Status*

Pass Fail

Local Broward County Vendor (LBCV)

15.1.2. Local Vendor Preference Certification*

Pass Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.

[Local Vendor Preference Certification.pdf](#)

[Local Vendor Paletz.pdf](#)

15.1.3. Local Business Tax Receipts*

Pass Fail

1. If claiming Local Vendor Preference, please upload any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

[1 BUSINESS TAX RECEIPT \(002\).pdf](#)

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

Pass Fail

1. The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation.

2. A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the Veteran Owned Small Business (VOSB).

No

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

Pass Fail

No

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

Pass Fail

Yes

15.4.1. WMBE Certification Documentation*

Pass Fail

1. Upload your WMBE Certification Documentation here, preferably with the State of Florida's Office of Supplier Diversity. If you have multiple WMBE certifications, please combine them into one (1) document and upload.

[WBENC Certificate Expires 10.09.2025.pdf](#)

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

Pass Fail

No

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

Pass Fail

No

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

Pass Fail

No

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

Pass Fail

No

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

Pass Fail

No

Exhibit "B"

PRICE TABLES

Locations

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
1	Rose G price Park	1	Lump Sum	\$111,500.00	\$111,500.00	
2	R&R Village 1461	1	Lump Sum	\$29,290.00	\$29,290.00	
3	West Campus Building I	1	Lump Sum	\$132,350.00	\$132,350.00	
4	Central Campus Building Y	1	Lump Sum	\$129,250.00	\$129,250.00	
5	FSU Building C	1	Lump Sum	\$107,550.00	\$107,550.00	
Total						\$509,940.00

Payment & Performance Bond

Line Item	Description	Unit of Measure	Percentage	Vendor N...
1	Cost to provide a payment & performance bond for this project, in the form of a percent	Percent	2%	

Additional Work

Exhibit "B"

R&R Village (Optional Additional Work)

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
1	1/2 Plywood overlay over existing wood deck	1	Per Square Foot	\$6,100.00	\$6,100.00	
	Total				\$6,100.00	