

| Question   | East to West Development Corporation                                 | Community Redevelopment Associates of FL, Inc.   | iLab Startup Foundation           |
|--|--|--|-----------------------------------|
| <b>CONFIRMATION TO BIND</b>  |  |  |                                   |
| I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.  | Confirmed  | Confirmed  | Confirmed                         |
| <b>CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE</b>   |  |  |                                   |
| I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.   | Confirmed  | Confirmed  | Confirmed                         |
| Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included? | Yes  | Yes  | Yes                               |
| Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?  | Yes  | Yes  | Yes                               |
| Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.  | Included   | Included   | Included                          |
| Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.  |  |  |                                   |
| Please upload your current certificate(s) of insurance.  |  |  |                                   |
| Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?   | No   | No   | Yes                               |
| Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.  |  |  | Included                          |
| Do you plan on using subcontractors for this project?  | No   | No   | No                                |
| Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?   | Yes  |  | Yes                               |
| <b>PROJECT DOCUMENTS</b>   |  |  |                                   |
| PROPOSERS BACKGROUND INFORMATION FORM  | Included   | Included   | Included                          |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)   |  |  |                                   |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM   | Included   | Included   | Included                          |
| Public Entity Crimes Status  | A) No convictions.   | A) No convictions.   | A) No convictions.                |
| Did you select option B1 or B2 above?  | No   | No   | No                                |
| Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.  |  |  |                                   |
| Did you select option B3 above?  | No   | No   | No                                |
| Please describe any action taken by or pending with the Department of General Services.  |  |  |                                   |
| EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES   |  |  |                                   |
| EQUAL BENEFITS CERTIFICATION FORM  | Included   | Included   | Included                          |
| Equal Benefits Status  | A) Contractor currently complies.                                    | A) Contractor currently complies.  | A) Contractor currently complies. |
| Did you select option D2 above?  | No   | No   | No                                |
| Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the each employee awarded.  |  |  |                                   |
| DRUG-FREE WORKPLACE CERTIFICATION  |  |  |                                   |
| VENDOR DRUG FREE WORKPLACE CERTIFICATION   | Included   | Included   | Included                          |
| Drug-Free Status   | Complies fully.  | Complies fully.  | Complies fully.                   |
| <b>STANDARD DOCUMENTS</b>  |  |  |                                   |
| NON-COLLUSIVE AFFIDAVIT  | Included   | Included   | Included                          |
| SCRUTINIZED COMPANY CERTIFICATION  | Included   | Included   | Included                          |
| E-VERIFY SYSTEM CERTIFICATION  | Included   | Included   | Included                          |
| HUMAN TRAFFICKING AFFIDAVIT  | Included   | Included   | Included                          |
| VENDOR REGISTRATION  | Included   | Included   | Included                          |
| Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?  | No   | Yes  | No                                |
| What is your Vendor Number?  |  | #3646 Our UEI is NS4L0376EAS, CAGE #52G05 Please see uploaded documents "SAM and FSD documents including EAM Letter" related to registration issues.   |                                   |
| VENDOR INFORMATION FORM  | Included   | Included   | Included                          |
| FORM W-9 (REVISED MARCH 2024)  | Included   | Included   | Included                          |
| <b>OPTIONAL DOCUMENTATION</b>  |  |  |                                   |
| TRADE SECRETS  |  |  |                                   |
| FINANCIAL STATEMENTS   |  |  |                                   |
| ALTERNATIVES   |  |  |                                   |
| ADDITIONAL INFORMATION   | Cover letter and Resumes<br>State Certification<br>FRA Certification | Code of Ethics - Conflict<br>Environmental Review Policies, Procedures and Training<br>Example Calendar<br>Fee Schedule<br>Firm History<br>Letter of Interest<br>Previous And Current Clients List<br>Ship and CDBG Expenditures homeowners Assisted<br>Staff Qualification<br>State Registration<br>Real Estate License | Workers Comp Letter               |
| <b>PROFESSIONAL LICENSES</b>   |  |  |                                   |
| <b>VENDOR CLASSIFICATION</b>   |  |  |                                   |
| Please indicate your Local Vendor Status   | N/A  | N/A  | N/A                               |
| Local Vendor Preference Certification  | N/A  | N/A  | N/A                               |
| Local Business Tax Receipts  | N/A  | Broward - 09-30-2026   | N/A                               |
| Is your firm a Veteran Owned Small Business (VOSB)?  | No   | No   | No                                |
| Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)   | N/A  | N/A  | N/A                               |
| Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)   | N/A  | N/A  | N/A                               |
| Is your firm a Minority-Owned Business Enterprise (MBE)?   | No   | No   | No                                |
| Please indicate the classification of your Minority-Owned Business Enterprise (MBE)  | N/A  | N/A  | N/A                               |
| MBE Certification Documentation  | N/A  | N/A  | N/A                               |
| Is your firm a Woman-Owned Business Enterprise (WBE)?  | No   | No   | No                                |
| WMBE Certification Documentation   | N/A  | N/A  | N/A                               |
| Is your firm a HubZone Business / Labor Surplus Area Firm?   | No   | No   | No                                |
| HubZone Business / Labor Surplus Area Firm Certification Documentation   | N/A  | N/A  | N/A                               |
| Is your firm a Broward County Small Business Enterprise (SBE)?   | No   | No   | No                                |
| SBE Certification Documentation  | N/A  | N/A  | N/A                               |
| Is your firm a Broward County Business Enterprise (CBE)?   | No   | No   | No                                |
| CBE Certification Documentation  | N/A  | N/A  | N/A                               |
| Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?   | No   | No   | No                                |
| DBE Certification Documentation  | N/A  | N/A  | N/A                               |
| Does your firm have a Vendor Classification that was not listed above?   | No   | No   | No                                |
| Other Vendor Classification Certification Documentation  | N/A  | N/A  | N/A                               |
| <b>FEDERAL DOCUMENTS</b>   |  |  |                                   |
| Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds  | Included   | Included   | Included                          |
| Are you currently registered as an active entity on SAM.gov (System for Award Management)?   | Yes  | No   | Yes                               |
| If yes, please provide your Unique Entity ID (UEI)   | EAB1WBRLRMS9   | N/A  | K29LBM9AW6X7                      |
| What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)   | 11/41/2028 (currently in process, so expiration date unknown)        | N/A  | 05/20/2026                        |
| Proof of Registration Upload   | Included   | Included   | Included                          |
| Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?   | No   | No   | No                                |
| If yes, please provide an explanation.   | N/A  | N/A  | N/A                               |
| If yes, please upload any relevant documentation, if applicable.   | N/A  | N/A  | N/A                               |
| Form 1 of HUD Section 3 Implementation Plan  | Included   | Included   | Included                          |
| I certify that the information provided above is true and correct to the best of my knowledge. I understand that false or misleading statements may disqualify this bid and subject the entity to federal penalties.   | Confirmed  | Confirmed  | Confirmed                         |

| Question   | Hillmann Development Advisors  | Housing Foundation of America, Inc. | AG Urban LLC                      |
|--|--|-------------------------------------|-----------------------------------|
| <b>CONFIRMATION TO BIND</b>  |  |                                     |                                   |
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| I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.   | Confirmed  | Confirmed                           | Confirmed                         |
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| Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?  | Yes  | Yes                                 | Yes                               |
| Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.  | Included   | Included                            | Not Included                      |
| Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.  |  |                                     |                                   |
| Please upload your current certificate(s) of insurance.  |  |                                     |                                   |
| Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?   | No   | No                                  | No                                |
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| Do you plan on using subcontractors for this project?  | No   | Yes                                 | No                                |
| Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?   |  | Yes                                 |                                   |
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| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM   | Included   | Included                            | Included                          |
| Public Entity Crimes Status  | A) No convictions.   | A) No convictions.                  | A) No convictions.                |
| Did you select option B1 or B2 above?  | No   | No                                  | No                                |
| Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.  |  |                                     |                                   |
| Did you select option B3 above?  | No   | No                                  | No                                |
| Please describe any action taken by or pending with the Department of General Services.  |  |                                     |                                   |
| EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES   |  |                                     |                                   |
| EQUAL BENEFITS CERTIFICATION FORM  | Included   | Included                            | Included                          |
| Equal Benefits Status  | A) Contractor currently complies.  | A) Contractor currently complies.   | A) Contractor currently complies. |
| Did you select option D2 above?  | No   | No                                  | No                                |
| Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.   |  |                                     |                                   |
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| SCRUTINIZED COMPANY CERTIFICATION  | Included   | Included                            | Included                          |
| E-VERIFY SYSTEM CERTIFICATION  | Included   | Included                            | Included                          |
| HUMAN TRAFFICKING AFFIDAVIT  | Included   | Included                            | Included                          |
| VENDOR REGISTRATION  | Included   | Included                            | Included                          |
| Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?  | No   | No                                  | No                                |
| What is your Vendor Number?  |  |                                     |                                   |
| VENDOR INFORMATION FORM  | Included   | Included                            | Included                          |
| FORM W-9 (REVISED MARCH 2024)  | Included   | Included                            | Included                          |
| <b>OPTIONAL DOCUMENTATION</b>  |  |                                     |                                   |
| TRADE SECRETS  |  |                                     |                                   |
| FINANCIAL STATEMENTS   |  |                                     |                                   |
| ALTERNATIVES   |  |                                     |                                   |
| ADDITIONAL INFORMATION   | Commercial and Pollution Excess Follow Form<br>Annual Report<br>Corporation Letter | HFA Letter Head<br>SunBiz           |                                   |
| PROFESSIONAL LICENSES  |  |                                     |                                   |
| <b>VENDOR CLASSIFICATION</b>   |  |                                     |                                   |
| Please indicate your Local Vendor Status   | N/A  | N/A                                 | N/A                               |
| Local Vendor Preference Certification  | N/A  | N/A                                 | N/A                               |
| Local Business Tax Receipts  | N/A  | N/A                                 | N/A                               |
| Is your firm a Veteran Owned Small Business (VOSB)?  | No   | No                                  | No                                |
| Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)   | N/A  | N/A                                 | N/A                               |
| Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)   | N/A  | N/A                                 | N/A                               |
| Is your firm a Minority-Owned Business Enterprise (MBE)?   | No   | No                                  | No                                |
| Please indicate the classification of your Minority-Owned Business Enterprise (MBE)  | N/A  | N/A                                 | N/A                               |
| MBE Certification Documentation  | N/A  | N/A                                 | N/A                               |
| Is your firm a Woman-Owned Business Enterprise (WBE)?  | No   | No                                  | No                                |
| WMBE Certification Documentation   | N/A  | N/A                                 | N/A                               |
| Is your firm a HubZone Business / Labor Surplus Area Firm?   | No   | No                                  | No                                |
| HubZone Business / Labor Surplus Area Firm Certification Documentation   | N/A  | N/A                                 | N/A                               |
| Is your firm a Broward County Small Business Enterprise (SBE)?   | No   | No                                  | No                                |
| SBE Certification Documentation  | N/A  | N/A                                 | N/A                               |
| Is your firm a Broward County Business Enterprise (CBE)?   | No   | No                                  | No                                |
| CBE Certification Documentation  | N/A  | N/A                                 | N/A                               |
| Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?   | No   | No                                  | No                                |
| DBE Certification Documentation  | N/A  | N/A                                 | N/A                               |
| Does your firm have a Vendor Classification that was not listed above?   | No   | No                                  | No                                |
| Other Vendor Classification Certification Documentation  | N/A  | N/A                                 | N/A                               |
| <b>FEDERAL DOCUMENTS</b>   |  |                                     |                                   |
| Certification Regarding Lobbying: Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds  | Included   | Included                            | Included                          |
| Are you currently registered as an active entity on SAM.gov (System for Award Management)?   | No   | Yes                                 | Yes                               |
| If yes, please provide your Unique Entity ID (UEI)   | Not included   | PQRSTUVWXYZ                         | 33-4591257                        |
| What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)   | Not included   | 05/28/2026                          | 10/01/2026                        |
| Proof of Registration Upload   | Not included   | Included                            | Included                          |
| Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?   | No   | No                                  | No                                |
| If yes, please provide an explanation.   | N/A  | N/A                                 | N/A                               |
| If yes, please upload any relevant documentation, if applicable.   | N/A  | N/A                                 | N/A                               |
| Form 1 of HUD Section 3 Implementation Plan  | Included   | Included                            | Included                          |
| I certify that the information provided above is true and correct to the best of my knowledge. I understand that false or misleading statements may disqualify this bid and subject the entity to federal penalties.   | Confirmed  | Confirmed                           | Confirmed                         |