

# Exhibit "B"

## PRICE TABLES

### Primary Response

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
1-1	Lump Sum Cost for Turnkey Demolition & Installation	1	Lump Sum	\$487,663.85	\$487,663.85	
Total					\$487,663.85	

### Alternate Response

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
2-1	Lump Sum Cost for Turnkey Demolition & Installation (Alternate)	1	Lump Sum	\$0.00	\$0.00	No alternatives
Total					\$0.00	

### Payment & Performance Bond

Line Item	Description	Unit of Measure	Percentage
3-1	Cost to provide a Payment & Performance Bond for the project, in the form of a percent	Percent	3%



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/29/2025

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).

<b>PRODUCER</b> Advantage Insurance of America 4520 NW 7th St  Miami FL 33126		<b>CONTACT</b> NAME: Marta Acosta PHONE (A/C, No, Ext): (305) 649-5566 FAX (A/C, No): (305) 649-5559 E-MAIL ADDRESS: marta@advantageinsuranceofamerica.com	
<b>INSURED</b> CON-MECH INC 9802 NW 80th Ave. UNIT 38 Hialeah FL 33016		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Scottsdale Ins Company NAIC # 41297 INSURER B: INFINITY COMMERCIAL AUTO 11738 INSURER C: KINSALE INSURANCE COMPANY 38920 INSURER D: ASCENDANT UNDERWRITERS 13683 INSURER E: INSURER F:	

**COVERAGES****CERTIFICATE NUMBER:****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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CPS8171458	03/21/2025	03/21/2026	EACH OCCURRENCE \$ 1,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000. MED EXP (Any one person) \$ 5,000. PERSONAL & ADV INJURY \$ 1,000,000. GENERAL AGGREGATE \$ 2,000,000. PRODUCTS - COMP/OP AGG \$ 2,000,000. \$								
	B						<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	50006499801	04/21/2025	04/21/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$				
							C				<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	0100373957-0	05/30/2025	04/21/2026	EACH OCCURRENCE \$ 4000000 AGGREGATE \$ 4000000 \$
											D				<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input checked="" type="checkbox"/> N N / A

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

MECHANICAL CONTRACTOR / AIR CONDITIONING SERVICES

2018 FORD TRANSIT T-150 CARGO 1FTYE9ZM5JKB20669. 2019 FORD TRANSIT T-250 CARGO 1FTYR2CM8KKB64297

State Certified Mechanical Contractor License CMC1250619. City of Pembroke Pines is listed as an additional insured. Excess Liability applied to the Commercial Auto

Policy:

**CERTIFICATE HOLDER**City of Pembroke Pines  
8300 South Palm Drive  
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

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# 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.	Yudel Cubillas. President. admin@con-mech.com 305-831-6324		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.	Yudel Cubillas. President. admin@con-mech.com 305-831-6324		Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	2017		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2017		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.	N/A		Complete
1.3.2	At what address was that business located?	N/A		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.)	Yes	None of the subcontractors will perform work in excess of 10% of the contract amount.	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.	N/A		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).	N/A		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.	N/A		Complete
Criminal Proceedings or Hearings				

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.	N/A		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.		Over the past three (3) years, Con-Mech, Inc. has successfully completed multiple contracts of similar size and complexity for both municipal and private sector clients throughout South Florida. Our work has included the <b>installation, replacement, and refurbishment of large-capacity Cooling Towers and HVAC systems</b> (20–100 ton units, chillers, cooling towers, DOAS systems, and complex air distribution systems), as well as ongoing <b>preventive maintenance and emergency response services</b> .	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	State of Florida Certified Mechanical Contractor: CMC1250619	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)

Con-Mech, Inc.  
9802 NW 80th Ave., Unit 38  
Hialeah Gardens, FL 33016

### OWNER:

(Name, legal status and address)

City of Pembroke Pines  
8300 South Palm Drive  
Pembroke Pines, FL 33025

BOND AMOUNT: Five Percent of Bid Proposal Submitted

### SURETY:

(Name, legal status and principal place of business)

Merchants National Bonding, Inc.  
Po Box 14498  
Des Moines, Iowa, 50306

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)

Academic Village Cooling Tower - Bid # PSPW-25-10

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 28 day of August, 2025

Con-Mech, Inc.

(Contractor as Principal)

(Seal)

(Witness)

(Title)

Merchants National Bonding, Inc.

(Surety)

(Seal)

(Witness)

(Title) Eduardo Menendez Attorney in Fact & FL Res Agent

**CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.**

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ACD43070810

Init.

**MERCHANTS**  
**BONDING COMPANY™**  
**POWER OF ATTORNEY**

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Charles D Nielson; Christian Collins; David R Hoover; Eduardo Menendez; Jarrett Merlucci; Michael Megahan; Michael Moyer; Taylor Rosenhaus

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and April 27, 2024 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015 and amended on April 27, 2024.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 28th day of March, 2025.



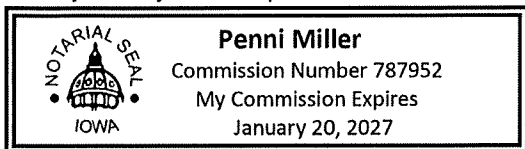
MERCHANTS BONDING COMPANY (MUTUAL)  
MERCHANTS NATIONAL BONDING, INC.  
d/b/a MERCHANTS NATIONAL INDEMNITY COMPANY

By

*Larry Taylor*  
President

STATE OF IOWA  
COUNTY OF DALLAS ss.

On this 28th day of March, 2025, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



(Expiration of notary's commission does not invalidate this instrument)

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 28 day of August, 2025.



*Ata B. Smith*  
Secretary



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

1. This sworn statement is submitted Con-Mech, Inc  
(name of entity submitting sworn statement) whose business address is  
9802 NW 80th Ave. Unit 38. Hialeah Gardens, FL 33016  
and (if applicable) its Federal Employer Identification Number (FEIN) is  
81-4945498. (If the entity has no FEIN, include the Social Security  
Number of the individual signing this sworn statement: \_\_\_\_\_.)
2. My name is Yudel Cubillas and my  
(Please print name of individual signing)  
relationship to the entity named above is 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

Con-Mech, Inc

Company

08/31/2025

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;



☐ 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: Con-Mech, Inc

AUTHORIZED OFFICER NAME / SIGNATURE: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Sebel.", written over a horizontal line.



## 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:

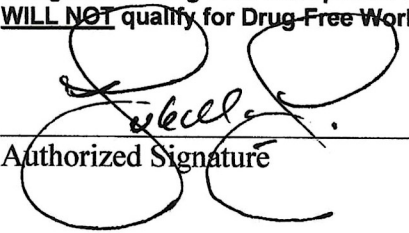
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about 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

**Yudel Cubillas**  
Authorized Signer Name

**Con-Mech, Inc**  
Company Name





**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the

Officer

(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

Title

Name of Company

  
President

Con-Meh, Inc



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

I, Yudel Cubillas, President, on behalf of Con-Mech, Inc,  
Print Name and Title Company Name  
certify that Con-Mech, 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.

Con-Mech, Inc  
Company Name

Yudel Cubillas  
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.

**Con-Mech, Inc**

COMPANY NAME: \_\_\_\_\_

PRINTED NAME / AUTHORIZED SIGNATURE: \_\_\_\_\_



**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: 08/31/2025

ENTITY: Con-Mech, Inc

SIGNATURE: 

NAME: Yudel Cubillas

TITLE: President

**VENDOR INFORMATION FORM**

MAIN CONTACT INFORMATION			
<b>Company Name (Legal Name as filed with IRS)</b>	Con-Mech, Inc		
<b>Doing Business As (DBA)</b>			
<b>Primary Business Address</b>	9802 NW 80th Ave. Unit 38		
	<b>City:</b>	Hialeah Gardens	
	<b>State:</b>	Florida	<b>Zip:</b> 33016
	<b>Country:</b>	USA	
<b>Remit To Address</b>	Same as Primary Business Address		
	<b>City:</b>		
	<b>State:</b>		<b>Zip:</b>
	<b>Country:</b>		
<b>Order From Address</b>	Same as Primary Business Address		
	<b>City:</b>		
	<b>State:</b>		<b>Zip:</b>
	<b>Country:</b>		
<b>Foreign Entity (Yes/No)</b>	No		
<b>Telephone Number</b>	305-414-6324		
<b>Primary Company E-mail</b>	info@con-mech.com		
<b>Fax</b>	305-848-6324		
<b>Website</b>	www.con-mech.com		
<b>DUNS</b>	080661837		
<b>Independent Contractor (Yes/No)</b>	No		
<b>Identification Number</b>	<b>SSN:</b>		<b>FID:</b> 81-4945498

GENERAL PAYMENT TERMS		
<b>Discount Percent</b> Defines the discount percentage the vendor extends to your organization.	<b>Days to Discount</b> Number of days which payment must be received to claim the discount percent.	<b>Days to Net</b> Number of days that the vendor allows before requiring net payment.
0.5%	10	30

CONTACT # 1	
<b>Contact Name (First &amp; Last Name)</b>	Yudel Cubillas
<b>Description/Title/Position</b>	President
<b>Phone (Voice)</b>	305-831-6324
<b>Phone (Text)</b>	305-831-6324
<b>Fax</b>	305-848-6324
<b>E-mail</b>	admin@con-mech.com

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

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.



# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

Print or type. See Specific Instructions on page 3.	<b>1</b> 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.) <b>Con-Mech, Inc</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> 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. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>5</b> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> 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 <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>9802 NW 80th Ave. Unit 38</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Hialeah Gardens, Florida, 33016</b>	<b>City of Pembroke Pines</b>	
<b>7</b> 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.

<b>Social security number</b>								
			-				-	
or								
<b>Employer identification number</b>								
8	1	-	4	9	4	5	4	9

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person 	Date <b>08/31/2025</b>
------------------	---	------------------------

## 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](http://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 MECHANICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**CUBILLAS, YUDEL**

CON-MECH INC  
3511 NW 6TH ST  
CAPE CORAL FL 33993

**LICENSE NUMBER: CMC1250619**

**EXPIRATION DATE: AUGUST 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](https://MyFloridaLicense.com)

ISSUED: 07/11/2024

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.





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation  
CON-MECH INC

### Filing Information

<b>Document Number</b>	P17000003665
<b>FEI/EIN Number</b>	81-4945498
<b>Date Filed</b>	01/12/2017
<b>Effective Date</b>	01/11/2017
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	11/24/2020
<b>Event Effective Date</b>	11/24/2020

### Principal Address

9802 NW 80TH AVENUE  
UNIT 38  
HIALEAH GARDENS, FL 33016

Changed: 08/30/2019

### Mailing Address

9802 NW 80TH AVENUE  
UNIT 38  
HIALEAH GARDENS, FL 33016

Changed: 08/30/2019

### Registered Agent Name & Address

CUBILLAS, YUDEL  
3511 NW 6TH ST  
CAPE CORAL, FL 33993

Address Changed: 01/05/2022

### Officer/Director Detail

#### **Name & Address**

Title PRES



CUBILLAS, YUDEL  
3511 NW 6TH ST  
CAPE CORAL, FL 33993

Title VP

Chamizo, Yohania  
408 Chiquita Blvd N  
Cape Coral, FL 33993

#### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2023	04/12/2023
2024	01/29/2024
2025	02/27/2025

#### **Document Images**

<a href="#">02/27/2025 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/29/2024 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/12/2023 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/05/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/08/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/24/2020 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">01/20/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/30/2019 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">02/28/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/04/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/12/2017 -- Domestic Profit</a>	<a href="#">View image in PDF format</a>

## Register Entity

Core Data

Assertions

Representations and  
Certifications

Points of Contact

Small Business Certification

Submit Registration

✔ Entity Review

➔ Confirmation Page

### Submit Registration

CON-MECH INC

#### Confirmation Page

Unique Entity ID: PCFEMHYZWQS4

#### Registration Submitted - Confirmation

Sun Aug 31 14:12:12 EDT 2025

You successfully submitted your entity registration. This registration record will remain in Submitted status until all external validations are complete. This process is entirely FREE to you. It is FREE to register and maintain your registration in SAM. It is FREE to get help with your registration.

#### What happens next?

- 1 If you provided a Taxpayer Identification Number (TIN), the Internal Revenue Service (IRS) will conduct a validation of your TIN and Taxpayer Name. This could take two business days. You will get an email from @sam.gov when that review is complete.
- 2 Your registration will then be sent to the Defense Logistics Agency (DLA) Commercial and Government Entity (CAGE) Code system for assignment or validation of your CAGE Code. This also is a FREE service. This step averages two business days, but the DLA CAGE team can take up to ten business days, or longer, in peak periods. You will get an email from @sam.gov when that review is complete.
- 3 If the DLA CAGE team has any questions, they will contact the individual you listed as the Government Business Point of Contact (POC) via email. The email will come from an @dla.mil address. Please tell your Government Business POC to respond right away to any requests from an @dla.mil email. If a timely response is not received, your registration will be returned to SAM and your registration status changed to Work in Progress. You will have to resubmit and provide the requested information to DLA CAGE to continue.
- 4 You will get an email from @sam.gov when your registration passes these external validations and becomes Active. While you are waiting, select Check Status on the SAM.gov homepage to see where your registration is in the review process.
- 5 Remember, it is FREE to register and maintain your registration in SAM. If you get an email from any address that does not end in .gov or .mil, be cautious. If you get an email, text message, or phone call asking for money or payment of any amount, be very cautious. These parties do not represent the U.S. government. You engage third party vendors at your own risk.
- 6 You can get FREE help with your registration by contacting our supporting [Federal Service Desk \(FSD\)](#). In addition, if you are a small business located in the U.S. and its outlying areas, you can get FREE support from your local [APEX Accelerator](#) (formerly known as PTAC), an official resource for government contracting assistance. Go to <https://www.apexaccelerators.us> to find your closest office.

Select [Back to Workspace](#) to be navigated to your Workspace where you can view your entity record and print or save a PDF.

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**General Services  
Administration**

WWW2

### **▲ WARNING**

This is a U.S. General Services Administration Federal Government computer system that is **"FOR OFFICIAL USE ONLY."** This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution. This system contains Controlled Unclassified Information(CUI). All individuals viewing, reproducing or disposing of this information are required to protect in accordance with 32 CFR Part 2002 and GSA Order CIO 2103.2 CUI Policy.

**CERTIFICATION REGARDING LOBBYING;  
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS  
FOR EXPENDITURE OF FEDERAL FUNDS**

**LOBBYING**

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions; and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

\_\_\_\_\_  
Signature of Contractor's Authorized Official

\_\_\_\_\_  
Printed Name and Title of Contractor's Authorized Official

\_\_\_\_\_  
Contractor / Name of Company

\_\_\_\_\_  
Date

---

**DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over **\$25,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

\_\_\_\_\_  
Signature of Contractor's Authorized Official

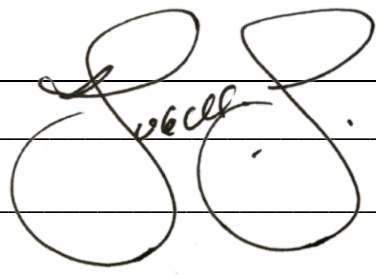
\_\_\_\_\_  
Printed Name and Title of Contractor's Authorized Official

\_\_\_\_\_  
Contractor / Name of Company

\_\_\_\_\_  
Date

**Disclosure of Lobbying Activities**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

<b>1. Type of Federal Action:</b> _____ a. contract _____ b. grant _____ c. cooperative agreement _____ d. loan _____ e. loan guarantee _____ f. loan insurance	<b>2. Status of Federal Action:</b> _____ a. bid / offer / application _____ b. initial award _____ c. post-award	<b>3. Report Type:</b> _____ a. initial filing _____ b. material change  <b>For material change only:</b> Year _____ quarter _____ Date of last report _____
<b>4. Name and Address of Reporting Entity:</b> _____ Prime      _____ Subawardee _____ Tier _____, if Known:   <b>Congressional District, if known:</b>	<b>5. If Reporting Entity in No. 4 is Subawardee,</b> Enter Name and Address of Prime:    <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, <i>if applicable</i> : _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>  \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>	<b>Signature:</b>  <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No.:</b> _____ <b>Date:</b> _____	

## **INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number

# Con-Mech, Inc Response

Pricing unsealed at Sep 2, 2025 2:36 PM

## CONTACT INFORMATION

Company

Con-Mech, Inc

Email

info@con-mech.com

Contact

Yudel Cubillas

Address

9802 NW 80th Ave

Unit 38

Hialeah Gardens, FL 33016

Phone

N/A

Website

<https://www.con-mech.com>

Submission Date

Aug 31, 2025 10:47 PM (Eastern Time)

## ADDENDA CONFIRMATION

✔ Addendum #1

Confirmed Aug 31, 2025 2:36 PM by Yudel Cubillas

✔ Addendum #2

Confirmed Aug 31, 2025 2:36 PM by Yudel Cubillas

✔ Addendum #3

Confirmed Aug 31, 2025 2:36 PM by Yudel Cubillas

✔ Addendum #4

Confirmed Aug 31, 2025 2:36 PM by Yudel Cubillas

✔ Addendum #5

Confirmed Aug 31, 2025 2:36 PM by Yudel Cubillas

✔ Addendum #6

Confirmed Aug 31, 2025 2:36 PM by Yudel Cubillas

## 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?\*

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.\*

☒ Pass ☐ Fail

 [COI\\_Con-Mech.\\_Inc.pdf](#)

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

☒ Pass ☐ Fail

No

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

☒ Pass ☐ Fail

Yes

2.5.1. 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

☒ 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

Effective Property Services

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

☒ Pass ☐ Fail

6815 Biscayne Blvd Ste 103#328 Miami, FL 33138

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

☒ Pass ☐ Fail

Al Soto

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

☒ Pass ☐ Fail

Manager

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

☒ Pass ☐ Fail

305-345-7275



<b>3.6. Project Information - Was your firm the prime contractor for the listed project?*</b> Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>3.7. Project Information - Name of Contactor Performing the Work*</b> Yudel Cubillas (Con-Mech, Inc)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>3.8. Project Information - Name and location of the project*</b> The Grand Condominium Cooling Towers Refurbishment. The Grand Condominium 1717 N Bayshore Dr. Miami, FL 33132	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>3.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for*</b> Provide parts, materials, and labor for the refurbishment of three Cooling Towers (1200 Tons) including basin repairs and water proofing, replacement of fan motors and gear, replacement of piping, replacement of 100HP pump motors, repair of water pumps, VFD installation.	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>3.10. Project Information - Project Duration*</b> 150 days	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>3.11. Project Information - Completion (Anticipated) Date*</b> 06/08/2023	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>3.12. Project Information - Size of Project*</b> Large complex project. Cooling Towers and equipment located in roof top of a 42 stories high-rise building	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>3.13. Project Information - Cost of Project*</b> \$567,345.00	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4. REFERENCE # 2</b>	
<hr/>	
<b>4.1. Reference Contact Information - Name of Firm, City, County or Agency*</b> Ocean 3 Condominium	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4.2. Reference Contact Information - Reference's Business Address*</b> 18911 Collins Ave. Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4.3. Reference Contact Information - Reference's Contact Name &amp; Title*</b> Ron Koenig. Chief Engineer	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4.4. Reference Contact Information - Reference's E-mail Address*</b> allphasemaintenance@yahoo.com	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4.5. Reference Contact Information - Reference's Phone Number*</b> 954-270-3910	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4.6. Project Information - Was your firm the prime contractor for the listed project?*</b> Yes	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4.7. Project Information - Name of Contactor Performing the Work*</b> Yudel Cubillas (Con-Mech, Inc)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4.8. Project Information - Name and location of the project*</b> PAC 1 & PAC 2 Replacement and Cooling Tower Repairs. 18911 Collins Ave. Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for*</b> Provide equipment, parts, materials, and labor for the replacement of two 25 tons Trane Water Source Heat-Pump systems and repairs of cooling tower, including basin repair and water proofing, fan motor replacement, 75 HP motor replacement, spring isolators replacement	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4.10. Project Information - Project Duration*</b> 60 days	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
<hr/>	
<b>4.11. Project Information - Completion (Anticipated) Date*</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

02/15/2025

**4.12. Project Information - Size of Project\***

☒ Pass ☐ Fail

Medium. Complex project. Equipment located at roof of 35 stories high-rise building

**4.13. Project Information - Cost of Project\***

☒ Pass ☐ Fail

\$335,575.00

**5. REFERENCE # 3**

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

☒ Pass ☐ Fail

City of Hollywood Regional Waste Water Treatment Plant

**5.2. Reference Contact Information - Reference's Business Address\***

☒ Pass ☐ Fail

1621 N 14th Ave, Hollywood, FL 33020

**5.3. Reference Contact Information - Reference's Contact Name & Title\***

☒ Pass ☐ Fail

Homero Rodriguez. Maintenance Superintendent

**5.4. Reference Contact Information - Reference's E-mail Address\***

☒ Pass ☐ Fail

hrodriguez@hollywoodfl.org

**5.5. Reference Contact Information - Reference's Phone Number\***

☒ Pass ☐ Fail

954-980-0042

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

☒ Pass ☐ Fail

No

**5.7. Project Information - Name of Contactor Performing the Work\***

☒ Pass ☐ Fail

JCR Mechanical Contractor

**5.8. Project Information - Name and location of the project\***

☒ Pass ☐ Fail

City of Hollywood Regional Water Treatment Plant. 1621 N 14th Ave, Hollywood, FL 33020

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

☒ Pass ☐ Fail

Provide equipment, parts, materials , and labor for the installation of a new 40 Tons Trane RTU system and all related electrical circuit.

**5.10. Project Information - Project Duration\***

☒ Pass ☐ Fail

10 days

**5.11. Project Information - Completion (Anticipated) Date\***

☒ Pass ☐ Fail

09/23/2024

**5.12. Project Information - Size of Project\***

☒ Pass ☐ Fail

Small

**5.13. Project Information - Cost of Project\***

☒ Pass ☐ Fail

\$91,000.00

**6. REFERENCE # 4**

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

☒ Pass ☐ Fail

City of South Miami

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

☒ Pass ☐ Fail

6130 Sunset Drive, South Miami FL 33143

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

☒ Pass ☐ Fail

Elisha Wallace. Administrative Assistant

**6.4. Reference Contact Information - Reference's E-mail Address**☒ Pass ☐ Fail

EWallace@southmiamifl.gov

**6.5. Reference Contact Information - Reference's Phone Number**☒ Pass ☐ Fail

305-668-3875

**6.6. Project Information - Was your firm the prime contractor for the listed project?**☒ Pass ☐ Fail

Yes

**6.7. Project Information - Name of Contactor Performing the Work**☒ Pass ☐ Fail

Yudel Cubillas (Con-Mech, Inc)

**6.8. Project Information - Name and location of the project**☒ Pass ☐ Fail

Gibson-Bethel Community-Center DOAS Replacement and Miscellaneous repairs. 5800 SW 66th St. South Miami, FL 33143

**6.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for**☒ Pass ☐ Fail

Provide equipment, parts, materials, and labor for the replacement of two DOAS (15 and 20 Tons), new exhaust fans, sheet metal ductwork, and new control system to integrate with BMS

**6.10. Project Information - Project Duration**☒ Pass ☐ Fail

120 Days

**6.11. Project Information - Completion (Anticipated) Date**☒ Pass ☐ Fail

01/06/2026

**6.12. Project Information - Size of Project**☒ Pass ☐ Fail

Large. This is an On-Going Project

**6.13. Project Information - Cost of Project**☒ Pass ☐ Fail

\$421,899.00

**7. REFERENCE # 5****7.1. Reference Contact Information - Name of Firm, City, County or Agency**☒ Pass ☐ Fail

Oratso Corp

**7.2. Reference Contact Information - Reference's Business Address**☒ Pass ☐ Fail

4565 NW 37TH AVENUE MIAMI, FL 33142

**7.3. Reference Contact Information - Reference's Contact Name & Title**☒ Pass ☐ Fail

Alexandra Fruscini

**7.4. Reference Contact Information - Reference's E-mail Address**☒ Pass ☐ Fail

alexandra.fruscini@gmail.com or info@oratsocorp.com

**7.5. Reference Contact Information - Reference's Phone Number**☒ Pass ☐ Fail

786-728-0914

**7.6. Project Information - Was your firm the prime contractor for the listed project?**☒ Pass ☐ Fail

Yes

**7.7. Project Information - Name of Contactor Performing the Work**☒ Pass ☐ Fail

Yudel Cubillas (Con-Mech, Inc)

**7.8. Project Information - Name and location of the project**☒ Pass ☐ Fail

Fire Doors New Location

**7.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for**☒ Pass ☐ Fail

Provide equipment, parts, materials, and labor for the design and installation of a complete mechanical and HVAC system including new AC equipment (35 tons), mechanical ventilation, all ductwork, electrical and plumbing related work.

#### 7.10. Project Information - Project Duration

☒ Pass ☐ Fail

60 days

#### 7.11. Project Information - Completion (Anticipated) Date

☒ Pass ☐ Fail

06/01/2024

#### 7.12. Project Information - Size of Project

☒ Pass ☐ Fail

Medium

#### 7.13. Project Information - Cost of Project

☒ Pass ☐ Fail


\$331,000.00


### 8. PROJECT DOCUMENTS

#### 8.1. PROPOSERS BACKGROUND INFORMATION FORM\*

☒ Pass ☐ Fail

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


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

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

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

☒ Pass ☐ Fail

1. A Proposal Security shall be in the amount of **\$10,000 or 5% of the total cumulative base amount proposed, whichever is less.**
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-25-10 Academic Village Cooling Tower**" 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.


 [Con\\_Mech\\_Bid\\_Bond\\_20250828111741871.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](#)

 [Microsoft Word - Sworn Statement on Public Entity Crimes 1.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

10.1. EQUAL BENEFITS CERTIFICATION FORM\*

☒ Pass ☐ Fail

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

 [Equal\\_Benefits\\_Certification\\_Form.pdf](#)

 [Equal\\_Benefits\\_Certification\\_Form\\_\(2\).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.

 [Vendor\\_Drug-Free\\_Workplace\\_Certification\\_Form.pdf](#)

 [Vendor\\_Drug\\_Free.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.


 [Non-Collusive Affidavit.pdf](#)


 [Non-Collusive.pdf](#)

## 12.2. SCRUTINIZED COMPANY CERTIFICATION\*

☒ Pass ☐ Fail

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

 [Scrutinized Company Certification.pdf](#)

 [Scrutinized Company.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.
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.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 Trafficking.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 Information Form\\_1.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.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 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*

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#### 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*

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#### 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*

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#### 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*

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#### 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.

## 15. VENDOR CLASSIFICATION

### 15.1. 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

### 15.2. Is your firm a Minority-Owned Business Enterprise (MBE)?\*

☒ Pass ☐ Fail

No

### 15.3. Is your firm a Woman-Owned Business Enterprise (WBE)?\*

☒ Pass ☐ Fail

No

### 15.4. Is your firm a HubZone Business / Labor Surplus Area Firm?\*

☒ Pass ☐ Fail

No

### 15.5. Is your firm a Broward County Small Business Enterprise (SBE)?\*

☒ Pass ☐ Fail

No

### 15.6. Is your firm a Broward County Business Enterprise (CBE)?\*

☒ Pass ☐ Fail

No

### 15.7. Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?\*

☒ Pass ☐ Fail

No

### 15.8. Does your firm have a Vendor Classification that was not listed above?\*

☒ Pass ☐ Fail

No

## 16. FEDERAL DOCUMENTS

### 16.1. Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds\* ☒ Pass ☐ Fail

#### 1. Lobbying:


1. As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the Contractor must complete the **Certification Regarding Lobbying**.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the Contractor shall also complete and submit the **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions.

#### 2. Debarment, Suspension and Other Responsibility Matters:

1. Where the Contractor is unable to certify to any of the statements in the certification for **Debarment, Suspension and Other Responsibility Matters**, he or she shall **provide an explanation**.

- Please download the below documents, complete, and upload.

 [Federal Certification for Lobbying and Debarment and Form LLL.pdf](#)

 [Federal Certification for Lobbying and Debarment and Form LLL \(1\)\\_2.pdf](#)

### 16.2. Are you currently registered as an active entity on SAM.gov (System for Award Management)?\*

☒ Pass ☐ Fail

1. All vendors submitting bids for this project must be registered and active in the System for Award Management (SAM.gov) at the time of bid award. This is a federal requirement for entities receiving federal funds, including contracts, grants, or other financial assistance. Registration on SAM.gov ensures that vendors are eligible to do business with the U.S. government and are not suspended, debarred, or otherwise excluded from participation in federal programs. SAM registration is free and can be completed at <https://sam.gov>. Bidders must provide their Unique Entity ID (UEI) and proof of active registration as part of their proposal.

Yes



16.2.1. If yes, please provide your Unique Entity ID (UEI)\*  
PCFEMHYZWQS4

☒ Pass ☐ Fail

16.2.2. What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)\*  
tbd

☒ Pass ☐ Fail


16.2.3. Proof of Registration Upload\*

☒ Pass ☐ Fail

1. Please upload a PDF copy or screenshot of your entity's active registration status from SAM.gov that includes:

1. Entity Name
2. Unique Entity ID (UEI)
3. DUNS (if applicable)
4. Registration Status ("Active")
5. Expiration Date

2. This document must be downloaded from <https://sam.gov> and must show the current status at the time of bid submission.

 Confirmation Page System for Award Management.pdf

16.3. Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?\*

No

☒ Pass ☐ Fail

16.4. 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

☒ Pass ☐ Fail

PRICE TABLES

Primary Response

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
1-1	Lump Sum Cost for Turnkey Demolition & Installation	1	Lump Sum	\$487,663.85	\$487,663.85	
Total					\$487,663.85	

Alternate Response

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
2-1	Lump Sum Cost for Turnkey Demolition & Installation (Alternate)	1	Lump Sum	\$0.00	\$0.00	No alternatives
Total					\$0.00	

Payment & Performance Bond

Line Item	Description	Unit of Measure	Percentage
3-1	Cost to provide a Payment & Performance Bond for the project, in the form of a percent	Percent	3%