City of Pembroke Pines
Procurement
Mark Gomes, Assistant City Manager / Director of Procurement & Sustainability
601 City Center Way, Pembroke Pines, FL 33025

EVALUATION TABULATION

IFB No. PSUT-26-02

30'' PCCP Sewer Force Main Replacement

RESPONSE DEADLINE: June 2, 2026 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
R.P. Utility and Excavation Corp	$5,620,000.00
Accurate Drilling Systems	$5,924,000.00
Metro Equipment Service , Inc.	$6,120,755.00
Cacique Utilities LLC	$6,328,500.00
Quality Enterprises USA, Inc.	$6,546,508.00
Marcdan Inc.	$6,664,405.00
Maestre Construction inc	$7,671,839.97
Giannetti Contracting Corp	$8,067,625.00
Southern Underground Industrie,Inc.	$8,549,000.00
Amici Engineering Contractors, LLC	$8,576,540.00

Vendor	Total
David Mancini and Sons, Inc.	$8,807,696.00
Pabon Engineering, Inc	$9,999,800.00
Lanzo Construction Co., Florida	$11,100,000.00

Schedule of Work				R.P. Utility and Excavation Corp			Accurate Drilling Systems			Metro Equipment Service , Inc.			Cacique Utilities LLC		
			Total:	$5,620,000.00			$5,924,000.00			$6,120,755.00			$6,328,500.00		
Line Item	Description	QTY	UoM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	Mobilization / Demobilization	1	LS	$280,000.00	$280,000.00		$195,000.00	$195,000.00		$297,000.00	$297,000.00		$300,000.00	$300,000.00	
2	Erosion and Sedimentation Control	1	LS	$5,000.00	$5,000.00		$9,450.00	$9,450.00		$4,600.00	$4,600.00		$50,000.00	$50,000.00	
3	Maintenance of Traffic	1	LS	$803,304.25	$803,304.25		$42,400.00	$42,400.00		$89,400.00	$89,400.00		$300,000.00	$300,000.00	
4	Abandon-in-Place, Cut & Cap, Existing 30" FM	1	LS	$41,835.00	$41,835.00		$56,370.00	$56,370.00		$16,100.00	$16,100.00		$200,000.00	$200,000.00	
5	Remove and Dispose Existing 14" Abandoned FM	255	LF	$33.25	$8,478.75		$55.00	$14,025.00		$31.00	$7,905.00		$300.00	$76,500.00	
6	Remove and Dispose Existing 30" FM	270	LF	$115.50	$31,185.00		$73.00	$19,710.00		$54.00	$14,580.00		$300.00	$81,000.00	
7	Cured-in-Place Existing 8" VCP	2000	LF	$75.00	$150,000.00		$55.70	$111,400.00		$28.00	$56,000.00		$80.00	$160,000.00	
8	8" C900 PVC DR18 W/ Fittings	500	LF	$66.00	$33,000.00		$205.70	$102,850.00		$198.00	$99,000.00		$300.00	$150,000.00	
9	10" C900 PVC DR18 W/ Fittings	10	LF	$1,337.00	$13,370.00		$698.00	$6,980.00		$382.00	$3,820.00		$100.00	$1,000.00	
10	12" C900 PVC DR18 W/ Fittings	50	LF	$362.00	$18,100.00		$368.00	$18,400.00		$997.00	$49,850.00		$500.00	$25,000.00	
11	30" C900 PVC DR18 W/ Fittings	450	LF	$432.00	$194,400.00		$742.40	$334,080.00		$1,200.00	$540,000.00		$1,100.00	$495,000.00	
12	14" DIPS HDPE DR11 W/ Fittings	400	LF	$122.00	$48,800.00		$253.70	$101,480.00		$132.00	$52,800.00		$300.00	$120,000.00	
13	36" DIPS HDPE DR11 W/ Fittings	3800	LF	$816.00	$3,100,800.00		$961.70	$3,654,460.00		$1,070.00	$4,066,000.00		$800.00	$3,040,000.00	
14	8" Plug Valve	3	EA	$4,666.00	$13,998.00		$5,170.00	$15,510.00		$5,400.00	$16,200.00		$12,000.00	$36,000.00	
15	8" Check Valve	1	EA	$6,144.00	$6,144.00		$7,180.00	$7,180.00		$6,300.00	$6,300.00		$12,000.00	$12,000.00	
16	12" Plug Valve	3	EA	$7,003.00	$21,009.00		$7,800.00	$23,400.00		$7,500.00	$22,500.00		$15,000.00	$45,000.00	
17	30" Plug Valve	9	EA	$41,615.00	$374,535.00		$72,375.00	$651,375.00		$38,100.00	$342,900.00		$72,000.00	$648,000.00	
18	36" Plug Valve	1	EA	$62,003.00	$62,003.00		$96,950.00	$96,950.00		$85,200.00	$85,200.00		$90,000.00	$90,000.00	
19	30" Tapping Sleeve and Valve	2	EA	$98,063.00	$196,126.00		$109,300.00	$218,600.00		$70,300.00	$140,600.00		$120,000.00	$240,000.00	
20	Offset ARV Assembly	1	EA	$60,009.00	$60,009.00		$29,420.00	$29,420.00		$39,800.00	$39,800.00		$10,000.00	$10,000.00	
21	2" ARV Assembly	4	EA	$15,518.00	$62,072.00		$13,340.00	$53,360.00		$23,200.00	$92,800.00		$6,000.00	$24,000.00	
22	4" ARV Assembly	5	EA	$16,364.00	$81,820.00		$28,050.00	$140,250.00		$11,200.00	$56,000.00		$15,000.00	$75,000.00	
23	8' x 5' Precast Concrete Vault	1	EA	$14,011.00	$14,011.00		$21,350.00	$21,350.00		$21,400.00	$21,400.00		$150,000.00	$150,000.00	
Cost of Payment and Performance Bonds															
Line Item	Description	UoM		Percentage		Vendor Notes	Percentage		Vendor Notes	Percentage		Vendor Notes	Percentage		Vendor Notes
24	Cost of Payment and Performance Bonds as a Percent	Percent		0.90%			1.00%			0.60%			10.00%		

Schedule of Work				Quality Enterprises USA, Inc.			Marcdan Inc.			Maestre Construction inc		
			Total:	$6,546,508.00			$6,664,405.00			$7,671,839.97		
Line Item	Description	QTY	UoM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	Mobilization / Demobilization	1	LS	$320,031.00	$320,031.00		$525,000.00	$525,000.00		$816,289.97	$816,289.97	
2	Erosion and Sedimentation Control	1	LS	$16,883.00	$16,883.00		$40,000.00	$40,000.00		$35,000.00	$35,000.00	
3	Maintenance of Traffic	1	LS	$102,914.00	$102,914.00		$70,000.00	$70,000.00		$80,000.00	$80,000.00	
4	Abandon-in-Place, Cut & Cap, Existing 30" FM	1	LS	$36,710.00	$36,710.00		$60,000.00	$60,000.00		$50,000.00	$50,000.00	
5	Remove and Dispose Existing 14" Abandoned FM	255	LF	$55.00	$14,025.00		$40.00	$10,200.00		$30.00	$7,650.00	
6	Remove and Dispose Existing 30" FM	270	LF	$254.00	$68,580.00		$45.00	$12,150.00		$70.00	$18,900.00	
7	Cured-in-Place Existing 8" VCP	2000	LF	$122.00	$244,000.00		$130.00	$260,000.00		$350.00	$700,000.00	
8	8" C900 PVC DR18 W/ Fittings	500	LF	$213.00	$106,500.00		$120.00	$60,000.00		$250.00	$125,000.00	
9	10" C900 PVC DR18 W/ Fittings	10	LF	$1,005.00	$10,050.00		$810.00	$8,100.00		$300.00	$3,000.00	
10	12" C900 PVC DR18 W/ Fittings	50	LF	$680.00	$34,000.00		$420.00	$21,000.00		$300.00	$15,000.00	
11	30" C900 PVC DR18 W/ Fittings	450	LF	$1,210.00	$544,500.00		$845.00	$380,250.00		$2,400.00	$1,080,000.00	
12	14" DIPS HDPE DR11 W/ Fittings	400	LF	$323.00	$129,200.00		$310.00	$124,000.00		$375.00	$150,000.00	
13	36" DIPS HDPE DR11 W/ Fittings	3800	LF	$941.00	$3,575,800.00		$1,040.00	$3,952,000.00		$800.00	$3,040,000.00	
14	8" Plug Valve	3	EA	$6,461.00	$19,383.00		$5,125.00	$15,375.00		$10,000.00	$30,000.00	
15	8" Check Valve	1	EA	$8,596.00	$8,596.00		$4,520.00	$4,520.00		$10,000.00	$10,000.00	
16	12" Plug Valve	3	EA	$9,980.00	$29,940.00		$8,580.00	$25,740.00		$12,000.00	$36,000.00	
17	30" Plug Valve	9	EA	$82,844.00	$745,596.00		$70,000.00	$630,000.00		$70,000.00	$630,000.00	
18	36" Plug Valve	1	EA	$109,584.00	$109,584.00		$95,000.00	$95,000.00		$100,000.00	$100,000.00	
19	30" Tapping Sleeve and Valve	2	EA	$59,797.00	$119,594.00		$92,240.00	$184,480.00		$300,000.00	$600,000.00	
20	Offset ARV Assembly	1	EA	$35,510.00	$35,510.00		$20,240.00	$20,240.00		$30,000.00	$30,000.00	
21	2" ARV Assembly	4	EA	$15,216.00	$60,864.00		$10,270.00	$41,080.00		$7,500.00	$30,000.00	
22	4" ARV Assembly	5	EA	$38,590.00	$192,950.00		$22,100.00	$110,500.00		$15,000.00	$75,000.00	
23	8' x 5' Precast Concrete Vault	1	EA	$21,298.00	$21,298.00		$14,770.00	$14,770.00		$10,000.00	$10,000.00	
Cost of Payment and Performance Bonds												
Line Item	Description	UoM		Percentage		Vendor Notes	Percentage		Vendor Notes	Percentage		Vendor Notes
24	Cost of Payment and Performance Bonds as a Percent	Percent		1.00%			1.50%		99,966.08	5.00%		

Schedule of Work				Giannetti Contracting Corp			Southern Underground Industrie,Inc.			Amici Engineering Contractors, LLC		
			Total:	$8,067,625.00			$8,549,000.00			$8,576,540.00		
Line Item	Description	QTY	UoM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	Mobilization / Demobilization	1	LS	$280,000.00	$280,000.00		$400,000.00	$400,000.00		$400,000.00	$400,000.00	
2	Erosion and Sedimentation Control	1	LS	$90,000.00	$90,000.00		$50,000.00	$50,000.00		$5,000.00	$5,000.00	
3	Maintenance of Traffic	1	LS	$110,000.00	$110,000.00		$60,000.00	$60,000.00		$75,000.00	$75,000.00	
4	Abandon-in-Place, Cut & Cap, Existing 30" FM	1	LS	$90,000.00	$90,000.00		$115,000.00	$115,000.00		$140,000.00	$140,000.00	
5	Remove and Dispose Existing 14" Abandoned FM	255	LF	$315.00	$80,325.00		$200.00	$51,000.00		$140.00	$35,700.00	
6	Remove and Dispose Existing 30" FM	270	LF	$440.00	$118,800.00		$250.00	$67,500.00		$1,081.00	$291,870.00	
7	Cured-in-Place Existing 8" VCP	2000	LF	$90.00	$180,000.00		$225.00	$450,000.00		$150.00	$300,000.00	
8	8" C900 PVC DR18 W/ Fittings	500	LF	$333.00	$166,500.00		$190.00	$95,000.00		$170.00	$85,000.00	
9	10" C900 PVC DR18 W/ Fittings	10	LF	$400.00	$4,000.00		$210.00	$2,100.00		$760.00	$7,600.00	
10	12" C900 PVC DR18 W/ Fittings	50	LF	$800.00	$40,000.00		$240.00	$12,000.00		$550.00	$27,500.00	
11	30" C900 PVC DR18 W/ Fittings	450	LF	$1,100.00	$495,000.00		$950.00	$427,500.00		$3,970.00	$1,786,500.00	
12	14" DIPS HDPE DR11 W/ Fittings	400	LF	$600.00	$240,000.00		$511.00	$204,400.00		$330.00	$132,000.00	
13	36" DIPS HDPE DR11 W/ Fittings	3800	LF	$1,320.00	$5,016,000.00		$1,200.00	$4,560,000.00		$1,040.00	$3,952,000.00	
14	8" Plug Valve	3	EA	$8,000.00	$24,000.00		$4,000.00	$12,000.00		$6,200.00	$18,600.00	
15	8" Check Valve	1	EA	$10,000.00	$10,000.00		$5,000.00	$5,000.00		$5,500.00	$5,500.00	
16	12" Plug Valve	3	EA	$11,000.00	$33,000.00		$7,500.00	$22,500.00		$9,100.00	$27,300.00	
17	30" Plug Valve	9	EA	$60,000.00	$540,000.00		$125,000.00	$1,125,000.00		$50,000.00	$450,000.00	
18	36" Plug Valve	1	EA	$85,000.00	$85,000.00		$130,000.00	$130,000.00		$101,000.00	$101,000.00	
19	30" Tapping Sleeve and Valve	2	EA	$120,000.00	$240,000.00		$175,000.00	$350,000.00		$173,485.00	$346,970.00	
20	Offset ARV Assembly	1	EA	$30,000.00	$30,000.00		$10,000.00	$10,000.00		$43,000.00	$43,000.00	
21	2" ARV Assembly	4	EA	$17,000.00	$68,000.00		$35,000.00	$140,000.00		$29,000.00	$116,000.00	
22	4" ARV Assembly	5	EA	$20,000.00	$100,000.00		$45,000.00	$225,000.00		$30,000.00	$150,000.00	
23	8' x 5' Precast Concrete Vault	1	EA	$27,000.00	$27,000.00		$35,000.00	$35,000.00		$80,000.00	$80,000.00	
Cost of Payment and Performance Bonds												
Line Item	Description	UoM		Percentage		Vendor Notes	Percentage		Vendor Notes	Percentage		Vendor Notes
24	Cost of Payment and Performance Bonds as a Percent	Percent		1.00%			2.50%			1.00%		

Schedule of Work				David Mancini and Sons, Inc.			Pabon Engineering, Inc			Lanzo Construction Co., Florida		
			Total:	$8,807,696.00			$9,999,800.00			$11,100,000.00		
Line Item	Description	QTY	UoM	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	Mobilization / Demobilization	1	LS	$400,000.00	$400,000.00		$450,000.00	$450,000.00		$550,000.00	$550,000.00	
2	Erosion and Sedimentation Control	1	LS	$115,080.00	$115,080.00		$25,000.00	$25,000.00		$15,000.00	$15,000.00	
3	Maintenance of Traffic	1	LS	$150,696.00	$150,696.00		$250,000.00	$250,000.00		$75,000.00	$75,000.00	
4	Abandon-in-Place, Cut & Cap, Existing 30" FM	1	LS	$49,506.00	$49,506.00		$20,000.00	$20,000.00		$75,000.00	$75,000.00	
5	Remove and Dispose Existing 14" Abandoned FM	255	LF	$159.00	$40,545.00		$300.00	$76,500.00		$180.00	$45,900.00	
6	Remove and Dispose Existing 30" FM	270	LF	$262.00	$70,740.00		$500.00	$135,000.00		$330.00	$89,100.00	
7	Cured-in-Place Existing 8" VCP	2000	LF	$119.00	$238,000.00		$250.00	$500,000.00		$100.00	$200,000.00	
8	8" C900 PVC DR18 W/ Fittings	500	LF	$441.00	$220,500.00		$360.00	$180,000.00		$400.00	$200,000.00	
9	10" C900 PVC DR18 W/ Fittings	10	LF	$3,987.00	$39,870.00		$380.00	$3,800.00		$3,000.00	$30,000.00	
10	12" C900 PVC DR18 W/ Fittings	50	LF	$860.00	$43,000.00		$390.00	$19,500.00		$1,000.00	$50,000.00	
11	30" C900 PVC DR18 W/ Fittings	450	LF	$2,357.00	$1,060,650.00		$1,280.00	$576,000.00		$1,900.00	$855,000.00	
12	14" DIPS HDPE DR11 W/ Fittings	400	LF	$718.00	$287,200.00		$750.00	$300,000.00		$700.00	$280,000.00	
13	36" DIPS HDPE DR11 W/ Fittings	3800	LF	$1,234.00	$4,689,200.00		$1,480.00	$5,624,000.00		$1,700.00	$6,460,000.00	
14	8" Plug Valve	3	EA	$6,230.00	$18,690.00		$10,000.00	$30,000.00		$15,000.00	$45,000.00	
15	8" Check Valve	1	EA	$6,651.00	$6,651.00		$10,000.00	$10,000.00		$10,000.00	$10,000.00	
16	12" Plug Valve	3	EA	$12,722.00	$38,166.00		$12,000.00	$36,000.00		$20,000.00	$60,000.00	
17	30" Plug Valve	9	EA	$69,394.00	$624,546.00		$95,000.00	$855,000.00		$115,000.00	$1,035,000.00	
18	36" Plug Valve	1	EA	$104,454.00	$104,454.00		$125,000.00	$125,000.00		$150,000.00	$150,000.00	
19	30" Tapping Sleeve and Valve	2	EA	$132,523.00	$265,046.00		$250,000.00	$500,000.00		$180,000.00	$360,000.00	
20	Offset ARV Assembly	1	EA	$28,342.00	$28,342.00		$45,000.00	$45,000.00		$120,000.00	$120,000.00	
21	2" ARV Assembly	4	EA	$24,033.00	$96,132.00		$16,000.00	$64,000.00		$30,000.00	$120,000.00	
22	4" ARV Assembly	5	EA	$38,114.00	$190,570.00		$25,000.00	$125,000.00		$50,000.00	$250,000.00	
23	8' x 5' Precast Concrete Vault	1	EA	$30,112.00	$30,112.00		$50,000.00	$50,000.00		$25,000.00	$25,000.00	
Cost of Payment and Performance Bonds												
Line Item	Description	UoM		Percentage		Vendor Notes	Percentage		Vendor Notes	Percentage		Vendor Notes
24	Cost of Payment and Performance Bonds as a Percent	Percent		1.50%			1.50%			0.60%		

Question	R.P. Utility and Excavation Corp	Accurate Drilling Systems	Metro Equipment Service , Inc.
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE			
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.			
Please upload your current certificate(s) of insurance.			
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.			
Do you plan on using subcontractors for this project?	Yes	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes	Yes
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Not Included	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included
VENDOR REGISTRATION			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	Yes	No
What is your Vendor Number?		6102	
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			
FINANCIAL STATEMENTS			
ALTERNATIVES			
ADDITIONAL INFORMATION	State Registration SunBiz Project Experience Subcontractors list FDOT Financial, trade secret, and alternative responses	State Registration SunBiz FDOT Everify online form Company Presentation	Pricing Proposal State Registration Projects Completed
PROFESSIONAL LICENSES	General Contractor License Utility and Excavation License Plumbing contractor License	Utility & Excavation License General Contractor License Professional Engineer License	Utility & Excavation License General Contractor License Plumbing Contractor License
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	LBTR-Miami Dade - 09-30-26
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A
MBE Certification Documentation	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Cerification Documentation	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	N/A
Proof of Registration Upload	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A

Question	Cacique Utilities LLC	Quality Enterprises USA, Inc.	Marcdan Inc.
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE			
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.			
Please upload your current certificate(s) of insurance.			
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.			
Do you plan on using subcontractors for this project?	Yes	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes	Yes
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included
VENDOR REGISTRATION			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No
What is your Vendor Number?			
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			
FINANCIAL STATEMENTS			
ALTERNATIVES			
ADDITIONAL INFORMATION	Everify online form Annual Report Experiences Project list Recommendation Letter	Everify online form SunBiz State Registration	
PROFESSIONAL LICENSES	Utility & Excavation License General Contractor License	Building Contractor License Utility & Excavation License	Included
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	Yes	No	No
Please indicate your Local Vendor Status	Local Broward County Vendor (LBCV)	N/A	
Local Vendor Preference Certification	Included - Meet Requirement	N/A	
Local Business Tax Receipts	LBTR-Broward-09-30-26 LBTR-Miramar-09-30-26	N/A	
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	
MBE Certification Documentation	N/A	N/A	
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Cerification Documentation	N/A	N/A	
Is your firm a Broward County Business Enterprise (CBE)?	Yes	No	No
CBE Certification Documentation	CBE Certification	N/A	
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	Yes
DBE Certification Documentation	N/A	N/A	Included
Does your firm have a Vendor Classification that was not listed above?	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A	
Proof of Registration Upload	N/A	N/A	
If yes, please provide an explanation.	N/A	N/A	
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	

Question	Maestre Construction inc	Giannetti Contracting Corp	Southern Underground Industrie,Inc.
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE			
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.			
Please upload your current certificate(s) of insurance.			
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.			
Do you plan on using subcontractors for this project?	Yes	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes	Yes
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included
VENDOR REGISTRATION			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No
What is your Vendor Number?			
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			
FINANCIAL STATEMENTS			
ALTERNATIVES			
ADDITIONAL INFORMATION	Included		Included
PROFESSIONAL LICENSES	Included	Included	Included
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	Yes	No
Please indicate your Local Vendor Status		Local Broward County Vendor (LBCV)	
Local Vendor Preference Certification		Included	
Local Business Tax Receipts		Included	
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)			
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)			
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)			
MBE Certification Documentation			
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation			
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation			
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Cerification Documentation			
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation			
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation			
Does your firm have a Vendor Classification that was not listed above?	No	No	No
Other Vendor Classification Certification Documentation			
If yes, please provide your Unique Entity ID (UEI)			
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)			
Proof of Registration Upload			
If yes, please provide an explanation.			
If yes, please upload any relevant documentation, if applicable.			

Question	Amici Engineering Contractors, LLC	David Mancini and Sons, Inc.	Pabon Engineering, Inc
CONFIRMATION TO BIND			
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE			
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.			
Please upload your current certificate(s) of insurance.			
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.			
Do you plan on using subcontractors for this project?	Yes	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes	Yes
PROJECT DOCUMENTS			
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS			
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included
VENDOR REGISTRATION			
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No
What is your Vendor Number?			
VENDOR INFORMATION FORM	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS		Included	
FINANCIAL STATEMENTS		Included	
ALTERNATIVES			
ADDITIONAL INFORMATION			Included
PROFESSIONAL LICENSES	Included	Included	Included
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	Yes	No
Please indicate your Local Vendor Status		Local Broward County Vendor (LBCV)	
Local Vendor Preference Certification		Included	
Local Business Tax Receipts		Included	
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)			
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)			
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)			
MBE Certification Documentation			
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation			
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation			
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Cerification Documentation			
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation			
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation			
Does your firm have a Vendor Classification that was not listed above?	No	No	Yes
Other Vendor Classification Certification Documentation			Included
If yes, please provide your Unique Entity ID (UEI)			
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)			
Proof of Registration Upload			
If yes, please provide an explanation.			
If yes, please upload any relevant documentation, if applicable.			

Question	Lanzo Construction Co., Florida
CONFIRMATION TO BIND	
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE	
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.	
Please upload your current certificate(s) of insurance.	
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.	
Do you plan on using subcontractors for this project?	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes
PROJECT DOCUMENTS	
PROPOSERS BACKGROUND INFORMATION FORM	Included
PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included
Public Entity Crimes Status	A) No convictions.
Did you select option B1 or B2 above?	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.	
Did you select option B3 above?	No
Please describe any action taken by or pending with the Department of General Services.	
DRUG-FREE WORKPLACE CERTIFICATION	
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included
Drug-Free Status	Complies fully.
STANDARD DOCUMENTS	
NON-COLLUSIVE AFFIDAVIT	Included
SCRUTINIZED COMPANY CERTIFICATION	Included
E-VERIFY SYSTEM CERTIFICATION	Included
HUMAN TRAFFICKING AFFIDAVIT	Included
VENDOR REGISTRATION	
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No
What is your Vendor Number?	
VENDOR INFORMATION FORM	Included
FORM W-9 (REVISED MARCH 2024)	Included
OPTIONAL DOCUMENTATION	
TRADE SECRETS	
FINANCIAL STATEMENTS	
ALTERNATIVES	
ADDITIONAL INFORMATION	Included
PROFESSIONAL LICENSES	Included
VENDOR CLASSIFICATION	
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	Yes
Please indicate your Local Vendor Status	Local Broward County Vendor (LBCV)
Local Vendor Preference Certification	Included
Local Business Tax Receipts	Included
Is your firm a Veteran Owned Small Business (VOSB)?	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	
Is your firm a Minority-Owned Business Enterprise (MBE)?	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	
MBE Certification Documentation	
Is your firm a Woman-Owned Business Enterprise (WBE)?	No
WMBE Certification Documentation	
Is your firm a HubZone Business / Labor Surplus Area Firm?	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	
Is your firm a Broward County Small Business Enterprise (SBE)?	No
SBE Cerification Documentation	
Is your firm a Broward County Business Enterprise (CBE)?	No
CBE Certification Documentation	
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No
DBE Certification Documentation	
Does your firm have a Vendor Classification that was not listed above?	No
Other Vendor Classification Certification Documentation	
If yes, please provide your Unique Entity ID (UEI)	
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	
Proof of Registration Upload	
If yes, please provide an explanation.	
If yes, please upload any relevant documentation, if applicable.	