



EVALUATION TABULATION
IFB No. TS-26-01
VMware Annual Renewal
RESPONSE DEADLINE: April 21, 2026 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
YOUR TECH SOLUTIONS LLC	\$99,000.00
New Tech Solutions Inc	\$108,750.00
Axelliant LLC	\$108,810.00
Veytec Inc	\$111,402.00
Sentinel Technologies, Inc	\$115,800.00
GHA Technologies, Inc.	\$167,400.00

Line Item	Description	Qty	UM	Part Number	YOUR TECH SOLUTIONS LLC			New Tech Solutions Inc			Axelliant LLC		
					Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	VMware vSphere Foundation 8 (1 year)	600	Each	VCF-VSP-FND-8	\$165.00	\$99,000.00		\$181.25	\$108,750.00		\$181.35	\$108,810.00	
	Total					\$99,000.00			\$108,750.00			\$108,810.00	

Line Item	Description	Qty	UM	Part Number	Veytec Inc			Sentinel Technologies, Inc			GHA Technologies, Inc.		
					Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes	Unit Cost	Total	Vendor Notes
1	VMware vSphere Foundation 8 (1 year)	600	Each	VCF-VSP-FND-8	\$185.67	\$111,402.00		\$193.00	\$115,800.00		\$279.00	\$167,400.00	TD SYNEX
	Total					\$111,402.00			\$115,800.00			\$167,400.00	

Question	YOUR TECH SOLUTIONS	New Tech Solutions	Axelliant LLC	Veytec Inc	Sentinel Technologies, Inc	GHA Technologies, 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	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	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	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	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	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	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?	No	No	No	No	No	No
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?						
PROJECT DOCUMENTS						
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	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	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	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	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	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS						
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included	Included	Included
VENDOR REGISTRATION						
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	Yes	Yes	No	No	Yes	No
What is your Vendor Number?	81110000	NewTechSolutions			6991	
VENDOR INFORMATION FORM	Included	Included	Included - Not Filled	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included	Included	Included
OPTIONAL DOCUMENTATION						
TRADE SECRETS						
FINANCIAL STATEMENTS						
ALTERNATIVES						
ADDITIONAL INFORMATION		Quote		Annual Report	Proposl SunBiz	
PROFESSIONAL LICENSES						
VENDOR CLASSIFICATION						
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	No	No	No	No
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A	Included - Not Meet	N/A
Local Business Tax Receipts	N/A	N/A	N/A	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	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	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	Yes	No	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	Asian-American	N/A	N/A	Other option not listed
MBE Certification Documentation	N/A	N/A	MBE Certificate	N/A	N/A	MBE Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	Yes	No	No	No	No	No
WMBE Certification Documentation	Not Included	N/A	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	Yes	No	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	Included	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	No	No	No
SBE Certification Documentation	N/A	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A	N/A	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	N/A	N/A	N/A
Proof of Registration Upload	Included	N/A	N/A	N/A	N/A	N/A
If yes, please provide an explanation.	N/A	N/A	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A	N/A	N/A