



EVALUATION TABULATION
IFB No. TS-25-20
Sophos Endpoint Protection Products
RESPONSE DEADLINE: November 4, 2025 at 2:00 pm

SELECTED VENDOR TOTALS

Vendor	Total
Arif International Corporation	\$178,307.21
ASIMER TECH LLC	\$178,474.50
vPrime Tech Inc	\$181,434.50
Hypertec USA Inc.	\$182,055.00
GHA Technologies, Inc	\$182,611.00
Syber Defense	\$188,850.00
PRINCETON IT SERVICES, INC.	\$188,860.50
360cyberx, LLC	\$189,000.00
UDT	\$191,448.00
Adler Charles Services inc	\$204,765.00

Line Item	Description	Qty	UM	Arif International Corporation					ASIMER TECH LLC					vPrime Tech Inc				
				Unit Cost	Total	SKU	Term (mos)	Vendor Notes	Unit Cost	Total	SKU	Term (mos)	Vendor Notes	Unit Cost	Total	SKU	Term (mos)	Vendor Notes
1	Central Managed Detection and Response Complete (Existing License L139264-1935)	850	Each	\$160.0958	\$136,081.43	MDRCEU12AGRGAA	36		\$160.25	\$136,212.50	MDRCEU12AGRGAA	36		\$162.90	\$138,465.00	MDRCEU12AGRGAA	36	
2	Central Managed Detection and Response Complete Server (Existing License L0010356639)	50	Each	\$234.0956	\$11,704.78	MDRCSS12BDRGAA	36		\$234.32	\$11,716.00	MDRCSS12BDRGAA	36		\$238.19	\$11,909.50	MDRCSS12BDRGAA	36	
3	Central Email Advanced (Existing License L0010356640)	1400	Each	\$18.575	\$26,005.00	CEMAAU12AHRCAA	36		\$18.59	\$26,026.00	CEMAAU12AHRCAA	36		\$18.90	\$26,460.00	CEMAAU12AHRCAA	36	
4	Central Phish Threat (Existing License D520793107)	1000	Each	\$4.516	\$4,516.00	PHISHU12AHRGAA	36		\$4.52	\$4,520.00	PHISHU12AHRGAA	36		\$4.60	\$4,600.00	PHISHU12AHRGAA	36	
Total					\$178,307.21					\$178,474.50					\$181,434.50			

Line Item	Description	Qty	UM	Hypertec USA Inc.					GHA Technologies, Inc					Syber Defense				
				Unit Cost	Total	SKU	Term (mos)	Vendor Notes	Unit Cost	Total	SKU	Term (mos)	Vendor Notes	Unit Cost	Total	SKU	Term (mos)	Vendor Notes
1	Central Managed Detection and Response Complete (Existing License L139264-1935)	850	Each	\$163.47	\$138,949.50	MDRCEU12AGRGAA	36	3YR term upfront-unable to quote annual	\$163.97	\$139,374.50	MDRCEU12AGRGAA	36		\$157.95	\$134,257.50	MDRCEU12AGRGAA	36	
2	Central Managed Detection and Response Complete Server (Existing License L0010356639)	50	Each	\$239.03	\$11,951.50	MDRCSS12BDRGAA	36	PLEASE SEE ATTACHED QUTOE-3YR term upfront-unable to quote annual	\$239.77	\$11,988.50	MDRCSS12BDRGAA	36		\$271.05	\$13,552.50	MDRCSS12BDRGAA	36	
3	Central Email Advanced (Existing License L0010356640)	1400	Each	\$18.96	\$26,544.00	CEMAAU12AHRCAA	36	PLEASE SEE ATTACHED QUTOE-3YR term upfront-unable to quote annual	\$19.02	\$26,628.00	CEMAAU12AHRCAA	36		\$18.60	\$26,040.00	CEMAAU12AHRCAA	36	
4	Central Phish Threat (Existing License D520793107)	1000	Each	\$4.61	\$4,610.00	PHISHU12AHRGAA	36	PLEASE SEE ATTACHED QUTOE-3YR term upfront-unable to quote annual	\$4.62	\$4,620.00	PHISHU12AHRGAA	36	Total of all products, converted to an annual amount becomes \$65,538.16 annually	\$15.00	\$15,000.00	PHISHU12AHRGAA	36	
Total					\$182,055.00					\$182,611.00					\$188,850.00			

Line Item	Description	Qty	UM	PRINCETON IT SERVICES, INC.					360cyberx, LLC					UDT				
				Unit Cost	Total	SKU	Term (mos)	Vendor Notes	Unit Cost	Total	SKU	Term (mos)	Vendor Notes	Unit Cost	Total	SKU	Term (mos)	Vendor Notes
1	Central Managed Detection and Response Complete (Existing License L139264-1935)	850	Each	\$151.05	\$128,392.50	MDRCEU12AGRGAA	36	128,392.50	\$169.70	\$144,245.00	MDRCEU12AGRGAA	36		\$171.91	\$146,123.50	MDRCEU12AGRGAA	36	
2	Central Managed Detection and Response Complete Server (Existing License L0010356639)	50	Each	\$220.84	\$11,042.00	MDRCSS12BDRGAA	36	11042	\$248.26	\$12,413.00	MDRCSS12BDRGAA	36		\$251.37	\$12,568.50	MDRCSS12BDRGAA	36	
3	Central Email Advanced (Existing License L0010356640)	1400	Each	\$30.74	\$43,036.00	CEMAAU12AHRCAA	36	43036	\$19.68	\$27,552.00	CEMAAU12AHRCAA	36		\$19.94	\$27,916.00	CEMAAU12AHRCAA	36	
4	Central Phish Threat (Existing License D520793107)	1000	Each	\$6.39	\$6,390.00	PHISHU12AHRGAA	36	6390	\$4.79	\$4,790.00	PHISHU12AHRGAA	36		\$4.84	\$4,840.00	PHISHU12AHRGAA	36	
Total					\$188,860.50					\$189,000.00					\$191,448.00			

Line Item	Description	Qty	UM	Adler Charles Services inc				
				Unit Cost	Total	SKU	Term (mos)	Vendor Notes
1	Central Managed Detection and Response Complete (Existing License L139264-1935)	850	Each	\$183.86	\$156,281.00	MDRCEU12AGRGAA	36	
2	Central Managed Detection and Response Complete Server (Existing License L0010356639)	50	Each	\$268.84	\$13,442.00	MDRCSS12BDRGAA	36	
3	Central Email Advanced (Existing License L0010356640)	1400	Each	\$21.33	\$29,862.00	CEMAAU12AHRCAA	36	
4	Central Phish Threat (Existing License D520793107)	1000	Each	\$5.18	\$5,180.00	PHISHU12AHRGAA	36	
Total					\$204,765.00			

Question	Arif International Corporation	ASIMER TECH LLC	vPrime Tech 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.			
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.	Included	Included	Included
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?	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
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included(No selection on form)	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL WARRIED COUPLES			
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently does not comply	A) Contractor currently complies.
Did you select option D2 above?	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.			
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			
ADDITIONAL INFORMATION			Quote Annual Resale
PROFESSIONAL LICENSES			
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	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Asian-American MBE		Asian-American MBE
MBE Certification Documentation	MBE Certificate		MBE Certificate
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	Yes	No	No
Other Vendor Classification Certification Documentation	DBE Certificate	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	Hypertec USA Inc.	GHA Technologies, Inc	Syber Defense
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.			
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.	Included	Included	Included
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?	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
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL WARRIED COUPLES			
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included
Equal Benefits Status	B) Will comply by contract award.	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included	Included - Bidder affirm does not meet requirement	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?		6748	
VENDOR INFORMATION FORM	Included	Included - Not Filled	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included
OPTIONAL DOCUMENTATION			
TRADE SECRETS			
FINANCIAL STATEMENTS			
ADDITIONAL INFORMATION	Quote SunBiz Updated submission		Quote
PROFESSIONAL LICENSES			
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	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)		N/A	N/A
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	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No
SBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No
CBE Certification Documentation	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No
DBE Certification Documentation	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A
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	PRINCETON IT SERVICES, INC.	360cyberx, LLC	UDT
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?	No	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.			
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.	Not Included	Included	Included
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?	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
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)			
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.			
Did you select option B3 above?	No	No	No
Please describe any action taken by or pending with the Department of General Services.			
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL WARRIED COUPLES			
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.			
DRUG-FREE WORKPLACE CERTIFICATION			
VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM	Included - Bidder affirm does not meet requirement	Included	Included
Drug-Free Status	Does not comply.	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			
ADDITIONAL INFORMATION			
PROFESSIONAL LICENSES			
VENDOR CLASSIFICATION			
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	No	No	Yes
Please indicate your Local Vendor Status	N/A	N/A	Local Broward County Vendor (LBCV)
Local Vendor Preference Certification	N/A	N/A	
Local Business Tax Receipts	N/A	N/A	
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes	Yes	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Asian-American MBE	African-American MBE	Hispanic-American MBE
MBE Certification Documentation	MBE Certificate		
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	Yes	No
SBE Certification Documentation	SBE Certificate		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	Yes	No
DBE Certification Documentation	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	Adler Charles Services 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
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.	
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.	Included
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?	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
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.	
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL WARRIED COUPLES	
EQUAL BENEFITS CERTIFICATION FORM	Included
Equal Benefits Status	A) Contractor currently complies.
Did you select option D2 above?	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.	
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	
ADDITIONAL INFORMATION	
PROFESSIONAL LICENSES	
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	
Local Business Tax Receipts	
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)	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	African-American MBE
MBE Certification Documentation	
Is your firm a Woman-Owned Business Enterprise (WBE)?	No
WMBE Certification Documentation	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	Yes
HubZone Business / Labor Surplus Area Firm Certification Documentation	
Is your firm a Broward County Small Business Enterprise (SBE)?	Yes
SBE Certification Documentation	
Is your firm a Broward County Business Enterprise (CBE)?	Yes
CBE Certification Documentation	
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No
DBE Certification Documentation	N/A
Does your firm have a Vendor Classification that was not listed above?	No
Other Vendor Classification Certification Documentation	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A
Proof of Registration Upload	N/A
If yes, please provide an explanation.	N/A
If yes, please upload any relevant documentation, if applicable.	N/A