

City of Pembroke Pines

Procurement

Mark Gomes, Procurement Director 601 City Center Way, Pembroke Pines, FL 33025

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 |

| | | | | | | Arif International Co | orporation | | | | ASIMER TECH LL | С | | | | vPrime Tech Inc | | |
|--------------|--|------|----------|------------|--------------|-----------------------|------------|--------------|--------------|--------------|----------------|---------------|--------------|-----------|--------------|-----------------|---------------|--|
| Line Iten | Description | Qty | им | Unit Cost | Total | SKU | Term (mos) | Vendor Notes | Unit Cost | Total | SKU | Term (mos) | Vendor Notes | Unit Cost | Total | SKU | Term (mos) | |
| 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 | Eac h | \$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 | | | |

| | | | | | | Hypertec USA | Inc. | | | | GHA Technologies, | Inc | | | | Syber Defense | | |
|--------------|--|------|----------|-----------|--------------|----------------|------------|---|--------------|--------------|-------------------|---------------|---|-----------|--------------|----------------|---------------|-----------------|
| Line Item | Description | Qty | им | 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 | Eac h | \$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 | | | |

| | | | | | | PRINCETON IT SERV | ICES, INC. | | | | 360cyberx, LLC | | | | | UDT | | |
|-----------|--|------|----------|-----------|--------------|-------------------|------------|--------------|--------------|--------------|----------------|---------------|--------------|-----------|--------------|----------------|----|-----------------|
| ine em | Description | Qty | UM | Unit Cost | Total | SKU | Term (mos) | Vendor Notes | Unit Cost | Total | SKU | Term (mos) | Vendor Notes | Unit Cost | Total | SKU | | 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 | Eac h | \$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 | | | |

| | | | | Adler Charles Services inc | | | | | | |
|--------------|--|------|----------|----------------------------|--------------|----------------|------------|--------------|--|--|
| Line Item | Description | Qty | UM | 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 | Eac h | \$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 | Yes | Yes | Yes |
| required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included? 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 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? Do you acknowledge that an subconto accors must also carry the same insurance or be- | No | No | No |
| covered under your policy, and that proof of such coverage must be provided to the | | | |
| 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 Did you select option B1 or B2 above? | A) No convictions. No | A) No convictions. | A) No convictions. No |
| Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings. | | | |
| Fiorida, Division of Administrative Hearings. Prease describe any action taken by or pending with the Department of General | No | No | No |
| EQUAL BENEFITS CENTIFICATION FOR DOMESTIC PARTNERS AND ALL WARRIED | | | |
| 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? Please upload a notarized affidavit detailing the reasonable efforts made to provide | No | No No | No No |
| 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 Drug-Free Status | Included Complies fully. | Included Complies fully. | Included Complies fully. |
| STANDARD DOCUMENTS | complies rany. | complies rany. | complies rully: |
| | | | |
| NON-COLLUSIVE AFFIDAVIT | Included Included | Included | Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION | Included Included | Included Included | Included Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT | Included | Included | Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the | Included Included Included | Included Included Included | Included Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? | Included Included | Included Included | Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM | Included Included Included No | Included Included Included No | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) | Included Included Included No | Included Included Included No | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS | Included Included Included No | Included Included Included No | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION | Included Included Included No | Included Included Included No | Included Included Included No Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS | Included Included Included No | Included Included Included No | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS | Included Included Included No | Included Included Included No | Included Included Included No Included Included Included Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION | Included Included Included No | Included Included Included No | Included Included Included No Included Included Included Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? | Included Included Included No | Included Included Included No | Included Included Included No Included Included Included Included Included Included Quote Annual Resale |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LIPV) and Local Broward County Vendor (LIBCV)? Please indicate your Local Vendor Status | included Included Included No Included Included Included Included Included Included | Included | Included Included Included Included No Included Included Included Included Included Ouote Annual Resale No N/A |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LIBCV)? | Included Included Included No Included Included Included Included Included | Included Included Included Included No Included Included Included Included | Included Included Included No Included Included Included Included Included Included Quote Annual Resale |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? | Included Included Included Included No Included Included Included Included Included Included Included | Included | Included Included Included Included No Included Included Included Included Included Included No Quote Annual Resale No N/A |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LIPPV) and Local Broward County Vendor (LIBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran | Included Included Included Included No Included | Included | Included Inc |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) | Included Inc | Included | Included Inc |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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 (COSB) Upload Veteran Owned Small Business (COSB) | Included Inc | Included Inc | Included Inc |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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 (VOSB) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE)? | Included Inc | Included | Included Inc |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LIPPV) and Local Broward County Vendor (LIBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Vendor Preference Certification (Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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 (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? | Included Inc | Included Inc | Included Inc |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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 (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (Form any relevant agency(ies) Is your firm a Minority-Owned Business Enterprise (MBE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation | Included Inc | Included Inc | Included Inc |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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 (MSE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation | Included Inc | Included Inc | Included Inc |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LIPV) and Local Broward County Vendor (LIBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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 (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (VOSB) Upload Veteran Owned Small Business (MSE)? Please indicate the classification of your Minority-Owned Business Enterprise (MBE) MBE Certification Documentation Is your firm a Woman-Owned Business Enterprise (WBE)? WMBE Certification Documentation Is your firm a HubZone Business / Labor Surplus Area Firm? HubZone Business / Labor Surplus Area Firm Certification Documentation Is your firm a Broward County Small Business Enterprise (SBE)? | included included included No Included Include | Included Inc | Included Inc |
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| 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 | Confirmed | Confirmed | Confirmed |
| solicitation before any work may commence, and throughout the life of the contract. 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 | Yes | Yes | Yes |
| 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? | | | |
| 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., | No | No | No |
| Workers' Compensation)? Please upload written documentation requesting an exemption on your company | NO | NO | NO |
| letterhead, subject to City approval. | | | |
| Do you plan on using subcontractors for this project? Do you acknowledge that all subcontractors must also carry the same insurance or be | No | No | No |
| covered under your policy, and that proof of such coverage must be provided to the | | | |
| PROJECT DOCUMENTS PROPOSERS BACKGROUND INFORMATION FORM | Included | Included | Included |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER | medaca | meladed | moraco |
| 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? Prease describe any action taken by or pending with the Department or General | No | No | No |
| EQUAL BENEFITS CERTIFICATION FOR TOMESTIC PARTIVERS AND ALL WARRIED | | | |
| EQUAL BENEFITS CERTIFICATION FORM Equal Benefits Status | Included B) Will comply by contract award. | Included A) Contractor currently complies. | Included 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 HUMAN TRAFFICKING AFFIDAVIT | Included Included | Included Included | Included Included |
| VENDOR REGISTRATION | niciaded | included | meluded |
| Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? | No. | Yes | No |
| | No | | 110 |
| What is your Vendor Number? | | 6748 | • |
| What is your Vendor Number? VENDOR INFORMATION FORM | Included | 6748 Included - Not Filled | Included |
| What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION | | 6748 | • |
| What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS | Included | 6748 Included - Not Filled | Included |
| What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS | Included Included Quote | 6748 Included - Not Filled | Included Included |
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| What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES | Included Included Quote SunBiz | 6748 Included - Not Filled | Included Included |
| What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION | Included Included Quote SunBiz Updated submission | 6748 Included - Not Filled Included | Included Included Quote |
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| 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 | No | Yes | Yes |
| required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included? 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? Do you acknowneuge that an subcontractors must also carry the same misurance or be | No | No | No |
| covered under your policy, and that proof of such coverage must be provided to the | | | |
| PROJECT DOCUMENTS | | | |
| PROPOSERS BACKGROUND INFORMATION FORM SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER | Included | Included | Included |
| 287.133(3)(a) | | | |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM Public Entity Crimes Status | Included A) No convictions. | Included A) No convictions. | Included 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? Prease describe any action taken by or pending with the bepartment or general | No | No | No |
| EQUAL DENEFITS CENTIFICATION FOR DOMESTIC PARTNERS AND ALLIMARRIED | | | |
| EQUAL BENEFITS CERTIFICATION FORM | Included | Included | Included |
| Equal Benefits Status Did you select option D2 above? | A) Contractor currently complies. No | A) Contractor currently complies. No | A) Contractor currently complies. 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 | | | |
| | Included | Included | Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION | Included Included | Included Included | Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION | Included Included | Included Included | Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION | Included | Included | Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT | Included Included | Included Included | Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? | Included Included Included No | Included Included Included No | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? | Included Included Included | Included Included Included | Included Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION | Included Included Included No Included | Included Included Included No Included | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) | Included Included Included No Included | Included Included Included No Included | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS | Included Included Included No Included | Included Included Included No Included | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION | Included Included Included No Included | Included Included Included No Included | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS | Included Included Included No Included | Included Included Included No Included | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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 | Included Included Included No Included | Included Included Included No Included | Included Included Included No |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION | Included Included Included No Included Included | Included Included Included No Included Included | Included Included Included No Included Included |
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| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status | Included Included Included Included No Included Included Included Included Included | Included Included Included Included No Included Included Included Included Included | Included Included Included No Included Included Included Included Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? Upload the "Determination Letter" from the United States Department of Veteran | Included Inc | Included Inc | Included Included Included Included No Included Included Included Included Included Included Yes Local Broward County Vendor (LBCV) |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) 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)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Business Tax Receipts Is your firm a Veteran Owned Small Business (VOSB)? 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) | Included | Included Inc | Included |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION E-VERIFY SYSTEM CERTIFICATION HUMAN TRAFFICKING AFFIDAVIT VENDOR REGISTRATION Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System? What is your Vendor Number? VENDOR INFORMATION FORM FORM W-9 (REVISED MARCH 2024) OPTIONAL DOCUMENTATION TRADE SECRETS FINANCIAL STATEMENTS ADDITIONAL INFORMATION PROFESSIONAL LICENSES VENDOR CLASSIFICATION Is your firm a Local Pembroke Pines Vendor (LBCV)? Please indicate your Local Vendor Status Local Vendor Preference Certification Local Vendor Preference Certification Local Vendor Numed Small Business (VOSB)? 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 (VOSB) | Included Inc | Included Inc | Included Included Included Included No Included Included Included Included Included Included Yes Local Broward County Vendor (LBCV) No N/A |
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| Question 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. 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 | Adler Charles Services inc |
|--|---|
| that I am authorized to submit this response on behalf of my company. 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 | Auter Charles Services Inc |
| 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 | Confirmed |
| I certify that, if awarded this contract, I will be required to obtain and maintain all | |
| | |
| | Confirmed |
| solicitation before any work may commence, and throughout the life of the contract. | |
| 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 | Yes |
| required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included? | |
| 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. | No |
| Do you plan on using subcontractors for this project? Do you acknowledge that all subcontractors must also carry the same insurance of be | NO |
| covered under your policy, and that proof of such coverage must be provided to the | |
| PROJECT DOCUMENTS | to do do d |
| PROPOSERS BACKGROUND INFORMATION FORM SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER | Included |
| 287.133(3)(a) | |
| SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM | Included |
| Public Entity Crimes Status Did you select option B1 or B2 above? | A) No convictions. |
| Please upload a copy of the final order issued by the hearing officer of the State of | No |
| Florida, Division of Administrative Hearings. | |
| Did you select option B3 above? Please describe any action taken by or pending with the Department or General | No |
| EQUAL DENEFITS CENTIFICATION FOR THOMESTIC PARTNERS AND ALLIVIARRIED | |
| EQUAL BENEFITS CERTIFICATION FORM | Included |
| Equal Benefits Status | A) Contractor currently complies. |
| Did you select option D2 above? Please upload a notarized affidavit detailing the reasonable efforts made to provide | No |
| 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 VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM | Included |
| Drug-Free Status | Complies fully. |
| STANDARD DOCUMENTS | la alicale d |
| NON-COLLUSIVE AFFIDAVIT SCRUTINIZED COMPANY CERTIFICATION | Included 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 FORM W-9 (REVISED MARCH 2024) | 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)? | Yes |
| Please indicate your Local Vendor Status Local Vendor Preference Certification | Local Broward County Vendor (LBCV) |
| Local Business Tax Receipts | |
| Is your firm a Veteran Owned Small Business (VOSB)? | No |
| | N/A |
| Upload the "Determination Letter" from the United States Department of Veteran | N/A |
| · · · · · | |
| 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) | N/A |
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