

Line Item	Part Number	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor Notes
1	DDB OD 30DXC, 15RU	factory-configured DDB OD 30DXC outdoor enclosures (Model: 15RU, 32"H x 28"W x 30"D) constructed of 0.125" Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19" rack rails, condensate management, filters, solar cap, and a 5-year structural warranty and 1-year HVAC warranty.	12	Each	\$7,500.00	\$90,000.00	'6748
		Total				\$90,000.00	

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Total						\$90,000.00	





AGENCY CUSTOMER ID: XXXXXX1967

LOC #: \_\_\_\_\_

# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Michael Spinelli		<b>NAMED INSURED</b> GHA Technologies Inc	
<b>POLICY NUMBER</b> 2420758003		<b>EFFECTIVE DATE:</b> 01/01/2025	
<b>CARRIER</b> Sentry Insurance Company	<b>NAIC CODE</b> 24988		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

### Certificate Details

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# Proposer's Background Information Form

#	Question	Response	Comment	Status
<b>Contact Information</b>				
1.1.1	Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project.	Keith Hibbets, VP of Sales, keith.hibbets@gha-associates.com Ph# 704-893-8603		Complete
1.1.2	Authorized Approver: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Authorized Approver for this project.	Keith Hibbets, VP of Sales, keith.hibbets@gha-associates.com Ph# 704-893-8603		Complete
<b>Organization Background</b>				
1.2.1	Please state the year that you company started its business.	1990		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	1999		Complete
1.2.3	What State is your Company Registered In?	Arizona		Complete
<b>Former Business</b>				
1.3.1	Under what former name has your business operated? Include a description of the business.	George Hertzberg and Associates	Company change name to GHA Technologies, Inc. when it incorporated 2/8/1999	Complete
1.3.2	At what address was that business located?	14201 N. Hayden Rd, Scottsdale, AZ 85260		Complete
<b>Past Failure</b>				
1.4.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No		Complete
<b>Inspected</b>				
1.5.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes		Complete
<b>Subcontracting</b>				
1.6.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	No	Installation is not required	Complete
<b>Bankruptcy Petitions</b>				
1.7.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	n/a		Complete
<b>Bond Claims</b>				
1.8.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	None		Complete
<b>Claims, Arbitrations, Administrative Hearings and Lawsuits</b>				
1.9.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.	Please see provided list		Complete
<b>Criminal Proceedings or Hearings</b>				

1.10.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	None		Complete
<b>Company Classification</b>				
1.11.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides \"Original Provider\" please explain.	Sales Representative	GHA is a Value Added Reseller	Complete
<b>Debarment/Suspension</b>				
1.12.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No		Complete
<b>Similar Experience &amp; Contracts</b>				
1.13.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.	GHA is a well-established reseller with more than 3500 suppliers with whom we do business.	As of this current month, we have already executed \$650K in sales for Axis products for this year alone.	Complete
<b>Professional License Information</b>				
1.14.1	Are professional licenses required to perform the services requested in this solicitation? If so, please list any applicable professional licenses that your company has that are required to provide these services.	Not Applicable		Complete
<b>Conflict of Interest</b>				
1.15.1	Do you need to disclose any conflicts of interest? The award of any contract hereunder is subject to the provisions of Chapter 112, Florida Statutes. Proposers must disclose with their Proposal the name of any officer, director, partner, proprietor, associate or agent who is also an officer or employee of CITY or any of its agencies. Further, all Proposers must disclose the name of any officer or employee of CITY who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer's firm or any of its branches or affiliate companies.	No		Complete
<b>19 Questions</b>		<b>100.00% Complete</b>		



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

1. This sworn statement is submitted GHA Technologies, Inc.  
(name of entity submitting sworn statement) whose business address is  
8998 E. Raintree Drive, Scottsdale, AZ 85260  
and (if applicable) its Federal Employer Identification Number (FEIN) is  
86-0971967. (If the entity has no FEIN, include the Social Security  
Number of the individual signing this sworn statement: \_\_\_\_\_.)
2. My name is Amanda Gjerstad and my  
(Please print name of individual signing)  
relationship to the entity named above is Contract Administrator.
3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  1. A predecessor or successor of a person convicted of a public entity crime: or
  2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a



joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**
- A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- B) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which additional statement applies.)**
- B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**
- B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**
- B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**

Amanda Gjerstad  
Bidder's Name/Signature

GHA Technologies, Inc.  
Company

08/19/2024  
Date



## **EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES**

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

**“During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City’s Code of Ordinances, and its employees with Domestic Partners and all Married Couples”.**

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

### **SECTION 1 DEFINITIONS**

- 1. Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
- 2. Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
- 3. Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
- 4. Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

## SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

- A.** Contractor currently complies with the requirements of this section; or
- B.** Contractor will comply with the conditions of this section at the time of contract award; or
- C.** Contractor will not comply with the conditions of this section at the time of contract award:  
or
- D.** Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
  - 1.** The Contractor does not provide benefits to employees' spouses in traditional marriages;
  - 2.** The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;



3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;

4. The Contractor is a governmental agency;

**The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.**

COMPANY NAME: GHA Technologies, Inc.

AUTHORIZED OFFICER NAME / SIGNATURE: Amanda Gjerstad Digitally signed by Amanda Gjerstad  
Date: 2024.08.19 15:28:40 -07'00'



## VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

### SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL TIE BIDS** - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business’s policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after each conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

### SECTION 2 AFFIRMATION

Place a check mark here only if affirming bidder **complies fully** with the above requirements for a Drug-Free Workplace.

Place a check mark here only if affirming bidder **does not** meet the requirements for a Drug-Free Workplace.

**Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors’ qualifications.**

Amanda  
Gjerstad

Authorized Signature

Digitally signed by Amanda  
Gjerstad  
Date: 2024.08.19 15:43:44  
-07'00'

Amanda Gjerstad

Authorized Signer Name

GHA Technologies, Inc.

Company Name



**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the Representative,  
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature Amanda Gjerstad Digitally signed by Amanda Gjerstad  
Date: 2024.08.19 15:34:17 -07'00'

Title Contract Administrator

Name of Company GHA Technologies, Inc.



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

I, Amanda Gjerstad/Contract Administrator, on behalf of GHA Technologies, Inc.  
Print Name and Title Company Name

certify that GHA Technologies, Inc.  
Company Name :

1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

GHA Technologies  
Company Name

Amanda Gjerstad  
Print Name / Signature

Contract Administrator  
Title

**E-VERIFY SYSTEM CERTIFICATION STATEMENT  
(UNDER SECTION 448.095, FLORIDA STATUTES)**

1. Definitions:
  - a. **“Contractor”** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.
  - b. **“Subcontractor”** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
  - c. **“E-Verify system”** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.
2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:
  - a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
  - b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
  - c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.
3. Contract Termination
  - a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09(1) Fla. Stat., the contract shall be terminated.
  - b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
  - c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
  - d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
  - e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

GHA Technologies, Inc.

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

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

Amanda Gjerstad / *Amanda Gjerstad*



**AFFIDAVIT OF COMPLIANCE WITH ANTI-HUMAN TRAFFICKING LAWS**

In accordance with section 787.06 (13), Florida Statutes, the undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury that:

1. The Affiant is an officer or representative of the Entity entering into an agreement with the City of Pembroke Pines.
2. The Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, entitled "Human Trafficking".
3. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.
4. The Affiant is authorized to execute this Affidavit on behalf of the Entity.

FURTHER AFFIANT SAYETH NAUGHT.

DATE: August 19th, 2024

ENTITY: GHA Technologies, Inc.

Amanda Gjerstad

NAME: Amanda Gjerstad

TITLE: Contract Administrator

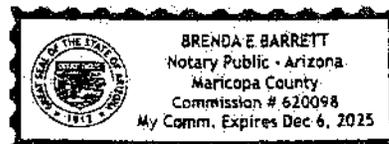
STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

SWORN TO (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this 19<sup>th</sup> day of August, 2024, by Amanda Gjerstad in his/her capacity as Contract Admin for GHA TECHNOLOGIES, INC. (name of Entity).

Brenda E. Barrett  
NOTARY PUBLIC

Personally Known OR  
 Produced Identification

Type of Identification Produced





**VENDOR INFORMATION FORM**

<b>MAIN CONTACT INFORMATION</b>			
<b>Company Name (Legal Name as filed with IRS)</b>	GHA Technologies, Inc.		
<b>Doing Business As (DBA)</b>			
<b>Primary Business Address</b>	8998 E. Raintree Drive		
	<b>City:</b>	Scottsdale	
	<b>State:</b>	AZ	<b>Zip:</b> 85260
	<b>Country:</b>	USA	
<b>Remit To Address</b>	Dept #2090		
	PO Box 29661		
	<b>City:</b>	Phoenix	
	<b>State:</b>	AZ	<b>Zip:</b> 85038-9661
	<b>Country:</b>	USA	
<b>Order From Address</b>	8998 E. Raintree Drive		
	<b>City:</b>	Scottsdale	
	<b>State:</b>	AZ	<b>Zip:</b> 85260
	<b>Country:</b>	USA	
<b>Foreign Entity (Yes/No)</b>	No		
<b>Telephone Number</b>	480-951-6865		
<b>Primary Company E-mail</b>	marketing@gha-associates.com		
<b>Fax</b>	480-951-6956		
<b>Website</b>	https://www.gha-associates.com/		
<b>DUNS</b>	92-774-7907		
<b>Independent Contractor (Yes/No)</b>	No		
<b>Identification Number</b>	<b>SSN:</b>		<b>FID:</b> 86-0971967

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

<b>CONTACT # 1</b>	
<b>Contact Name (First &amp; Last Name)</b>	Keith Hibbets
<b>Description/Title/Position</b>	Vice President of Sales
<b>Phone (Voice)</b>	704-893-8603
<b>Phone (Text)</b>	<b>Opt In (Y/N):</b> No
<b>Fax</b>	480-951-6956
<b>E-mail</b>	keith.hibbets@gha-associates.com

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

Please attach the print out from <https://dos.myflorida.com/sunbiz/> or the appropriate state showing your active registration and any applicable fictitious names that are registered.



# GHA Technologies, Inc Response

Pricing unsealed at Sep 2, 2025 5:54 PM

## CONTACT INFORMATION

Company

GHA Technologies, Inc

Email

keith.hibbets@gha-associates.com

Contact

Keith Hibbets

Address

GHA Technologies  
8998 E. Raintree Drive  
SCOTTSDALE, AZ 85260

Phone

(704) 893-8603

Website

[www.gha-associates.com](http://www.gha-associates.com)

Submission Date

Aug 29, 2025 9:37 PM (Eastern Time)

## ADDENDA CONFIRMATION

No addenda issued

## QUESTIONNAIRE

### 1. CONFIRMATION TO BIND

1.1. I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.\*

Confirmed

Pass  Fail

### 2. CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE

NOTE: Vendors are not required to purchase any additional insurance in order to submit a bid. However, they must certify that they either currently hold, or are able and willing to obtain, all required insurance coverages, endorsements, and limits prior to award and execution of the contract.

2.1. I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.\*

Confirmed

Pass  Fail

2.2. Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?\*

Yes

Pass  Fail

2.3. Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?\*

Yes

Pass  Fail

2.3.1. Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.\*

 [GHA\\_COI\\_2025-2026.pdf](#)

Pass  Fail

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

No

Pass  Fail

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

Yes

Pass  Fail

2.5.1. Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?\*

Yes  Pass  Fail

### 3. PROJECT DOCUMENTS

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

Pass  Fail

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

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

 [Proposers\\_Background\\_Information\\_Form-resp.xlsx](#)

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

#### 4.1. SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM\*

Pass  Fail

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

 [Sworn Statement on Public Entity Crimes.pdf](#)

 [Sworn\\_Statement\\_on\\_Public\\_Entity\\_Crimes.pdf](#)

#### 4.2. Public Entity Crimes Status\*

Pass  Fail

- Which option did you select on the Sworn Statement on Public Entity Crimes Form:
  - A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
  - B1) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)
  - B2) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)
  - B3) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

A) No convictions.

#### 4.3. Did you select option B1 or B2 above?\*

Pass  Fail

No

#### 4.4. Did you select option B3 above?\*

Pass  Fail

No

### 5. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

#### 5.1. EQUAL BENEFITS CERTIFICATION FORM\*

Pass  Fail

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

 [Equal Benefits Certification Form.pdf](#)

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

#### 5.2. Equal Benefits Status\*

Pass  Fail

- Which option did you select on the Equal Benefits Certification Form:
  - A. Contractor currently complies with the requirements of this section; or
  - B. Contractor will comply with the conditions of this section at the time of contract award; or
  - C. Contractor will not comply with the conditions of this section at the time of contract award: or
  - D. Contractor does not comply with the conditions of this section because of the following allowable exemption (Check only one box below):
    - 1. The Contractor does not provide benefits to employees' spouses in traditional marriages;
    - 2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;

- 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;
- 4. The Contractor is a governmental agency;

A) Contractor currently complies.

5.3. Did you select option D2 above?\*

Pass  Fail

No

6. DRUG-FREE WORKPLACE CERTIFICATION

6.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION FORM\*

Pass  Fail

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

[Vendor Drug-Free Workplace Certification Form.pdf](#)

[Vendor Drug-Free Workplace Certification Form.pdf](#)

6.2. Drug-Free Status\*

Pass  Fail

Complies fully.

7. STANDARD DOCUMENTS

The following documents are standard documents that the City generally requires for every solicitation. As a result, we recommend vendors to keep these documents updated and readily available so that they can be easily uploaded for each project that the vendor would like to participate in. In the event that the City does not have one of the forms or documents listed below for your company, the City may reach out to your company after the bid has closed to obtain the document(s).

7.1. NON-COLLUSIVE AFFIDAVIT\*

Pass  Fail

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

[Non-Collusive Affidavit.pdf](#)

[Non-Collusive Affidavit.pdf](#)

7.2. SCRUTINIZED COMPANY CERTIFICATION\*

Pass  Fail

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

[Scrutinized Company Certification.pdf](#)

[Scrutinized Company Certification - Signed.pdf](#)

7.3. E-VERIFY SYSTEM CERTIFICATION\*

Pass  Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Effective January 1, 2021, pursuant to Section 448.095, Florida Statutes, the City may not enter into a contract with a vendor/contractor/subcontractor unless that vendor/contractor/subcontractor is registered with and uses the E-Verify system administered by the U.S. Department of Homeland Security ("DHS").
3. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

[E-Verify System Certification Statement.pdf](#)

[E-Verify System Certification Statement - Signed.pdf](#)

7.4. HUMAN TRAFFICKING AFFIDAVIT\*

Pass  Fail

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

[Human Trafficking Affidavit.pdf](#)

[Anti-Human Trafficking Affidavit - notarized.pdf](#)

8. VENDOR REGISTRATION

8.1. Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?\*

Pass  Fail

- The City of Pembroke Pines utilizes OpenGov as its e-Procurement platform for solicitation and bid submission purposes. However, please be advised that **vendor registration for onboarding and processing payments is handled separately** through the City's Accounts Payable Division using **PaymentWorks**, a secure online vendor management platform.
- All vendors that will be submitting invoices and requiring payments from the City are required to register on the PaymentWorks platform. If the vendor is not currently registered with the City via PaymentWorks and does not have a Vendor Number, the City will have to invite the vendor to register.
- For formal solicitations such as this project, the Procurement Department will send PaymentWorks registration invitations to vendor(s) who are under active consideration for award. Please be aware that not all vendors who submit proposals will receive an invitation, in order to manage system usage and avoid onboarding vendors who are unlikely to receive payments from the City.
- Invitations will typically be sent to the contact listed on the submitted Vendor Information Form.

Yes

### 8.1.1. What is your Vendor Number?\*

Pass  Fail

6748

## 8.2. VENDOR INFORMATION FORM\*

Pass  Fail

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

 [Vendor Information Form.pdf](#)

 [Vendor Information Form.pdf](#)

## 8.3. FORM W-9 (REVISED MARCH 2024)\*

Pass  Fail

1. Please download the attached document, complete all required fields, and upload the completed form here.
2. Note - Please use the March 2024 version of the form as previously dated versions of this form may delay the processing of any payments to the selected vendor.

 [Form W-9 \(Rev March 2024\).pdf](#)

 [W9 Upd.pdf](#)

## 9. OPTIONAL DOCUMENTATION

### 9.1. TRADE SECRETS

1. The Proposer's response to this solicitation is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this solicitation and the Contract to be executed for this solicitation, subject to the provisions of Chapter 119.07 of the Florida Statutes.
2. Any language contained in the Proposer's response to the solicitation purporting to require confidentiality of any portion of the Proposer's response to the solicitation, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the solicitation constitutes a Trade Secret.
3. EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE SOLICITATION AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE SOLICITATION OR ANY PART THEREOF AS COPYRIGHTED. ALL DOCUMENTS THAT THE FIRM PURPORTS TO BE CONFIDENTIAL, PROPRIETARY OR A TRADE SECRET SHALL BE UPLOADED TO THE OPENGOV WEBSITE AS A SEPARATE ATTACHMENT, IN THIS SECTION, CLEARLY IDENTIFYING THE EXEMPTION BEING CLAIMED UNDER FLORIDA STATUTES 119.07.
4. The city's determination of whether an exemption applies shall be final, and the proposer agrees to defend, indemnify, and hold harmless the city and the city's officers, employees, and agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records.

*No response submitted*

### 9.2. FINANCIAL STATEMENTS

1. The City is **NOT** requesting the vendor to submit any financial statements for this project and prefers if the vendor does not submit financial statements. In addition, if the City needs a copy of the vendor's financial statements, the City can contact the vendor after the bid due date to request those documents. However, if the vendor does submit the financial statements, they should be uploaded in this section.
2. Any claim of confidentiality on financial statements must be asserted at the time of submittal. The firm must identify the specific statute that authorizes the exemption from the Public Records Law. Please note that the financial statement exemption provided for in Section 119.071(1)c, Florida Statutes only applies to submittals in response to a solicitation for a "public works" project.

*No response submitted*

### 9.3. ALTERNATIVES

1. If you are submitting an alternative product, please upload any related information in this section (such as specification sheets, etc.).
2. In addition, pursuant to the "**Brand Names**" Section included in the [GENERAL TERMS AND CONDITIONS](#) Section if and wherever in the specifications a brand name, make, name of manufacturer, trade name, or vendor catalog number is mentioned, it is for the purpose of establishing a grade or quality of material only. Since the City does not wish to rule out other competition and equal brands or makes, the phrase "OR EQUAL" is added. However, if a product other than that specified is bid, Proposers shall indicate on their proposal and clearly state the proposed substitution and deviation. It is the vendor's responsibility to provide any necessary documentation and samples within their bid submittal to prove that the product is equal to that specified. Such samples are to be furnished before the date of bid opening, unless otherwise specified. Additional evidence in the form of documentation and samples may be requested if the proposed brand is other than that specified. The City retains the right to determine if the proposed brand shall be considered as an approved equivalent or not.

*No response submitted*

### 9.4. ADDITIONAL INFORMATION

1. Please provide any additional information that you deem necessary to complete your proposal in this section, if it has not been requested in another section.



1	DDB OD-3... 15RU	factory-configured DDB OD-30DXC outdoor enclosures (Model: 15RU, 32"H x 28"W x 30"D) constructed of 0.125" Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19" rack rails, condensate management, filters, solar cap, and a 5- year structural warranty and 1-year HVAC warranty.	12	Each	\$7,500.00	\$90,000.00	6748
<b>Total</b>						<b>\$90,000.00</b>	

Alternate

Line Item	Part Num...	Description	Quantity	Unit of Measure	Unit Cost	Total	Vendor N...
1	DDB OD-3... 15RU	factory-configured DDB OD-30DXC outdoor enclosures (Model: 15RU, 32"H x 28"W x 30"D) constructed of 0.125" Alumiflex® aluminum with powder-coat finish and stainless steel 3-point locking handles. Enclosures must include a sealed, closed-loop HVAC system that meets NEMA 4X rating under operation, maintaining internal temperatures between +5 °C and +40 °C under ambient up to +50 °C. Each unit shall include UL 50/50E listing, adjustable 19" rack rails, condensate management, filters, solar cap, and a 5- year structural warranty and 1-year HVAC warranty.	12	Each	\$7,500.00	\$90,000.00	6748
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