

Question	Hazen and Sawyer	Bailey Engineering Consultants, 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
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
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.	Included	Included
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.		
Please upload your current certificate(s) of insurance.		
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.		
Do you plan on using subcontractors for this project?	No	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?		Yes
PROJECT DOCUMENTS		
STANDARD FORM 330 (PARTS I and II)	Included	Included
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)	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 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. AND
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included
Public Entity Crimes Status	A) No convictions.	B3) Convicted, not listed, action pending.
Did you select option B1 or B2 above?	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.		
Did you select option B3 above?	No	Yes
Please describe any action taken by or pending with the Department of General Services.		Please see documentation provided regarding DBPR case.
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES		
EQUAL BENEFITS CERTIFICATION FORM	Included	Included
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	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		
DRUG-FREE WORKPLACE CERTIFICATION		
VENDOR DRUG FREE WORKPLACE CERTIFICATION	Included	Included
Drug-Free Status	Complies fully.	Complies fully.
STANDARD DOCUMENTS		
NON-COLLUSIVE AFFIDAVIT	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included
VENDOR REGISTRATION	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No
What is your Vendor Number?	Included	Included
VENDOR INFORMATION FORM	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included
OPTIONAL DOCUMENTATION		
TRADE SECRETS		
FINANCIAL STATEMENTS		
ADDITIONAL INFORMATION	State Registration Fictitious Name Registration SunBiz 10 years detail of claim Cover Letter	SunBiz Company Profile Complain Order DBPR DBPR Case
PROFESSIONAL LICENSES	Professional Engineer License	Professional Engineer License
VENDOR CLASSIFICATION		
Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?	Yes	Yes
Please indicate your Local Vendor Status	Local Broward County Vendor (LBCV)	Local Broward County Vendor (LBCV)
Local Vendor Preference Certification	Meet Requirement	Meet Requirement
Local Business Tax Receipts	LBTR - Broward - 09-30-26	LBTR-Broward-09-30-25 LBTR-Cooper City-09-30-25
Is your firm a Veteran Owned Small Business (VOSB)?	No	No
Please upload the "Determination Letter" from the United States Department of Veteran Affairs Center certifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A
MBE Certification Documentation	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No
WMBE Certification Documentation	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No
SBE Certification Documentation	N/A	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No
CBE Certification Documentation	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No
DBE Certification Documentation	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No
Other Vendor Classification Certification Documentation	N/A	N/A
If yes, please provide your Unique Entity ID (UEI)	N/A	N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	N/A
Proof of Registration Upload	N/A	N/A
If yes, please provide an explanation.	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A