

Exhibit "B"

| Line Item | Description | Quantity | Unit of Measure | Unit Cost | Total | Vendor Notes |
|-----------|----------------------------|----------|-----------------|--------------|--------------|-------------------------------|
| 1 | Lift Station 64 Renovation | 1 | Lump Sum | \$695,391.00 | \$695,391.00 | Intercounty Engineering, Inc. |
| | Total | | | | \$695,391.00 | |

| Line Item | Description | Unit of Measure | Percentage |
|-----------|--|-----------------|------------|
| 1 | Cost to provide a Payment & Performance Bond for the project, in the form of a percent | Percent | 2.5% |



**Conforms with The American Institute of Architects,
A.I.A. Document A310 (2010 Edition)**

Bid Bond

CONTRACTOR:
(Name, legal status and address)

Intercounty Engineering Inc
1925 N.W. 18th Street
Pompano Beach, FL., 33069

SURETY:
*(Name, legal status and principal place
of business)*

Old Republic Surety Company
P.O. Box 4668
Winter Park, FL., 32793-4668

OWNER:
(Name, legal status and address)

The City of Pembroke Pines
8300 South Palm Drive Pembroke Pines, FL., 33025

BOND AMOUNT:
5% of the accompanying bid

PROJECT:
(Name, location or address, and Project number, if any)

Lift Station #64 Rehabilitation
RFP # PSUT-25-09

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 5th day of September, 20205



(Witness)



(Witness)

Intercounty Engineering, Inc.
(Contractor as Principal) _____ *(Seal)*

E. Jim, VICE PRESIDENT
(Title)

Old Republic Surety Company
(Surety) _____

POA
(Title)





OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

MICHAEL GEORGE DANNENHAUER, LIZBET RIVERO, MARY ANTHONY, OF FORT MYERS, FL

its true and lawful Attorney(s)-in-Fact, with full power and authority, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits or black lung bonds), as follows:

ALL WRITTEN INSTRUMENTS

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice-president, or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER, that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification there of authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 24TH day of SEPTEMBER, 2024.

Karen J. Haffner

Assistant Secretary



OLD REPUBLIC SURETY COMPANY

Alan Pavlic

President

STATE OF WISCONSIN, COUNTY OF WAUKESHA-SS

On this 24TH day of SEPTEMBER, 2024, personally came before me, Alan Pavlic and Karen J Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say; that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Kathryn R. Pearson
Notary Public

My commission expires: 9/28/2026

(Expiration of notary commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

92-2974



Signed and sealed at the City of Brookfield, WI this 24th day of September 2025

Karen J. Haffner

Assistant Secretary

FIVE COUNTY INSURANCE AGENCY

Proposer's Background Information Form

| # | Question | Response | Comment | Status |
|---|--|---|--|----------|
| Contact Information | | | | |
| 1.1.1 | Primary Contact: Please provide the contact information (Name, Title, E-mail and Phone Number) for the Primary Contact for this project. | Stephen Polk, President - spolk@intercountyengineering.com (772) 633-8242 | | 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. | Eric Jones, Vice President, ejones@intercountyengineering.com (407) 448-0553 | | Complete |
| Organization Background | | | | |
| 1.2.1 | Please state the year that you company started its business. | 1994 | | Complete |
| 1.2.2 | Please state the year that your company started providing service under your current business name. | 1994 | | Complete |
| 1.2.3 | What State is your Company Registered In? | Florida | | Complete |
| Former Business | | | | |
| 1.3.1 | Under what former name has your business operated? Include a description of the business. | None | | Complete |
| 1.3.2 | At what address was that business located? | N/A | | Complete |
| Past Failure | | | | |
| 1.4.1 | Have you ever failed to complete work awarded to you. If so, when, where and why? | No | | Complete |
| Inspected | | | | |
| 1.5.1 | Have you personally inspected the proposed WORK and do you have a complete plan for its performance? | Yes | | Complete |
| Subcontracting | | | | |
| 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.) | Yes | Electrical - Power Pros & I&C C C Controls | Complete |
| Bankruptcy Petitions | | | | |
| 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. | None | | Complete |
| Bond Claims | | | | |
| 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 |
| Claims, Arbitrations, Administrative Hearings and Lawsuits | | | | |
| 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. | None | | Complete |
| Criminal Proceedings or Hearings | | | | |

| | | | | |
|---|---|---|----------------------------------|----------|
| 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 |
| Company Classification | | | | |
| 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. | Original Provider | | Complete |
| Debarment/Suspension | | | | |
| 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 |
| Similar Experience & Contracts | | | | |
| 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. | Lift Stations are our specialty - 4 different cities piggyback our lift station rehab contract with City of Sunrise | | Complete |
| Professional License Information | | | | |
| 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. | Applicable | General Contractor - CGC 1528089 | Complete |
| Conflict of Interest | | | | |
| 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 |
| 19 Questions | | 100.00% Complete | | |



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

1. This sworn statement is submitted Intercounty Engineering, Inc.
(name of entity submitting sworn statement) whose business address is
1925 NW 18 Street, Pompano Beach, FL 33069
and (if applicable) its Federal Employer Identification Number (FEIN) is
65-0495335. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: _____.)

2. My name is Stephen Polk and my
(Please print name of individual signing)

relationship to the entity named above is President.

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.)**


Bidder's Name/Signature

Intercountry Engineering, Inc.
Company

09/16/25
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**):

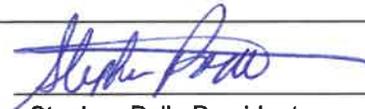
- A. Contractor currently complies with the requirements of this section; or
- B. Contractor will comply with the conditions of this section at the time of contract award; or
- C. Contractor will not comply with the conditions of this section at the time of contract award:
or
- D. Contractor does not 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: Intercounty Engineering, Inc.

AUTHORIZED OFFICER NAME / SIGNATURE: 
Stephen Polk, President



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:

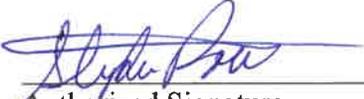
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about 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.


Authorized Signature

Stephen Polk, President
Authorized Signer Name

Intercounty Engineering, Inc.
Company Name



NON-COLLUSIVE AFFIDAVIT

BIDDER is the Owner

(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 Stephen Polk

Title Stephen Polk, President

Name of Company Intercounty Engineering, Inc.



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

I, Stephen Polk, President, on behalf of Intercounty Engineering, Inc.,
Print Name and Title Company Name

certify that Intercounty Engineering, 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.

Intercounty Engineering, Inc.
Company Name


Print Name / Signature

Stephen Polk, President
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.

COMPANY NAME: Intercounty Engineering, Inc.

PRINTED NAME / AUTHORIZED SIGNATURE:


Stephen Polk, President



AFFIDAVIT OF COMPLIANCE WITH 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. The Affiant is authorized to execute this Affidavit on behalf of the Entity.
4. 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.
5. Pursuant to Sec. 92.525(2), Fla. Stat., under penalties of perjury, I declare that I have read the foregoing affidavit of compliance with Human Trafficking Laws and that the facts stated in it are true.

FURTHER AFFIANT SAYETH NAUGHT.

DATE: 09/16/25

SIGNATURE: 

ENTITY: Intercounty Engineering, Inc.

NAME: Stephen Polk

TITLE: President



VENDOR INFORMATION FORM

| MAIN CONTACT INFORMATION | | | |
|--|-------------------------------|---------------|-------------------|
| Company Name (Legal Name as filed with IRS) | Intercounty Engineering, Inc. | | |
| Doing Business As (DBA) | | | |
| Primary Business Address | 1925 NW 18 Street | | |
| | | | |
| | City: | Pompano Beach | |
| | State: | Florida | Zip: 33069 |
| | Country: | USA | |
| Remit To Address | *same as primary | | |
| | | | |
| | City: | | |
| | State: | | Zip: |
| | Country: | | |
| Order From Address | *same as primary | | |
| | | | |
| | City: | | |
| | State: | | Zip: |
| | Country: | | |
| Foreign Entity (Yes/No) | No | | |
| Telephone Number | (954) 972-9800 | | |
| Primary Company E-mail | | | |
| Fax | | | |
| Website | | | |
| DUNS | | | |
| Independent Contractor (Yes/No) | | | |
| Identification Number | SSN: | FID: | 65-0495335 |

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

| CONTACT INFORMATION | | | |
|---|-----------------------------------|----------------------|--|
| Contact Name (First & Last Name) | Eric Jones | | |
| Description/Title/Position | Vice President | | |
| Phone (Voice) | (954) 972-9800 | | |
| Phone (Text) | (407) 448-0553 | Opt In (Y/N): | |
| Fax | | | |
| E-mail | ejones@intercountyengineering.com | | |

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | | | | |
|--|-----------|--|---|--|--|
| Print or type. <i>See Specific Instructions on page 3.</i> | 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Intercounty Engineering, Inc. | | | |
| | 2 | Business name/disregarded entity name, if different from above. | | | |
| | 3a | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 | Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ | |
| | 3b | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/> | | (Applies to accounts maintained outside the United States.) | |
| | 5 | Address (number, street, and apt. or suite no.). See instructions. 1925 NW 18 Street | Requester's name and address (optional) | | |
| | 6 | City, state, and ZIP code Pompano Beach, FL 33069 | | | |
| | 7 | List account number(s) here (optional) | | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 6 | 5 | - | 0 | 4 | 9 | 5 | 3 | 3 | 5 |

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|--------------------------|----------------------|
| Sign Here | Signature of U.S. person | Date 07/22/25 |
|------------------|--------------------------|----------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

POLK, STEPHEN G

INTERCOUNTY ENGINEERING INC.
1925 NW 18 STREET
POMPANO BEACH FL 33069

LICENSE NUMBER: CGC1528089

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at [MyFloridaLicense.com](https://www.MyFloridaLicense.com)

ISSUED: 06/12/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

POLK, STEPHEN G

INTERCOUNTY ENGINEERING INC.
1925 NW 18 STREET
POMPANO BEACH FL 33069

LICENSE NUMBER: CUC1225605

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at [MyFloridaLicense.com](https://www.MyFloridaLicense.com)

ISSUED: 06/10/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





LOCAL VENDOR PREFERENCE CERTIFICATION

SECTION 1 GENERAL TERM

LOCAL PREFERENCE

The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:

1. "Local Pembroke Pines Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines.

OR;

2. "Local Broward County Vendor" shall mean or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.

A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the **Local Pembroke Pines Vendor(s)**; A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the **Local Broward County Vendor(s)**.

COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

SECTION 2 AFFIRMATION

LOCAL PREFERENCE CERTIFICATION:

- Place a check mark here only if affirming bidder meets requirements above as a Local Pembroke Pines Vendor. In addition, the business must attach a current business tax receipt from the City of Pembroke Pines along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.
- Place a check mark here only if affirming bidder meets requirements above as a Local Broward County Vendor. In addition, the business must attach a current business tax receipt from the Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.
- Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

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

COMPANY NAME: Intercounty Engineering, Inc.

PRINTED NAME / AUTHORIZED SIGNATURE: 
Stephen Polk, President

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: INTERCOUNTY ENGINEERING INC

Receipt #: 180-303913
Business Type: GENERAL CONTRACTOR (GENERAL CONTRACTOR)

Owner Name: POLK, STEPHEN G
Business Location: 1925 NW 18 ST
POMPANO BEACH
Business Phone: 954 9729800

Business Opened: 01/24/2020
State/County/Cert/Reg: CGC1528089
Exemption Code:

Rooms **Seats** **Employees** **Machines** **Professionals**
30

| For Vending Business Only | | | | | | |
|---------------------------|--------------|---------|---------------|-------------|-----------------|------------|
| Number of Machines: | | | Vending Type: | | | |
| Tax Amount | Transfer Fee | NSF Fee | Penalty | Prior Years | Collection Cost | Total Paid |
| 81.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 81.00 |

Receipt Fee 81.00
Packing/Processing/Canning Employees 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

INTERCOUNTY ENGINEERING INC
1925 NW 18 ST
POMPANO BEACH, FL 33069

Receipt # WWW-23-00285593
Paid 09/03/2024 81.00

2024 - 2025

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: INTERCOUNTY ENGINEERING INC

Receipt #: 180-303913
Business Type: GENERAL CONTRACTOR (GENERAL CONTRACTOR)

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Rooms **Seats** **Employees** **Machines** **Professionals**
30

| For Vending Business Only | | | | | | |
|---------------------------|--------------|---------|---------------|-------------|-----------------|------------|
| Number of Machines: | | | Vending Type: | | | |
| Tax Amount | Transfer Fee | NSF Fee | Penalty | Prior Years | Collection Cost | Total Paid |
| 81.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 81.00 |

Receipt # WWW-23-00285593
Paid 09/03/2024 81.00

INTERCOUNTY ENGINEERING, INC. Response

Pricing unsealed at Sep 23, 2025 2:30 PM

CONTACT INFORMATION

Company

INTERCOUNTY ENGINEERING, INC.

Email

bids@intercountyengineering.com

Contact

Intercounty Engineering

Address

1925 NW 18th st
Pompano Beach, FL 33069

Phone

(954) 972-9800

Website

N/A

Submission Date

Sep 23, 2025 11:55 AM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Sep 9, 2025 9:10 AM by Intercounty Engineering

Addendum #2

Confirmed Sep 16, 2025 9:32 AM by Intercounty Engineering

Addendum #3

Confirmed Sep 16, 2025 11:20 AM by Intercounty Engineering

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.*

Pass Fail

 COI - City of Pembroke Pines 24814.pdf

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. REFERENCE # 1

The minimum experience for this project is **five (5) years**. Provide specific examples of similar experience conducting licensed work of equal or similar scope of work, preferably delivered by the proposed team members. A **minimum of 3** references should be from the last **five years** and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications. In this section you will have the ability to enter information for 5 different references including their contact details and specific project information.

Please note that the City prefers references who are not current employees of the City of Pembroke Pines, as we generally do not contact our own employees for reference checks.

Proposers are advised to confirm that:

1. Each reference provided by the Respondent has up to date contact persons and contact information;
2. The contact person provided for each reference is someone who has personal knowledge of the Proposer's performance during the referenced project; and
3. The contact person for each reference has been contacted by the Proposer regarding this specific bid submittal and such person confirmed their willingness to serve as a reference.

3.1. Reference Contact Information - Name of Firm, City, County or Agency*

Pass Fail

City of Boca Raton

3.2. Reference Contact Information - Reference's Business Address*

Pass Fail

1401 Glades Road, Boca Raton, FL 33431

3.3. Reference Contact Information - Reference's Contact Name & Title*

Pass Fail

Todd Kiernan - Utilities Network Supervisor

3.4. Reference Contact Information - Reference's E-mail Address*

Pass Fail

tkiernan@ci.boca-raton.fl.us

3.5. Reference Contact Information - Reference's Phone Number*

Pass Fail

561.338.7315

3.6. Project Information - Was your firm the prime contractor for the listed project?*

Pass Fail

Yes

3.7. Project Information - Name of Contactor Performing the Work*

Pass Fail

Intercounty Engineering, Inc.

3.8. Project Information - Name and location of the project*

Pass Fail

Lift Station Rehabilitation - Annual + 3 (one year) terms Contract - 29 lift stations completed throughout the City

| | |
|--|--|
| 3.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for* Rehab, repairs and replacement of City's lift station system. Civil, Mechanical, Electrical and all incidentals. All work self-performed by Intercounty with exception of Electrical & I&C. | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 3.10. Project Information - Project Duration* 09/18 - 04/22 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 3.11. Project Information - Completion (Anticipated) Date* 04/22 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 3.12. Project Information - Size of Project* 29 lift stations | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 3.13. Project Information - Cost of Project* \$3,594,046.62 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4. REFERENCE # 2 | |
| 4.1. Reference Contact Information - Name of Firm, City, County or Agency* City of Fort Lauderdale | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.2. Reference Contact Information - Reference's Business Address* 100 N Andrews Avenue, Fort Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.3. Reference Contact Information - Reference's Contact Name & Title* Daniel Fisher, Project Manager | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.4. Reference Contact Information - Reference's E-mail Address* dfisher@fortlauderdale.gov | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.5. Reference Contact Information - Reference's Phone Number* 954.828.5850 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.6. Project Information - Was your firm the prime contractor for the listed project?* Yes | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.7. Project Information - Name of Contactor Performing the Work* Intercounty Engineering, Inc. | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.8. Project Information - Name and location of the project* B22 Pumping Station, 130 N Compass Drive Fort Lauderdale, FL | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for* Construction Management | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.10. Project Information - Project Duration* 06/21 - 05/22 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.11. Project Information - Completion (Anticipated) Date* 05/22 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.12. Project Information - Size of Project* see cost | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 4.13. Project Information - Cost of Project* \$562,476.59 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |

5. REFERENCE # 3

5.1. Reference Contact Information - Name of Firm, City, County or Agency*

Pass Fail

City of Plantation

5.2. Reference Contact Information - Reference's Business Address*

Pass Fail

400 NW 73 Terrace, Plantation, FL 33317

5.3. Reference Contact Information - Reference's Contact Name & Title*

Pass Fail

John Adams - Assistant Utility Director

5.4. Reference Contact Information - Reference's E-mail Address*

Pass Fail

jadams@plantation.org

5.5. Reference Contact Information - Reference's Phone Number*

Pass Fail

954.414.7352

5.6. Project Information - Was your firm the prime contractor for the listed project?*

Pass Fail

Yes

5.7. Project Information - Name of Contactor Performing the Work*

Pass Fail

Intercounty Engineering, Inc.

5.8. Project Information - Name and location of the project*

Pass Fail

Lift Station 71 Replacement, 280 NW 69 Avenue, Plantation, FL 33317

5.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for*

Pass Fail

installation of submersible lift station incl 827LF of 10" FM, 95LF of 10" DIP fm, ARV, connect to existing 12" FM, grout existing 3775LF of 10" FM, gate valves, concrete, piping, pumps, wet well

5.10. Project Information - Project Duration*

Pass Fail

01/21 -04/22

5.11. Project Information - Completion (Anticipated) Date*

Pass Fail

04/22

5.12. Project Information - Size of Project*

Pass Fail

see cost

5.13. Project Information - Cost of Project*

Pass Fail

\$891,428.00

6. REFERENCE # 4

6.1. Reference Contact Information - Name of Firm, City, County or Agency

Pass Fail

City of Hollywood

6.2. Reference Contact Information - Reference's Business Address

Pass Fail

1621 N 14 Avenue, Hollywood, FL 33022

6.3. Reference Contact Information - Reference's Contact Name & Title

Pass Fail

Feng (Jeff) Jiang, P.E./Assistant Utility Director

6.4. Reference Contact Information - Reference's E-mail Address

Pass Fail

fjiang@hollywoodfl.org

6.5. Reference Contact Information - Reference's Phone Number

Pass Fail

954.921.3930

| | |
|--|--|
| 6.6. Project Information - Was your firm the prime contractor for the listed project? Yes | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 6.7. Project Information - Name of Contactor Performing the Work Intercounty Engineering, Inc. | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 6.8. Project Information - Name and location of the project Hollywood Lift Station A-5 Upgrade, 333 Briarwood Circle, Hollywood, FL | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 6.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for demo and remove/install existing can-type pump station to new submersible incl wet well, valve chamber, flow meter, pumps, VFD's. | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 6.10. Project Information - Project Duration 07/19 - 03/22 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 6.11. Project Information - Completion (Anticipated) Date 03/22 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 6.12. Project Information - Size of Project see cost | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 6.13. Project Information - Cost of Project \$887,535.14 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7. REFERENCE # 5 | |
| 7.1. Reference Contact Information - Name of Firm, City, County or Agency Broward County Water & Wastewater Engineering Division | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7.2. Reference Contact Information - Reference's Business Address 2555 W Copans Road, Pompano Beach, FL 33069 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7.3. Reference Contact Information - Reference's Contact Name & Title Gerald Soto, Project Manager | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7.4. Reference Contact Information - Reference's E-mail Address gsotofernandez@broward.org | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7.5. Reference Contact Information - Reference's Phone Number (954) 831-0700 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7.6. Project Information - Was your firm the prime contractor for the listed project? Yes | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7.7. Project Information - Name of Contactor Performing the Work Intercounty Engineering, Inc. | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7.8. Project Information - Name and location of the project Rehabilitation of Retail Master Pump Station 224 - 4115 NE 22 Avenue, Lighthouse Point, FL 33064 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7.9. Project Information - Nature of the firm's responsibility on the project and work for which staff was responsible for Piping, valves, wet well, valve vault, meter vault, submersible pump install, hatches, concrete slab & valve bank, odor control system. | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7.10. Project Information - Project Duration 05/19 - 03/21 | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |
| 7.11. Project Information - Completion (Anticipated) Date | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |

7.12. Project Information - Size of Project Pass Fail

see cost

7.13. Project Information - Cost of Project Pass Fail

\$1,406,620.75

8. PROJECT DOCUMENTS**8.1. 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 \(1\).xlsx](#)

8.2. PROPOSAL SECURITY (BID BOND FORM OR CASHIER'S CHECK)* Pass Fail

1. A Proposal Security shall be in the amount of **\$10,000 or 5% of the total cumulative base amount proposed, whichever is less.**
2. Therefore, proposal should be accompanied by a certified or cashier's check or by a Bid Bond made payable to the City of Pembroke Pines on an approved form, duly executed by the Proposer as principal and having as surety thereon a surety company acceptable to CITY and authorized to write such Bond under the laws of the State of Florida.
3. Contingency is not to be counted in the total amount the proposal security is based on.
4. Proposers must submit a scanned copy of their bid security (bid bond form or cashier's check) with their bid submittal through OpenGov.
5. Proposers should also submit their original bid security (bid bond form or cashier's check) at time of the bid due date, or they may be deemed as non-responsive.
6. The original Bid Bond or Cashier's Check should be in a sealed envelope, plainly marked "**BID SECURITY - PSUT-25-09 Lift Station # 64 Rehabilitation**" and sent to the City of Pembroke Pines, City Clerk's Office, 4th Floor, 601 City Center Way, Pembroke Pines, Florida, 33025.
7. Please see [SPECIAL TERMS & CONDITIONS](#) of this document for additional information.

 [Intercounty_Bid_Bond.pdf](#)

9. SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)**9.1. 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](#)

9.2. 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.

9.3. Did you select option B1 or B2 above?* Pass Fail

No

9.4. Did you select option B3 above?*

Pass Fail

No

10. EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

10.1. 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](#)

10.2. 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;

D1) Does not comply due to an exemption: No spousal benefits for anyone.

10.3. Did you select option D2 above?*

Pass Fail

No

11. DRUG-FREE WORKPLACE CERTIFICATION

11.1. 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](#)

11.2. Drug-Free Status*

Pass Fail

Complies fully.

12. 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).

12.1. 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](#)

12.2. 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.pdf](#)

12.3. 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.pdf](#)

12.4. 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](#)

[Affidavit_of_Compliance_with_Human_Trafficking_Laws.pdf](#)

13. VENDOR REGISTRATION

13.1. 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

13.1.1. What is your Vendor Number?*

Pass Fail

3687

13.2. 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](#)

13.3. 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](#)

[2025_Intercounty_Engineering_W-9.pdf](#)

14. OPTIONAL DOCUMENTATION

14.1. 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

14.2. 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

14.3. 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

14.4. 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.

No response submitted

14.5. PROFESSIONAL LICENSES

Pass Fail

1. If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation. The following licensing requirements shall apply when the applicable Florida statute mandates specific licensing for Contractors engaged in the type of work covered by this solicitation.
 - A. State of Florida, Department of Professional Regulation, Construction Industries Licensing Board and licensed by other federal, state, regional, county or municipal agencies having jurisdiction over the specified construction work.
 - B. Said licenses shall be in the Firm's name as it appears on the OpenGov registration and as appropriately registered with the applicable licensing entity. Proposer shall supply appropriate license numbers, with expiration dates, as part of their bid. Failure to hold and provide proof of proper licensing, certification and registration may be grounds for rejection of the bid.
 - C. Subcontractors contracted by the Prime Contractor shall be licensed in their respective fields to obtain construction permits as necessary. Said licenses must be in the name of the subcontractor.

 [State_General_Contractor_CGC_1528089.pdf](#)

 [State_Underground_CUC_1225605.pdf](#)

15. VENDOR CLASSIFICATION

15.1. Is your firm a Local Pembroke Pines Vendor (LPPV) and Local Broward County Vendor (LBCV)?* Pass Fail

1. The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:

1. "Local Pembroke Pines Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines, **OR**;

2. "Local Broward County Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.

2. A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the Local Pembroke Pines Vendor(s); A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the Local Broward County Vendor(s).

Yes

15.1.1. Please indicate your Local Vendor Status* Pass Fail

Local Broward County Vendor (LBCV)

15.1.2. Local Vendor Preference Certification* Pass Fail

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

 [Local Vendor Preference Certification.pdf](#)

 [Local Preference Certification.pdf](#)

15.1.3. Local Business Tax Receipts* Pass Fail

1. If claiming Local Vendor Preference, please upload any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

 [2025_Broward_County_BTR_Polk_CGC.pdf](#)

 [2025_Broward_County_BTR_Polk_CUC.pdf](#)

15.2. Is your firm a Veteran Owned Small Business (VOSB)?* Pass Fail

1. The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation.

2. A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the Veteran Owned Small Business (VOSB).

No

15.3. Is your firm a Minority-Owned Business Enterprise (MBE)?* Pass Fail

No

15.4. Is your firm a Woman-Owned Business Enterprise (WBE)?* Pass Fail

No

15.5. Is your firm a HubZone Business / Labor Surplus Area Firm?* Pass Fail

No

15.6. Is your firm a Broward County Small Business Enterprise (SBE)?* Pass Fail

No

15.7. Is your firm a Broward County Business Enterprise (CBE)?* Pass Fail

No

15.8. Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?* Pass Fail

No

15.9. Does your firm have a Vendor Classification that was not listed above?*

Pass Fail

No

PRICE TABLES

| Line Item | Description | Quantity | Unit of Measure | Unit Cost | Total | Vendor N... |
|--------------|----------------------------|----------|-----------------|--------------|---------------------|--------------------------|
| 1 | Lift Station 64 Renovation | 1 | Lump Sum | \$695,391.00 | \$695,391.00 | Intercounty Engineeri... |
| Total | | | | | \$695,391.00 | |

Payment & Performance Bonds

| Line Item | Description | Unit of Measure | Percentage |
|-----------|--|-----------------|------------|
| 1 | Cost to provide a Payment & Performance Bond for the project, in the form of a percent | Percent | 2.5% |