



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SUNZ Insurance Solutions, LLC. ID: (TLR) c/o TLR of Bonita, Inc 700 Central Ave, Suite 500 St. Petersburg, FL 33701	CONTACT NAME: Workers' Comp Department PHONE (A/C, No, Ext): 727-520-7676 x 3 E-MAIL ADDRESS: certs@encorehr.com		FAX (A/C, No): 727-525-3862
	INSURER(S) AFFORDING COVERAGE		
INSURED TLR of Bonita, Inc dba EnterpriseHR 700 Central Avenue Suite 500 St. Petersburg FL 33701	INSURER A: SUNZ Insurance Company		NAIC # 34762
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 85357776

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC039-00001-025 WC039-00001-024	6/1/2025 6/1/2024	6/1/2026 6/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$1,000,000.00 E.L. DISEASE - POLICY LIMIT \$1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage Provided for all leased employees but not subcontractors of: Stacy Bomar Construction LLC
 Client Effective: 02/20/2019

CERTIFICATE HOLDER

5475
 City of Pembroke Pines
 601 City Center Way
 Pembroke Pines, FL 33025

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rick Leonard

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER  Kay Riordan 18503 Pines Blvd Suite 210 Pembroke Pines FL 330291418	CONTACT NAME: Kay Riordan PHONE (A/C, No, Ext): 954-436-1717 E-MAIL ADDRESS: kay.riordan.c4au@statefarm.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED STACY BOMAR CONSTRUCTION, LLC 811 RENMAR DR PLANTATION FL 333174219	INSURER A: State Farm Mutual Automobile Insurance Company		25178
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

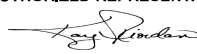
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	J36 6575-A03-59 C85 7216-E12-59F K55 4278-A26-59 K96 7498-F30-59	07/03/2025 05/12/2025 07/26/2025 06/30/2025	01/03/2026 11/12/2025 01/26/2026 12/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Pembroke Pines 601 City Center Way Pembroke Pines, FL 33025	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  This form was system-generated on 09/29/2025
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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.	Tim Bomar- MM 954-336-7809		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.	Tim Bomar- MM 954-336-7809- Sbomarconstruction@gmail.com		Complete
Organization Background				
1.2.1	Please state the year that you company started its business.	2002		Complete
1.2.2	Please state the year that your company started providing service under your current business name.	2003		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?	17 Cardinal Dr, Plantation FL 33317		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	We use Turn Two Electric, Father and Sons Plumbing and Rich Barba Mechg Services as our MEP subs	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.	Other	None of those apply	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.	we provided this previously in solicitation		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	we are a state licensed CGC and CCC	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 by Stacy Bomar Construction llc
(name of entity submitting sworn statement) whose business address is
811 Renmar DR, Plantation, FL 33317
and (if applicable) its Federal Employer Identification Number (FEIN) is
562419006. (If the entity has no FEIN, include the Social Security
Number of the individual signing this sworn statement: _____.)
2. My name is Tim Bomar and my
(Please print name of individual signing)
relationship to the entity named above is Managing Member.
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.)**

TB
Bidder's Name/Signature

Stacy Bomar Construction llc
Company

11/16/2025
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: Stacy Bomar Construction llc

AUTHORIZED OFFICER NAME / SIGNATURE: IB



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

Tim Bomar

Authorized Signer Name

Stacy Bomar Construction llc

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 IB

Title Managing Member

Name of Company Stacy Bomar Constrcuton



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

I, Tim Bomar MM, on behalf of Stacy Bomar Construction llc,
Print Name and Title Company Name

certify that Stacy Bomar Construction llc:
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.

<u>Stacy Bomar Construction</u>	<u>IB</u>	<u>Managing Member</u>
Company Name	Print Name / Signature	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.

Stacy Bomar Construction

COMPANY NAME: _____

Tim Bomar

PRINTED NAME / AUTHORIZED SIGNATURE: _____



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: 11/16/25

SIGNATURE: 

ENTITY: Stacy Bomar Construction

NAME: Tim Bomar

TITLE: Managing Member



VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	Stacy Bomar Construction		
Doing Business As (DBA)			
Primary Business Address	811 Renmar DR		
	City:	Plantation	
	State:	Fl	Zip: 33317
	Country:	Broward USA	
Remit To Address	same		
	City:		
	State:		Zip:
	Country:		
Order From Address	same		
	City:		
	State:		Zip:
	Country:		
Foreign Entity (Yes/No)	no		
Telephone Number	954-336-7809		
Primary Company E-mail	sbomarconstruction@gmail.com		
Fax	na		
Website	na		
DUNS	126111462		
Independent Contractor (Yes/No)	yes		
Identification Number	SSN:		FID: 56419006

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.
none	none	15

CONTACT # 1	
Contact Name (First & Last Name)	Tim Bomar
Description/Title/Position	Managing Member
Phone (Voice)	954-336-7809
Phone (Text)	same Opt In (Y/N): no
Fax	na
E-mail	sbomarconstruction@gmail.com

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

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

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Stacy Bomar CONstruction llc		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. 811 Renmar Dr		Requester's name and address (optional)
	6 City, state, and ZIP code Plantation, FL 33317		
	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.

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

Social security number									
or									
Employer identification number									
5	6	-	2	4	1	9	0	0	6

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ 11/16/25
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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

BOMAR, STACY L

STACY BOMAR CONSTRUCTION LLC
811 RENMAR DRIVE
PLANTATION FL 33317

LICENSE NUMBER: CGC059619

EXPIRATION DATE: AUGUST 31, 2026

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

ISSUED: 08/01/2024

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

BOMAR, STACY L

STACY BOMAR CONSTRUCTION LLC
811 RENMAR DR
PLANTATION FL 33317

LICENSE NUMBER: CCC1327784

EXPIRATION DATE: AUGUST 31, 2026

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

ISSUED: 08/01/2024

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.



BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829
VALID OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026

Business Name: STACY BOMAR CONSTRUCTION LLC

Receipt #: 180-7341
Business Type: GENERAL CONTRACTOR (GENERAL CONTRACTOR)

Owner Name: STACY L BOMAR (QUALIFIER)
Business Location: 811 RENMAR DR
PLANTATION

Business Opened: 01/14/2002
State/County/Cert/Reg: CGC059619
Exemption Code:

Business Phone:

Rooms	Seats	Employees	Machines	Professionals		
		1				
For Vending Business Only						
	Number of Machines:			Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	0.00	0.00	0.00	27.00
Receipt Fee			27.00			
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:

STACY L BOMAR
811 RENMAR DR
PLANTATION, FL 33317-4219

Receipt # 10A-24-00005865
Paid 07/16/2025 27.00

2025 - 2026

Stacy Bomar Construction, LLC
811 Renmar Dr
Plantation FL 33317

Detach and display the Local Business Tax Certificate below. Renew and display current certificate annually.



City of Plantation
LOCAL BUSINESS
TAX CERTIFICATE

Certificate #: 203514

Account #: OC08-0323

Valid from 10/1/2025 to 9/30/2026

**THIS CERTIFICATE MUST BE
CONSPICUOUSLY DISPLAYED**

Classification: (4)a General Contractor - Building

Business Name & Address:

Bomar, Stacy L
Stacy Bomar Construction LLC
811 Renmar Dr
Plantation FL 33317

NOTICE:
If Business is sold this Certificate must be transferred within 10 days or it becomes null and void.

**CERTIFICATION REGARDING LOBBYING;
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS
FOR EXPENDITURE OF FEDERAL FUNDS**

LOBBYING

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions; and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.



Signature of Contractor's Authorized Official

Stacy Bomar Construction

Contractor / Name of Company

Tim Bomar Managing Member

Printed Name and Title of Contractor's Authorized Official

11/16/25

Date

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over **\$25,000** involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.



Signature of Contractor's Authorized Official

Stacy Bomar Construction

Contractor / Name of Company

Tim Bomar Managing Member


Printed Name and Title of Contractor's Authorized Official

11/16/25

Date

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action: _____ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <div style="font-size: small; color: blue; margin-left: 20px;">Tim Bomar Managing Member</div> _____ a. bid / offer / application b. initial award c. post-award	3. Report Type: _____ a. initial filing b. material change For material change only: Year _____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: _____ Prime _____ Subawardee Tier _____, if Known: <div style="text-align: center; font-weight: bold;">Congressional District, if known:</div>	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: <div style="text-align: center; font-weight: bold;">Congressional District, if known:</div>	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____  Print Name: <u>Tim Bomar</u> Title: <u>Managing member</u> Telephone No.: <u>954-336-7809</u> Date: <u>11/16/25</u>	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number

Entity Information

STACY BOMAR CONSTRUCTION LLC

Active Registration

Unique Entity ID CAGE/NCAGE
W2KXKMV67GK3 3C5K3

Expiration Date

Apr 16, 2026

Physical Address

**811 Renmar DR
Plantation, Florida
33317-4219, United States**

Mailing Address

**811 Renmar DR
Plantation, Florida
33317-4219, United States**

Purpose of Registration

All Awards

Version

Current Record

BUSINESS INFORMATION

Doing Business As	URL
STACY BOMAR CONSTRUCTION	(blank)
Division Name	Division Number
(blank)	(blank)
Congressional District	State/Country of Incorporation
Florida 25	Florida, United States

Registration Dates

Activation Date	Initial Registration Date
Apr 18, 2025	Jan 12, 2003
Submission Date	
Apr 16, 2025	

Owner	CAGE	Legal Business Name
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Immediate Owner	(blank)	(blank)
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Entity Dates

Entity Start Date	Fiscal Year End Close Date

City of Pembroke Pines
Section 3 Implementation Plan
FORM 1 – SECTION 3 ASSESSMENT AND CERTIFICATIONS

This form is required for ALL projects and must be submitted with bid.

Project Information

Project Name:
Project Location or Address(es):

Developer/Contactor Information:

Name of Firm: Stacy Bomar Construction	Address: 811 Renmar Dr
Authorized Representative:	Title: MM
Phone: 954-336-7809	Email: Sbomarconstruction@gmail.com

1. Check all that apply to your business:

- Your business is at least 51% owned and controlled by low- or very low-income persons
- Over 75% of the labor hours performed for your business over the past three-month period were performed by Section 3 workers
- Your business is at least 51% owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing
- None of the above

2. Will you be hiring new employees or providing new training opportunities because of this contract? Yes No
3. Will you be using subcontractors to complete this project? Yes No
4. Is your bid/contract amount greater than \$200,000? Yes No

If the response to item 4 above is "YES," Section 3 requirements will be fully enforced on this project. Please complete the certifications below. Please submit FORMS 2, 3, and 6 with final compliance reports, 30 days after project completion. FORM 4 is only required if numeric goals were not met.

If NO, Section 3 participation is strongly encouraged but not required. Please attempt to meet the Section 3 goals to the greatest extent feasible. You must still complete the certifications below as applicable and return FORMS 1 with your bid.

Certifications		YES	NO	N/A
All Projects:	By completing and signing this form, I agree to comply with all applicable requirements of the Section 3 of the Housing and Urban Development Act of 1968 (24 CFR Part 75)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	I understand that I must complete and submit FORM 1 with my bid even if my bid is under \$200,000.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Projects over \$200K:	I will include the Section 3 Clause (FORM 5) in all subcontracts for which Section 3 compliance is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	I understand that I am required to submit final Section 3 reports (FORMS 2, 3, 4, and 6), as applicable, along with supporting documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	I agree that my company has made and will continue to make efforts "to the greatest extent feasible" to comply with Section 3 as required by HUD.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	I understand the minimum numerical goals for Section 3 participation and have completed FORM 1 with my bid. FORMS 2–6 will be submitted during final reporting, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare that all statements contained in this form and any accompanying documents are true and correct, and made with full knowledge that all statements given are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or revocation of funding or other penalties as prescribed under 18 U.S. Code § 1001.

TB

11/16/25

Authorized Representative Signature

Date

Stacy Bomar Construction llc Response

Pricing unsealed at Nov 18, 2025 2:34 PM

CONTACT INFORMATION

Company	Stacy Bomar Construction llc
Email	sbomarconstruction@gmail.com
Contact	Tim Bomar
Address	811 Renmar dr Plantation, FL 33317
Phone	(954) 336-7809
Website	N/A
Submission Date	Nov 16, 2025 3:30 PM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. CONFIRMATION TO BIND

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

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.* Pass Fail
 Confirmed

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

[City_of_PP_GL_cert.pdf](#)

[City_of_PP- SBC_WC.pdf](#)

[State_farm_auto- SBC-PP.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. EXPERIENCE AND CAPABILITIES

The relative experience and qualification of each applicant's proposed team, with respect to the project scope, will be judged and a relative rating assigned. This parameter expresses the general and specific project-related capability of the team and indicates the adequate depth and abilities of the organization which it can draw upon as needed. This will include management, technical, and support staff.

3.1. Explain your firm's interest in working on this project, a positive commitment to perform the required work and a description of the firm.* Pass Fail
Stacy Bomar Construction LLC has been doing government funded rehab projects in Broward county for over 20 years. We have been an approved contractor in Pembroke Pines for over 15 years and have successfully completed over 50 projects for the City. We are a licensed CGC , CCC and mold remediator.

3.2. Describe the size of your firm.* Pass Fail
We have an office staff of 3 that also handle all permitting and HOA responsibility. We have a field management staff of 4. We have a crew that combined with sub crews average over 30 individuals.

3.3. Describe your firm's financial history, strength and stability.* Pass Fail
We have been averaging 60 - 100k weekly in City funded rehabs for over 10 years. Over that time we have built up a large reserve and are able to carry projects for the many months it takes to get paid. We also have 2 lines of credit we can use if we needed to fund large projects. On average we carry 15 to 20 active projects at a time.

3.4. Describe your firm's range of activities.* Pass Fail
We are a full service CGC- we can do every aspect of home rehab- we have built complete homes. We have all the MEP's required to complete any project

3.5. Describe the specialized experience and technical competence of the firm or persons with respect to working on similar projects.* Pass Fail
Stacy Bomar Construction has focused manly on government funded re-hads for the last 20 years. We are approved contractors in over 15 South Florida City's

3.6. Do you have a minimum of two (2) years of experience? Please provide proof of such experience.* Pass Fail
Yes- we have been a State licensed CGC for almost 25 years and have been in the Pembroke Pines contractor pool for over 15 years.

3.7. The firm must provide information on their proximity to and familiarity with the area in which the project is located.* Pass Fail
Stacy Bomar Construction has located in Plantation Florida since 1999.

3.8. Explain the availability and access to the firm's top level management personnel.* Pass Fail
Tim and Stacy Bomar are active daily in the running of the company. Tim Bomar and project manager Alex Gonzales oversee the operation in the field and are on site daily at active projects.

3.9. Identify the contact person and supervisory personnel who will work on the various projects, including the relative experience of all professionals proposed for use on the team.* Pass Fail

Tim Bomar and Alex Gonzales are 2 main supervisory personal-Both have over 20 years of construction experience

3.10. Provide summaries of key persons and on-site staff to be assigned to the project with emphasis on their experience with similar work.*

Pass Fail

Tim Bomar and Alex Gonzales are 2 main supervisory personal-Both have over 20 years of construction experience

3.11. Explain the ability and experience of the field staff with specific attention to project related experience.*

Pass Fail

1. Tim and Stacy Bomar are co-owners of Stacy Bomar construction.
 2. Alex Gonzalez has been our PM for the last 6 years
 3. Sheldon Bomar runs the permit department
 4. Office manager Joe Diabase
 5. HOA and Legal matters – our attorney Amy B Marks Esq
 6. Our out-of-house designer is structural engineer Donovan Pessoa
 7. Our Roofing and PGT/ CGI rep at ABC Supply Steve Schales
 8. Norlan Rizzo is our project foreman
- Tim and Stacy handle all project bidding , RFQ paperwork, Billing and material sourcing
 - Sheldon Bomar handles all permitting issues from award until permit closure
 - Alex Gonzales handles all projects once permits are approved

3.12. Contractor should list any applicable qualification, including education, experience, honors and awards received, and professional associations of which the firm and/or its personnel are members.*

SBC has been a state licensed CCC and CGC for over 20 years-Stacy Bomar has a degree from UF school of construction

Pass Fail

3.13. Provide the recent, current, and projected workload of the firm.*

Pass Fail

Client name	Year	Amount	Program admin	Spec writer	City	Status
Kendricks	2025	\$93,800.00	BCMB	Lamar Ruffin	West Park	Complete
Sidney	2025	\$31,300.00	Monica Parkinson	City staff	North Lauderdale	Complete
Mashall	2025	\$1,200.00	Habitat for Humanity	James Coffey	Ft Lauderdale	Complete
Budhoo	2025	\$93,350.00	BCMB	Lamar Ruffin	Oakland Park	IN PROGRESS
Aldana	2025	\$57,750.00	City of Sunrise	SOFI corp	Sunrise	Complete
Fior	2025	\$67,390.00	City of Sunrise	SOFI corp	Sunrise	Complete
Anderson	2025	\$36,100.00	City of Deerfield	Lamar Ruffin	Deerfield	Complete
Oatfield	2025	\$83,790.00	Center for independent Living	Lamar Ruffin	Ft Lauderdale	Complete
Ulloa	2025	\$67,400.00	City of Davie	Lamar Ruffin	Davie	Complete
Kalchuck	2025	\$47,130.00	City of Davie	Lamar Ruffin	Davie	Complete
Castillo	2025	\$66,000.00	City of Davie	Lamar Ruffin	Davie	Complete
Goshine	2025	\$67,139.00	City of ...			

Show all ▾

3.14. What is your reputation compared to your peers in the market?*

Pass Fail

We provide a survey to all City projects when the job is complete and we always receive very high marks.

3.15. What is your reputation like among customers and how have you developed it?*

Pass Fail

Most of SBC private works comes thru referrals. We do not spend any money on advertising. We have developed our reputation as the go to contractor for Cities we work in.

3.16. How does your service differ from similar competitors? How do you win and retain business?*

Pass Fail

I do not know how my competitors do there projects. We focus on how we perform.

3.17. A brief statement must be included which explains why your proposal would be the most effective and beneficial to the City of Pembroke Pines.*

Pass Fail

City rehabs has been our number one focus for the last 15 years. Everything we do is to help facilitate the start and completion in a timely manner.

4. FIRM'S UNDERSTANDING AND APPROACH TO THE WORK

The understanding that the applicant and consultants demonstrate as to the requirements and needs of the project, including an evaluation of the thoroughness demonstrated in analyzing and investigating the scope of the project.

4.1. Provide a narrative statement demonstrating an understanding of the overall intent of this solicitation, as well as the methods used to complete assigned tasks.*

Pass Fail

As stated above- SBC has been doing City or government funded rehabs for over 20 years- It has been our primary focus for the last 15.

4.2. Please clearly describe all aspects of the project proposed.*

Pass Fail

As stated above- SBC has been doing City or government funded rehabs for over 20 years- It has been our primary focus for the last 15

4.3. Include details of your approach and work plans.*

Pass Fail

As stated above- SBC has been doing City or government funded rehabs for over 20 years- It has been our primary focus for the last 15

4.4. How would you organize this project in terms of milestones?*

Pass Fail

As stated above- SBC has been doing City or government funded rehabs for over 20 years- It has been our primary focus for the last 15

4.5. Identify any issues or concerns of significance that may be appropriate.*

Pass Fail

None- we have seen it all over the last 20 years.

4.6. How do you ensure the quality of your services?*

Pass Fail

We are actively managed during all phases of the project- starting from the prebid, to the contract signing, to permitting and then on to the construction side.

4.7. What criteria do you use to measure your quality?*

Pass Fail

The scope of work is provided by the City's spec writer. In this scope level of finishes is stated. Once the project is completed it is inspected by City inspectors for code and the City inspector for quality and that it is as completed as specified.

4.8. How often do you find mistakes or errors in your work and what is done to correct these errors, and what is the average correction time?*

Pass Fail

Everyone makes mistakes- We actively manage our projects and if a mistake is made it is corrected as per City specs.

4.9. Describe the firm's techniques for quality control. At a minimum describe the firm's technique to control design and contract documentation, including record keeping.*

Pass Fail

Every city project has a unique set of closeout documentation that has to be provided. There is permit documentation that is job specific that has to be provided to the building department in order to receive a permit. Then there is the paperwork that has to be provided to the homeowner at job completion- this includes warranties, lien release, NOC releases, material warranties and permit info. Then there is the program paperwork- (every City or program has a different set of documents required at completion of a project)

5. PREVIOUS EXPERIENCE

In this section, vendors are required to provide a detailed account of their previous experience relevant to the services outlined in this solicitation. The aim is to assess the vendor's capability and track record in delivering similar projects.

5.1. How many clients have you provided Services for?* Pass Fail
 We have completed over 1500 City funded projects in the last 20 years.

5.2. What similar or related projects have you worked on within the past three years?* Pass Fail
 We currently work in over 15 City including Pembroke Pines at the moment- We currently have 4 City projects in Pembroke Pines- 1 that just completed, 1 under construction and 2 in the permit phase as we got NTP last week.

5.3. What challenges did you face and how did you overcome them?* Pass Fail
 We have systems in place to ensure a smooth process from award thru project completion. I would say the biggest challenges lately has been permit review at every City. It seems like staffing at building departments has been a problem since covid- as permitting has gone online as to in person the quality and speed of permitting has decreased. We have been setting expectations with clients that on average permitting process could take up to 3 months. We have also hired additional permitting staff at SBC

5.4. How many of your clients are repeat clients?* Pass Fail
 Of our private work most is a referral from a previous client- On the program side, clients can not go back into the program for 10 to 15 years.

5.5. How much of your revenue is derived from managing projects similar to ours?* Pass Fail
 Over 80% of SBC revenue comes from City rehab projects.

5.6. Please describe the past record of performance of the firm or person with respect to accessibility to clients, ability to meet schedules, communication, and coordination skills. * Pass Fail
 SBC personally manages every project. Clients will see one of the owners or a project manager almost on a daily basis once project has started. Also as technology has increased we usually will communicate thru text message with clients to keep them informed on schedules.

6. 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.

6.1. Reference Contact Information - Name of Firm, City, County or Agency* Pass Fail
 Minority Builders Coalition- Program administrator

6.2. Reference Contact Information - Reference's Business Address* Pass Fail
 499 NW 70th Ave, Plantation FL 33317

6.3. Reference Contact Information - Reference's Contact Name & Title* Pass Fail
 Janice Hayes-Director of housing- 954-792-1121 ext 125

6.4. Reference Contact Information - Reference's E-mail Address* Pass Fail
 Janice.Hayes@minoritybuilders.org

6.5. Reference Contact Information - Reference's Phone Number* Pass Fail
 954-792-1121 ext 125

6.6. Project Information - Was your firm the prime contractor for the listed project?* Pass Fail
 Yes

6.7. Project Information - Name of Contactor Performing the Work* Pass Fail
 Stacy Bomar Construction was the CGC on all projects

6.8. Project Information - Name and location of the project* Pass Fail
 We have performed over 300 projects together over the last 15 years

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

1. Tim and Stacy Bomar are co-owners of Stacy Bomar construction.
2. Alex Gonzalez has been our PM for the last 6 years
3. Sheldon Bomar runs the permit department
4. Office manager Joe Diabase
5. HOA and Legal matters - our attorney Amy B Marks Esq
6. Our out-of-house designer is structural engineer Donovan Pessoa
7. Our Roofing and PGT/ CGI rep at ABC Supply Steve Schales
8. Norlan Rizzo is our project foreman
9. Pete Mistler is our Plumbing sub of 15+ years as the qualifier of Father -n Son plumbing
10. Lashawn Lattibeaudiere with Turn Two Electric has been our electrical sub for 20 + years
11. Rich Barba of Rich Barba Mech services has been our mech sub for the last 15 years
12. We have multiple other subs we can use if needed that do tile work, framing, drywall, painting, concrete work, paver, countertops and more

• Tim and Stacy ...
 Show all ▾

6.10. Project Information - Project Duration* Pass Fail
 City performed rehabs- most were 120 days from NTP

6.11. Project Information - Completion (Anticipated) Date* Pass Fail
 We provided a current work flow in section 3.13 above

6.12. Project Information - Size of Project* Pass Fail
 The average size project was around 50k

6.13. Project Information - Cost of Project* Pass Fail
 SBC operates on 8% overhead and averages 17% profit

7. REFERENCE # 2

7.1. Reference Contact Information - Name of Firm, City, County or Agency* Pass Fail

TSC inspection Services- program spec writer for multiple Cities

7.2. Reference Contact Information – Reference's Business Address* Pass Fail

PO Box 120487, Ft Lauderdale FL 33312

7.3. Reference Contact Information – Reference's Contact Name & Title* Pass Fail

La;mar Ruffins- owner

7.4. Reference Contact Information – Reference's E-mail Address* Pass Fail

Tscinspectservices@gmail.com

7.5. Reference Contact Information – Reference's Phone Number* Pass Fail

954-709-04741

7.6. Project Information – Was your firm the prime contractor for the listed project?* Pass Fail

Yes

7.7. Project Information – Name of Contactor Performing the Work* Pass Fail

Stacy Bomar Construction was the CGC on all projects

7.8. Project Information – Name and location of the project* Pass Fail

We have performed over 500 projects together over the last 15 years

7.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for* Pass Fail

1. Tim and Stacy Bomar are co-owners of Stacy Bomar construction.
2. Alex Gonzalez has been our PM for the last 6 years
3. Sheldon Bomar runs the permit department
4. Office manager Joe Diabase
5. HOA and Legal matters – our attorney Amy B Marks Esq
6. Our out-of-house designer is structural engineer Donovan Pessoa
7. Our Roofing and PGT/ CGI rep at ABC Supply Steve Schales
8. Norlan Rizzo is our project foreman
9. Pete Mistler is our Plumbing sub of 15+ years as the qualifier of Father -n Son plumbing
10. Lashawn Lattibeaudiere with Turn Two Electric has been our electrical sub for 20 + years
11. Rich Barba of Rich Barba Mech services has been our mech sub for the last 15 years
12. We have multiple other subs we can use if needed that do tile work, framing, drywall, painting, concrete work, paver, countertops and more

• Tim and Stacy ...

Show all ▾

7.10. Project Information – Project Duration* Pass Fail

City performed rehabs- most were 120 days from NTP

7.11. Project Information – Completion (Anticipated) Date* Pass Fail

We provided a current work flow in section 3.13 above

7.12. Project Information – Size of Project* Pass Fail

The average size project was around 50k

7.13. Project Information – Cost of Project* Pass Fail

SBC operates on 8% overhead and averages 17% profit

8. REFERENCE # 3

8.1. Reference Contact Information – Name of Firm, City, County or Agency* Pass Fail

Grants division - City of Sunrise

8.2. Reference Contact Information – Reference's Business Address* Pass Fail

10770 West Oakland Park Blvd

8.3. Reference Contact Information – Reference's Contact Name & Title* Pass Fail

Stephanie Hahn- Grants Administrator

8.4. Reference Contact Information – Reference's E-mail Address* Pass Fail

Shahn@sunrisefl.gov

8.5. Reference Contact Information – Reference's Phone Number* Pass Fail

954-578-4767

8.6. Project Information – Was your firm the prime contractor for the listed project?* Pass Fail

Yes

8.7. Project Information – Name of Contactor Performing the Work* Pass Fail

Stacy Bomar Construction was the CGC on all projects

8.8. Project Information – Name and location of the project* Pass Fail

We have preformed over 30 Sunrise City projects with Mrs. Hahn

8.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for* Pass Fail

1. Tim and Stacy Bomar are co-owners of Stacy Bomar construction.
2. Alex Gonzalez has been our PM for the last 6 years
3. Sheldon Bomar runs the permit department
4. Office manager Joe Diabase
5. HOA and Legal matters – our attorney Amy B Marks Esq
6. Our out-of-house designer is structural engineer Donovan Pessoa
7. Our Roofing and PGT/ CGI rep at ABC Supply Steve Schales
8. Norlan Rizzo is our project foreman
9. Pete Mistler is our Plumbing sub of 15+ years as the qualifier of Father -n Son plumbing
10. Lashawn Lattibeaudiere with Turn Two Electric has been our electrical sub for 20 + years
11. Rich Barba of Rich Barba Mech services has been our mech sub for the last 15 years
12. We have multiple other subs we can use if needed that do tile work, framing, drywall, painting, concrete work, paver, countertops and more

• Tim and Stacy ...
Show all ▼

8.10. Project Information – Project Duration* Pass Fail
City performed rehabs- most were 120 days from NTP

8.11. Project Information – Completion (Anticipated) Date* Pass Fail
We provided a current work flow in section 3.13 above

8.12. Project Information – Size of Project* Pass Fail
The average size project was around 60k

8.13. Project Information – Cost of Project* Pass Fail
SBC operates on 8% overhead and averages 17% profit

9. REFERENCE # 4

9.1. Reference Contact Information – Name of Firm, City, County or Agency Pass Fail
Habitat for Humanity of Broward

9.2. Reference Contact Information – Reference's Business Address Pass Fail
888 NW 62nd St , Ft Lauderdale, FL 33309

9.3. Reference Contact Information – Reference's Contact Name & Title Pass Fail
James Coffey- Manager

9.4. Reference Contact Information – Reference's E-mail Address Pass Fail
James@habitatbroward.org

9.5. Reference Contact Information – Reference's Phone Number Pass Fail
727-842-3885

9.6. Project Information – Was your firm the prime contractor for the listed project? Pass Fail
Yes

9.7. Project Information – Name of Contactor Performing the Work Pass Fail
Stacy Bomar Construction was the CGC on all projects

9.8. Project Information – Name and location of the project Pass Fail
We have completed over 50 projects with Habitat- we currently are building 2 new homes for them,

9.9. Project Information – Nature of the firm's responsibility on the project and work for which staff was responsible for Pass Fail

1. Tim and Stacy Bomar are co-owners of Stacy Bomar construction.
2. Alex Gonzalez has been our PM for the last 6 years
3. Sheldon Bomar runs the permit department
4. Office manager Joe Diabase
5. HOA and Legal matters – our attorney Amy B Marks Esq
6. Our out-of-house designer is structural engineer Donovan Pessoa
7. Our Roofing and PGT/ CGI rep at ABC Supply Steve Schales
8. Norlan Rizzo is our project foreman
9. Pete Mistler is our Plumbing sub of 15+ years as the qualifier of Father -n Son plumbing
10. Lashawn Lattibeaudiere with Turn Two Electric has been our electrical sub for 20 + years
11. Rich Barba of Rich Barba Mech services has been our mech sub for the last 15 years
12. We have multiple other subs we can use if needed that do tile work, framing, drywall, painting, concrete work, paver, countertops and more

• Tim and Stacy ...
Show all ▼

9.10. Project Information – Project Duration Pass Fail
City performed rehabs- most were 120 days from NTP

9.11. Project Information – Completion (Anticipated) Date Pass Fail
We provided a current work flow in section 3.13 above

9.12. Project Information – Size of Project Pass Fail
The average size project was around 60k

9.13. Project Information – Cost of Project Pass Fail
SBC operates on 8% overhead and averages 17% profit

10. REFERENCE # 5

10.1. Reference Contact Information – Name of Firm, City, County or Agency Pass Fail
Program Coordinator of Housing, Davie

10.2. Reference Contact Information – Reference's Business Address Pass Fail
4700 Davie Rd, davie FL 33314

10.3. Reference Contact Information – Reference's Contact Name & Title Pass Fail
Jael Martinez- Program Coordinator of Housing- davie

10.4. Reference Contact Information – Reference's E-mail Address Pass Fail
Jmartinez@davie-fl.gov

10.5. Reference Contact Information – Reference's Phone Number Pass Fail
954-797-1152

10.6. Project Information – Was your firm the prime contractor for the listed project? Pass Fail
Yes

10.7. Project Information - Name of Contactor Performing the Work Pass Fail
Stacy Bomar Construction was the CGC on all projects

10.8. Project Information - Name and location of the project Pass Fail
We have completed over 50 projects with the town of Davie

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

1. Tim and Stacy Bomar are co-owners of Stacy Bomar construction.
2. Alex Gonzalez has been our PM for the last 6 years
3. Sheldon Bomar runs the permit department
4. Office manager Joe Diabase
5. HOA and Legal matters - our attorney Amy B Marks Esq
6. Our out-of-house designer is structural engineer Donovan Pessoa
7. Our Roofing and PGT/ CGI rep at ABC Supply Steve Schales
8. Norlan Rizzo is our project foreman
9. Pete Mistler is our Plumbing sub of 15+ years as the qualifier of Father -n Son plumbing
10. Lashawn Lattibeaudiere with Turn Two Electric has been our electrical sub for 20 + years
11. Rich Barba of Rich Barba Mech services has been our mech sub for the last 15 years
12. We have multiple other subs we can use if needed that do tile work, framing, drywall, painting, concrete work, paver, countertops and more

• Tim and Stacy ...
Show all ▾

10.10. Project Information - Project Duration Pass Fail
City performed rehabs- most were 120 days from NTP

10.11. Project Information - Completion (Anticipated) Date Pass Fail
We provided a current work flow in section 3.13 above

10.12. Project Information - Size of Project Pass Fail
Average project size is 50K

10.13. Project Information - Cost of Project Pass Fail
SBC operates on 8% overhead and averages 17% profit

11. PROJECT DOCUMENTS

11.1. 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.xlsx](#)

[Proposers_Background_Information_Form.xlsx](#)

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

12.1. 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](#)

12.2. 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.

12.3. Did you select option B1 or B2 above?* Pass Fail
No

12.4. Did you select option B3 above?* Pass Fail
No

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

13.1. 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](#)

13.2. 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.

13.3. Did you select option D2 above?*

Pass Fail

No

14. DRUG-FREE WORKPLACE CERTIFICATION

14.1. VENDOR DRUG FREE WORKPLACE CERTIFICATION*

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](#)

14.2. Drug-Free Status*

Pass Fail

Complies fully.

15. 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).

15.1. 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](#)

15.2. 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](#)

15.3. 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](#)

15.4. 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](#)

[Human_Trafficking_Affidavit.pdf](#)

16. VENDOR REGISTRATION

16.1. 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.

No

16.2. 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](#)

16.3. 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](#)

[Form-W-9.pdf](#)

17. OPTIONAL DOCUMENTATION

17.1. 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.

- 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

17.2. FINANCIAL STATEMENTS

- 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.
- 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

17.3. ALTERNATIVES

- If you are submitting an alternative product, please upload any related information in this section (such as specification sheets, etc.).
- 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

17.4. ADDITIONAL INFORMATION

- 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

17.5. PROFESSIONAL LICENSES

- If applicable, please upload any professional licenses that may be required to perform the services outlined in the solicitation.

Pass Fail

[SBC_county_bus_tax_2027.pdf](#)

[Local_Bus_Tax_Cert_REN25-00328_2026.pdf](#)

[CCC_lic_2026.pdf](#)

[CGC_lic_2026.pdf](#)

18. VENDOR CLASSIFICATION

18.1. Is your firm a Veteran Owned Small Business (VOSB)?*

Pass Fail

- 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.
- 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

18.2. Is your firm a Minority-Owned Business Enterprise (MBE)?*

Pass Fail

No

18.3. Is your firm a Woman-Owned Business Enterprise (WBE)?*

Pass Fail

No

18.4. Is your firm a HubZone Business / Labor Surplus Area Firm?*

Pass Fail

No

18.5. Is your firm a Broward County Small Business Enterprise (SBE)?*

Pass Fail

No

18.6. Is your firm a Broward County Business Enterprise (CBE)?*

Pass Fail

No

18.7. Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?*

Pass Fail

No

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

Pass Fail

No

19. FEDERAL DOCUMENTS

19.1. Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds*

Pass Fail

1. Lobbying:

- As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over **\$100,000** involving the expenditure of Federal funds, the Contractor must complete the **Certification Regarding Lobbying**.
- If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the Contractor shall also complete and submit the **Standard Form - LLL, "Disclosure Form to Report Lobbying,"** in accordance with its instructions.

2. Debarment, Suspension and Other Responsibility Matters:

- Where the Contractor is unable to certify to any of the statements in the certification for **Debarment, Suspension and Other Responsibility Matters**, he or she shall **provide an explanation**.

- Please download the below documents, complete, and upload.

[Federal Certification for Lobbying and Debarment and Form LLL.pdf](#)

[Federal_Certification_for_Lobbying_and_Debarment_and_Form_LLL.pdf](#)

19.2. Are you currently registered as an active entity on SAM.gov (System for Award Management)?*

Pass Fail

- All vendors submitting bids for this project must be registered and active in the System for Award Management (SAM.gov) at the time of bid award. This is a federal requirement for entities receiving federal funds, including contracts, grants, or other financial assistance. Registration on SAM.gov ensures that vendors are eligible to do business with the U.S. government and are not suspended, debarred, or otherwise excluded from participation in federal programs. SAM registration is free and can be completed at <https://sam.gov>. Bidders must provide their Unique Entity ID (UEI) and proof of active registration as part of their proposal.

Yes

19.2.1. If yes, please provide your Unique Entity ID (UEI)*

Pass Fail

19.2.2. What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)*

Pass Fail

04/16/2026

19.2.3. Proof of Registration Upload*

Pass Fail

1. Please upload a PDF copy or screenshot of your entity's active registration status from SAM.gov that includes:

1. Entity Name
2. Unique Entity ID (UEI)
3. DUNS (if applicable)
4. Registration Status ("Active")
5. Expiration Date

2. This document must be downloaded from <https://sam.gov> and must show the current status at the time of bid submission.

 [SAM.gov_2026.pdf](#)

19.3. Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?*


Pass Fail


No

19.4. Form 1 of HUD Section 3 Implementation Plan*

Pass Fail

1. This project is governed by Section 3 of the Housing and Urban Development Act of 1968, as amended. Section 3 ensures that employment and economic opportunities created by HUD assistance benefit low- and very low-income individuals, especially those residing within the project's service area.
2. NO VALUEs must demonstrate their compliance with Section 3 requirements, please see "**HUD Section 3 Implementation Plan and Forms 1-6**" in the attachments section for additional information.
3. This may include providing information on how they will hire qualified low- and very low-income individuals and/or utilize Section 3 businesses as part of the project.
4. As part of the bidding process, NO VALUE must return **Form 1** with their bid submission, as failure to do so may result in the disqualification of your submittal.
5. In addition, Forms 2-6 must be submitted with final reporting, 30 days after project completion, as applicable.
6. Please download the below documents, complete, and upload.

 [Form_1_of_HUD_Section_3_Implementation_Plan.pdf](#)

 [Form_1.pdf](#)

19.5. I certify that the information provided above is true and correct to the best of my knowledge. I understand that false or misleading statements may disqualify this bid and subject the entity to federal penalties.*

Confirmed

Pass Fail