

Question	ABS General Contractors, INC	Reliant Construction Group, INC	REGOSA ENGINEERING SERVICES	DAN ENTERPRISES TEAM, LLC
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.				
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.				
Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	Yes	Yes	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes	Yes	Yes
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.13(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM				
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.	B) Will comply by contract award.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent awarded.				
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION				
Drug-Free Status	Included Complies fully.	Included Complies fully.	Included Complies fully.	Included Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION	Included	Included	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	No
What is your Vendor Number?				
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ALTERNATIVES				
ADDITIONAL INFORMATION				
		Toxic Substance Control Certification	SunBiz Balance Sheet Profit and Loss Sheet Reference Sheet	Certification to conduct Renovation, Repair and Painting Profit and Loss Sheet State Registration
PROFESSIONAL LICENSES				
	Class B air conditioning License General Contractor License Plumbing Contractor License Roofing Contractor License Underground Utility & Excavation License Letter of Intent	General Contractor License	Roofing Contractor License General Contractor License Mechanical Contractor License Plumbing Contractor License	General Contractor License
VENDOR CLASSIFICATION				
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	N/A	LBTR-Miami Dade-09-30-26	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	Hispanic-American MBE	N/A	N/A	Hispanic-American MBE
MBE Certification Documentation	Not Included	N/A	N/A	MBE Certification
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	Yes
WMBE Certification Documentation	N/A	N/A	N/A	WBE Certification
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	Yes
SBE Certification Documentation	N/A	N/A	N/A	SBE Certification
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	Yes
CBE Certification Documentation	N/A	N/A	N/A	CBE Certification
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
FEDERAL DOCUMENTS				
Certification Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds	Included	Included	Included	Included
Are you currently registered as an active entity on SAM.gov (System for Award Management)?	Yes	Yes	No	No
If yes, please provide your Unique Entity ID (UEI)	TNPHHEM3NQH1	G6SNNSRCE19		N/A
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	12/30/2025	12/03/2025		N/A
Proof of Registration Upload	N/A	N/A	N/A	N/A
Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?	No	No	No	No
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A
Form 1 of HUD Section 3 Implementation Plan	Included	Included	Included	Included
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	Confirmed	Confirmed	Confirmed

Question	VP Contracting Services	Stacy Bomar Construction, LLC	James Joyce Construction Corp	Byrdson Services, LLC
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.				
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.				
Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	No	No	No	No
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	Yes	Yes	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes	Yes	Yes
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included	Included
Equal Benefits Status	A) Contractor currently complies.	D) Does not comply due to an exemption: No spousal benefits for anyone.	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option B2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION	Included	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included - Not City Form	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION	Included	Included	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	Yes	No
What is your Vendor Number?			3701	
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ALTERNATIVES				
ADDITIONAL INFORMATION				Certified Safety Professional Certification Claim free builder certificate Toxic Substances control certification State Registration
PROFESSIONAL LICENSES	General Contractor License Roofing Contractor License	General Contractor License Roofing Contractor License	General Contractor License	Residential Contractor License Roofing Control License Glass and Glazing Contractor License
VENDOR CLASSIFICATION				
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	N/A	LBTR-Broward-09-30-26 LBTR-Plantation-09-30-26	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A	N/A
MBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	Yes	No
SBE Certification Documentation	N/A	N/A	SBE Letter	N/A
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	No
CBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
FEDERAL DOCUMENTS				
Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds	Included	Included	Included	Included
Are you currently registered as an active entity on SAM.gov (System for Award Management)?	No	Yes	Yes	Yes
If yes, please provide your Unique Entity ID (UEI)	N/A	W2KXKMV67GK3	R7D6AE2DS165	F8630C7K2WL4
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	N/A	04/16/2026	02/11/2026	January 22, 2026
Proof of Registration Upload	N/A	N/A	N/A	N/A
Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?	No	No	No	No
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A
Form 1 of HUD Section 3 Implementation Plan	Included	Included	Included	Included
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	Confirmed	Confirmed	Confirmed

Question	HOGGINS CONSTRUCTION UNLIMITED	R&B Remodeling, Inc	Windows & More Solutions, INC	Louminel General Contractor, LLC
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
I certify that, if awarded this contract, I will be required to obtain and maintain all insurance policies as detailed in the INSURANCE REQUIREMENTS Section of this solicitation before any work may commence, and throughout the life of the contract.	Confirmed	Confirmed	Confirmed	Confirmed
Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best, and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.				
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.				
Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	Yes	Yes	Yes	Yes
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	Yes	Yes	Yes	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes	Yes	Yes
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM	Included	Included	Included	Included
Equal Benefits Status	D1) Does not comply due to an exemption: No spousal benefits for anyone.	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the cash equivalent provided.				
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION	Included	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION	Included	Included	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	Yes
What is your Vendor Number?				7118
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ALTERNATIVES				
ADDITIONAL INFORMATION	Toxic Substances Control Certification	Annual Report Article of Incorporation Certificate of Exemption Toxic Substance Certificate	Annual Report Articles of Incorporation BBB Certificate Fictitious name certification Insurance Endorsement	Past Projects and experiences SunBiz
PROFESSIONAL LICENSES	General Contractor License Roofing Contractor License Mold Remediator License Home Inspector License Mold Assessor License	Building Contractor License	Residential Contractor License	
VENDOR CLASSIFICATION				
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	LBTR-Broward-09-30-26 LBTR-Pompano Beach-09-30-26	LBTR-Broward-09-30-26 LBTR-Miramar-09-30-26	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	Yes	Yes
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	Hispanic-American MBE	African-American MBE
MBE Certification Documentation	N/A	N/A	MBE Certification	
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	Yes	No
WMBE Certification Documentation	N/A	N/A	WBE Certification	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	No	No	No	Yes
SBE Certification Documentation	N/A	N/A	N/A	
Is your firm a Broward County Business Enterprise (CBE)?	No	No	No	Yes
CBE Certification Documentation	N/A	N/A	N/A	
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	No	No	No	No
DBE Certification Documentation	N/A	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
FEDERAL DOCUMENTS				
Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds	Included	Included	Included	Included
Are you currently registered as an active entity on SAM.gov (System for Award Management)?	Yes	Yes	Yes	Yes
If yes, please provide your Unique Entity ID (UEI)	FMVZGBUUVJ3	LB2TA2MK8GR3	ZC6NAVY5NH5	VEZ5C9KTSR3
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)	10/11/2026	Jan 23, 2026	Aug 15, 2026	2026-05-08
Proof of Registration Upload	N/A	N/A	N/A	N/A
Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?	No	No	No	No
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A
Form 1 of HUD Section 3 Implementation Plan	Included	Included	Included	Included
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	Confirmed	Confirmed	Confirmed

Question	Concord Technologies, Inc.	Resipro, LLC	HRT Construction Group, LLC	Kyren Group, LLC
CONFIRMATION TO BIND				
I certify that I have read, understood and agree to the terms in this solicitation, and that I am authorized to submit this response on behalf of my company.	Confirmed	Confirmed	Confirmed	Confirmed
CERTIFICATION OF INSURANCE COMPLIANCE AND INTENT TO PROCURE REQUIRED COVERAGE				
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Do you confirm that you will only use insurance carriers licensed to do business in the State of Florida and rated no less than "A" as to management, and no less than "Class VI" as to financial strength by A.M. Best and that you understand all endorsements required (e.g., Additional Insured, Waiver of Subrogation, etc.) must be included?	Yes	Yes	Yes	Yes
Do you currently carry insurance policies that meet or exceed the minimum requirements outlined in the INSURANCE REQUIREMENTS section of this solicitation?	Yes	Yes	Yes	Yes
Please upload your current certificate(s) of insurance that demonstrate compliance with the insurance requirements outlined in this solicitation.				
Please upload documentation showing that you have obtained a letter from your insurance broker or carrier, such as a Letter of Intent to Insure, Evidence of Insurability, or a Conditional Certificate of Insurance.				
Please upload your current certificate(s) of insurance.	Included	Included	Included	Included
Do you believe you are exempt from one or more insurance requirements (e.g., Workers' Compensation)?	Yes	No	No	Yes
Please upload written documentation requesting an exemption on your company letterhead, subject to City approval.				
Do you plan on using subcontractors for this project?	Yes	Yes	No	Yes
Do you acknowledge that all subcontractors must also carry the same insurance or be covered under your policy, and that proof of such coverage must be provided to the City?	Yes	Yes		Yes
PROJECT DOCUMENTS				
PROPOSERS BACKGROUND INFORMATION FORM	Included	Included	Included	Included
SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.13(3)(a)				
SWORN STATEMENT ON PUBLIC ENTITY CRIMES FORM	Included	Included	Included	Included
Public Entity Crimes Status	A) No convictions.	A) No convictions.	A) No convictions.	A) No convictions.
Did you select option B1 or B2 above?	No	No	No	No
Please upload a copy of the final order issued by the hearing officer of the State of Florida, Division of Administrative Hearings.				
Did you select option B3 above?	No	No	No	No
Please describe any action taken by or pending with the Department of General Services.				
EQUAL BENEFITS CERTIFICATION FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES				
EQUAL BENEFITS CERTIFICATION FORM	Included(No Selection)	Included	Included	Included
Equal Benefits Status	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.	A) Contractor currently complies.
Did you select option D2 above?	No	No	No	No
Please upload a notarized affidavit detailing the reasonable efforts made to provide benefits to employees' Domestic Partners or spouses, along with the amount of the each employee's net salary.				
DRUG-FREE WORKPLACE CERTIFICATION				
VENDOR DRUG FREE WORKPLACE CERTIFICATION	Included (No Selection)	Included	Included	Included
Drug-Free Status	Complies fully.	Complies fully.	Complies fully.	Complies fully.
STANDARD DOCUMENTS				
NON-COLLUSIVE AFFIDAVIT	Included	Included	Included	Included
SCRUTINIZED COMPANY CERTIFICATION	Included	Included	Included	Included
E-VERIFY SYSTEM CERTIFICATION	Included	Included	Included	Included
HUMAN TRAFFICKING AFFIDAVIT	Included	Included	Included	Included
VENDOR REGISTRATION	Included	Included	Included	Included
Do you currently have a City of Pembroke Pines Vendor Number registered in the PaymentWorks System?	No	No	No	No
What is your Vendor Number?				
VENDOR INFORMATION FORM	Included	Included	Included	Included
FORM W-9 (REVISED MARCH 2024)	Included	Included	Included	Included
OPTIONAL DOCUMENTATION				
TRADE SECRETS				
FINANCIAL STATEMENTS				
ALTERNATIVES				
ADDITIONAL INFORMATION		Toxic Substance Certification Written Consent State Registration		SunBiz
PROFESSIONAL LICENSES	General Contractor License Professional Engineer License	Residential Contractor License	General Contractor License	General Contractor License
VENDOR CLASSIFICATION				
Please indicate your Local Vendor Status	N/A	N/A	N/A	N/A
Local Vendor Preference Certification	N/A	N/A	N/A	N/A
Local Business Tax Receipts	LBTR-Pembroke Pines-09-30-26	N/A	N/A	N/A
Is your firm a Veteran Owned Small Business (VOSB)?	No	No	No	No
Upload the "Determination Letter" from the United States Department of Veteran Affairs Center notifying the business that they have been approved as a Veteran Owned Small Business (VOSB)	N/A	N/A	N/A	N/A
Upload Veteran Owned Small Business Certification(s) from any relevant agency(ies)	N/A	N/A	N/A	N/A
Is your firm a Minority-Owned Business Enterprise (MBE)?	No	No	No	No
Please indicate the classification of your Minority-Owned Business Enterprise (MBE)	N/A	N/A	N/A	N/A
MBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Woman-Owned Business Enterprise (WBE)?	No	No	No	No
WMBE Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a HubZone Business / Labor Surplus Area Firm?	No	No	No	No
HubZone Business / Labor Surplus Area Firm Certification Documentation	N/A	N/A	N/A	N/A
Is your firm a Broward County Small Business Enterprise (SBE)?	Yes	No	No	No
SBE Certification Documentation	SBE Certificate	N/A	N/A	
Is your firm a Broward County Business Enterprise (CBE)?	Yes	No	No	No
CBE Certification Documentation	CBE Certificate	N/A	N/A	
Is your firm a Broward County Disadvantaged Business Enterprise (DBE)?	Yes	No	No	No
DBE Certification Documentation	DBE Certificate	N/A	N/A	N/A
Does your firm have a Vendor Classification that was not listed above?	No	No	No	No
Other Vendor Classification Certification Documentation	N/A	N/A	N/A	N/A
FEDERAL DOCUMENTS				
Certification Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds	Included	Included	Included	Included
Are you currently registered as an active entity on SAM.gov (System for Award Management)?	No	Yes	Yes	Yes
If yes, please provide your Unique Entity ID (UEI)		DDSSJ1F8LU41	FZZHWFB9KDT3	HRW4G57HFCAS
What is the expiration date of your current SAM.gov registration? (MM/DD/YYYY)		01/14/2026	10/16/2026	11/30/25
Proof of Registration Upload	N/A	N/A	N/A	N/A
Debarment Status - Is your entity currently debarred, suspended, or otherwise excluded from receiving federal contracts or financial assistance?	No	No	No	No
If yes, please provide an explanation.	N/A	N/A	N/A	N/A
If yes, please upload any relevant documentation, if applicable.	N/A	N/A	N/A	N/A
Form 1 of HUD Section 3 Implementation Plan	Included	Included	Included	Included
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	Confirmed	Confirmed	Confirmed