

Primary Responses

Success: All data is valid!

				Numeric	Text	
Status	Bid/No Bid Decision	#	Item	Unit Price	Vendor Notes	Total Cost
Success: All values provided	Bid	#0-1	Lump Sum for Building E, P & I	\$ 307,997.71	Estimated 100% of the scope of work	\$ 307,997.71

Additional Work

Success: All values provided	Bid	#1-1	Conduit Per Linear FT	\$ 437.50	Material, labor and installation included	\$ 437.50
Success: All values provided	Bid	#1-2	Raceway Per Linear FT	\$ 437.50	Material, labor and installation included	\$ 437.50
Success: All values provided	Bid	#1-3	Addressable Duct Detectors with Test Switch, Relay Modules and Smoke Detector Per Unit	\$ 240.00	Material, labor and installation included	\$ 240.00
Success: All values provided	Bid	#1-4	Addressable Heat Detector Per Unit	\$ 223.00	Material, labor and installation included	\$ 223.00
Success: All values provided	Bid	#1-5	Addressable Smoke Detector Per Unit	\$ 223.00	Material, labor and installation included	\$ 223.00
Success: All values provided	Bid	#1-6	Addressable Pull Station Per Unit	\$ 1,172.50	Material, labor and installation included	\$ 1,172.50
Success: All values provided	Bid	#1-7	Strobe Light Per Unit	\$ 149.00	Material, labor and installation included	\$ 149.00
Success: All values provided	Bid	#1-8	Speaker Strobe Per Unit	\$ 195.00	Material, labor and installation included	\$ 195.00

Question Set 1: Contact Information Form

#	Question	Response	Comment
Company Information			
1.1.1	Company Name	Dan Enterprises Team, LLC	
1.1.2	Company Address	18501 Pines Blvd Suite 357 Pembroke Pines, FL 33029	
Primary Contact for the Project			
1.2.1	Contact Name	Teddy Castellanos	
1.2.2	Contact Title	Supply Chain & Operation Manager	
1.2.3	Contact E-mail Address	<a href="mailto:tc@danenterpriseteam.com">tc@danenterpriseteam.com</a>	
1.2.4	Contact Telephone Number	786-450-1555	
Authorized Approver			
1.3.1	Contact Name	Heidi Perez	
1.3.2	Contact Title	Managing Partner	
1.3.3	Contact E-mail Address	<a href="mailto:ha@danenterpriseteam.com">ha@danenterpriseteam.com</a>	
1.3.4	Contact Telephone Number	305-343-5755	
10 Questions		100.00% Complete	

## Question Set 2: Proposer's Background Information

#	Question	Response	Comment
<b>Former Business</b>			
2.1.1	Under what former name has your business operated? Include a description of the business.	Always under the same name	We provide services and equipment for firefighting, industrial and residential, we are suppliers of the best brands in the market.
2.1.2	At what address was that business located?	N/A	
<b>Past Failure</b>			
2.2.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No	
<b>Inspected</b>			
2.3.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes	We have the experience in the installation and supply of this requested service and in this case we have installed the specific equipment requested and responsibly evaluated the entire scope of work described in the bid.
<b>Subcontracting</b>			
2.4.1	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 will work with our allied company Century Fire, Inc, whose highly qualified personnel with over 25 years of experience, full knowledge of the codes and upgrade protocols and skills to work in the field.
<b>Bankruptcy Petitions</b>			
2.5.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	N/A	
<b>Bond Claims</b>			
2.6.1	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).	N/A	
<b>Claims, Arbitrations, Administrative Hearings and Lawsuits</b>			
2.7.1	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.	N/A	
<b>Criminal Proceedings or Hearings</b>			
2.8.1	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.	N/A	
<b>Company Classification</b>			
2.9.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides "Original Provider" please explain.	Sales Representative	We have a structure for this type of service from purchase, installation and commissioning to provide full confidence in the guarantees as a company.
<b>Debarment/Suspension</b>			
2.10.1	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	
<b>Similar Experience &amp; Contracts</b>			
2.11.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.	FIRE ALARM SYSTEM - VICTOR WILDE PARK	We have recently completed this work, installing the same equipment and required brands requested in this bid, successfully covering details and giving 150% of our workmanship and professionalism.
12 Questions		100.00% Complete	

### Question Set 3: Vendor Registration Checklist

#	Question	Response	Comment
<b>Vendor Information Form</b>			
3.1.1	Did you submit a completed Vendor Information Form in the Vendor Registration Portal?	Yes	
<b>Form W-9 (Rev. October 2018 or later)</b>			
3.2.1	Did you submit a W-9 Form (Revised October 2018 or later) in the Vendor Registration Portal?	Yes	
<b>Company Profile</b>			
3.3.1	Did you submit your Company Profile Form in the Vendor Registration Portal?	Yes	
<b>Sworn Statement on Public Entity Crimes Form</b>			
3.4.1	Which option did you select on the Sworn Statement on Public Entity Crimes Form?	A) Not Charged / Convicted	
<b>Equal Benefits Certification Form</b>			
3.5.1	Which option did you select on the Equal Benefits Certification Form?	A) Complies	
<b>Vendor Drug-Free Workplace Certification Form</b>			
3.6.1	Which option did you select on the Vendor Drug-Free Workplace Certification Form?	Complies Fully	
<b>Scrutinized Company Certification</b>			
3.7.1	Did you submit a completed Scrutinized Company Certification in the Vendor Registration Portal?	Yes	
<b>E-Verify System Certification Statement</b>			
3.8.1	Did you submit a completed E-Verify System Certification Statement in the Vendor Registration Portal?	Yes	
<b>Veteran Owned Small Business Preference Certification</b>			
3.9.1	Which option did you select on the Veteran Owned Small Business Preference Certification? Note - If certifying that your business is a Veteran Owned Small Business, you must also attach a "Determination Letter" from the U.S. Dept. of Veteran Affairs Center	Not a Veteran Owned Small Business	
<b>Local Business Tax Receipts</b>			
3.10.1	Did you submit your Local Business Tax Receipts in the Vendor Registration Portal?	Yes	
<b>Local Vendor Preference Certification</b>			
3.11.1	Which option did you select on the Local Vendor Preference Certification? Note - If certifying that your business is a Local Pembroke Pines or Broward County vendor, you must also attach applicable current business tax receipt(s) along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.	Local Pembroke Pines Vendor	
11 Questions		100.00% Complete	

## Question Set 4: References Form

#	Question	Response	Comment
<b>Reference #1: Reference Contact Information</b>			
4.1.1	Name of Firm, City, County or Agency	CITY OF HIALEAH	
4.1.2	Address	CITY HALL, 3RD FLOOR 501 PALM AVENUE HIALEAH, FL 33010 – 4719	
4.1.3	Contact Name	Ruben Rances	
4.1.4	Contact Title	Civil Engineer	
4.1.5	Contact E-mail Address	<a href="mailto:rr21706@hialeahfl.gov">rr21706@hialeahfl.gov</a>	
4.1.6	Contact Telephone #	786-641-7779	
<b>Reference #1: Project Information</b>			
4.2.1	Name of Contractor Performing the work	Dan Enterprises Team, LLC	
4.2.2	Name and location of the project	Fire Alarm System - Victor Wilde Park -3459 W 75th PL, Hialeah	
4.2.3	Nature of the firm's responsibility on the project	Replace existing alarm system	
4.2.4	Project duration	2 Months	
4.2.5	Completion (Anticipated) Date	Yes	
4.2.6	Size of project	Medium	
4.2.7	Cost of project	43,821.00	
4.2.8	Work for which staff was responsible	Replace all components, protect new areas and reinstall air conditioner	
<b>Reference #2: Reference Contact Information</b>			
4.3.1	Name of Firm, City, County or Agency	BELLA FIRE PROTECTION CORP	
4.3.2	Address	16005 NW 82ND CT MIAMI LAKES, FL 33016	
4.3.3	Contact Name	Leopoldo Artigas	
4.3.4	Contact Title	PRESIDENT.	
4.3.5	Contact E-mail Address	Lartigas@Bellafireprotection.c om	
4.3.6	Contact Telephone #	305-345-9532	
<b>Reference #2: Project Information</b>			
4.4.1	Name of Contractor Performing the work	Dan Enterprises Team, LLC	
4.4.2	Name and location of the project	4558 SW 134TH AVE MIRAMAR 33029	
4.4.3	Nature of the firm's responsibility on the project	Rehabilitation of house	
4.4.4	Project duration	1 Month	
4.4.5	Completion (Anticipated) Date	Yes	
4.4.6	Size of project	Medium	
4.4.7	Cost of project	62,854.00	
4.4.8	Work for which staff was responsible	New fire alarm and extinguishing system	
<b>Reference #3: Reference Contact Information</b>			
4.5.1	Name of Firm, City, County or Agency	U.S Coast Guard Base Miami	
4.5.2	Address	100 Macarther cause way Miami FI 33139	
4.5.3	Contact Name	Jose A Calderon	

4.5.4	Contact Title	SWO
4.5.5	Contact E-mail Address	<a href="mailto:jose.a.calderon@uscg.mil">jose.a.calderon@uscg.mil</a>
4.5.6	Contact Telephone #	305-535-4547
<b>Reference #3: Project Information</b>		
4.6.1	Name of Contractor Performing the work	Dan Enterprises Team, LLC
4.6.2	Name and location of the project	Extinguishing System, Dry Chemical, USCG Communication Station
4.6.3	Nature of the firm's responsibility on the project	Labor, Material and Equipment to inspection and fix the extinguishing system dry chemical
4.6.4	Project duration	1 Week
4.6.5	Completion (Anticipated) Date	Yes
4.6.6	Size of project	Small
4.6.7	Cost of project	5,392.80
4.6.8	Work for which staff was responsible	fix the extinguishing system dry chemical
<b>Reference #4: Reference Contact Information</b>		
4.7.1	Name of Firm, City, County or Agency	FULL CONSTRUCTION LLC
4.7.2	Address	2775 WEST 79TH ST BAY #3 HIALEAH, FL 33016
4.7.3	Contact Name	Erwin Davila
4.7.4	Contact Title	President
4.7.5	Contact E-mail Address	<a href="mailto:grandcapitalcs@gmail.com">grandcapitalcs@gmail.com</a>
4.7.6	Contact Telephone #	(786) 443-3338
<b>Reference #4: Project Information</b>		
4.8.1	Name of Contractor Performing the work	Dan Enterprises Team, LLC
4.8.2	Name and location of the project	Detroit, New 18-Home Fire Alarm & Fire Suppression Code
4.8.3	Nature of the firm's responsibility on the project	Code protection for private project of 18 houses for sale
4.8.4	Project duration	11 Months
4.8.5	Completion (Anticipated) Date	Good Time
4.8.6	Size of project	Big
4.8.7	Cost of project	485,452.66
4.8.8	Work for which staff was responsible	Remplace and Instal New Fire system alarm and supression
<b>Reference #5: Reference Contact Information</b>		
4.9.1	Name of Firm, City, County or Agency	CHIPPEWA INVESTMENT, LLC
4.9.2	Address	17141 Magnolia State Drive South West Ranch - 33331
4.9.3	Contact Name	Diego Yacobelli
4.9.4	Contact Title	Manager
4.9.5	Contact E-mail Address	<a href="mailto:chippewa106n@gmail.com">chippewa106n@gmail.com</a>
4.9.6	Contact Telephone #	786-477-0921
<b>Reference #5: Project Information</b>		
4.10.1	Name of Contractor Performing the work	Dan Enterprises Team, LLC

4.10.2	Name and location of the project	Renovate building in Endicott New York, 3 floors 6 apt, and install new fire system and alarm connection to heating.	
4.10.3	Nature of the firm's responsibility on the project	Install new fire system and alarm connection to heating.	
4.10.4	Project duration	1 Year	
4.10.5	Completion (Anticipated) Date	Good Time	
4.10.6	Size of project	Big	
4.10.7	Cost of project	522,654.12	
4.10.8	Work for which staff was responsible	Install new fire system and alarm connection to heating.	
70 Questions			100.00% Complete



**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the

Representative



(Owner, Partner, Officer, Representative or Agent)

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

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

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

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

Printed Name/Signature

Title Supply Chain & Operation Manager

Name of Company **Dan Enterprises Team, LLC**





## VENDOR INFORMATION FORM

MAIN CONTACT INFORMATION			
Company Name (Legal Name as filed with IRS)	<u>DAN ENTERPRISES TEAM LLC</u>		
Doing Business As (DBA)			
Primary Business Address	<u>18501 PINES BOULEVARD SUITE 357</u>		
	City:	<u>PEMBROKE PINES</u>	
	State:	<u>FLORIDA</u>	Zip: <u>33029</u>
	Country:	<u>UNITED STATES</u>	
Remit To Address	<u>19081 NW 78<sup>th</sup>. Ave.</u>		
	City:	<u>Hialeah</u>	
	State:	<u>FL</u>	Zip: <u>33015</u>
	Country:	<u>UNITED STATE</u>	
Order From Address			
	City:		
	State:		Zip:
	Country:		
Foreign Entity (Yes/No)	<u>NO</u>		
Telephone Number	<u>786-450-1555</u>		
Primary Company E-mail	<u>purchases@danenterprisesteam.com</u>		
Fax	<u>n/a</u>		
Website	<u>www.danenterprisesteam.com</u>		
DUNS	<u>080082695</u>		
Independent Contractor (Yes/No)	<u>NO</u>		
Identification Number	SSN:	<u>47-1733830</u>	FID:

GENERAL PAYMENT TERMS		
<b>Discount Percent</b> Defines the discount percentage the vendor extends to your organization.	<b>Days to Discount</b> Number of days which payment must be received to claim the discount percent.	<b>Days to Net</b> Number of days that the vendor allows before requiring net payment.
<b>1%</b>	<b>10</b>	<b>30</b>

CONTACT INFORMATION	
Contact Name (First & Last Name)	<u>Teddy Castellanos</u>
Description/Title/Position	<u>Supply Chain &amp; Operation Manager</u>
Phone (Voice)	<u>786-450-1555</u>
Phone (Text)	<u>786- 617-7455</u> Opt In (Y/N):
Fax	
E-mail	<u>tc@danenterprisesteam.com</u>

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://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.

2 Business name/disregarded entity name, if different from above

DAN ENTERPRISES TEAM, LLC

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.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

19081 NW 78 AVE

6 City, state, and ZIP code

Hialeah, FL 33015

Requester's name and address (optional)

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

4 7 - 1 7 3 3 8 3 0

## 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 ►

Hemi K. Pauer

Date ►

01/13/2023

## 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](http://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.

**COMPANY PROFILE FORM**

Please provide the following information so that the City could better get to know your company's background.

<b>MAIN CONTACT INFORMATION</b>			
<b>Company Name (Legal Name as filed with IRS)</b>	<b>DAN ENTERPRISES TEAM LLC</b>		
<b>Doing Business As (DBA)</b>			
<b>Primary Business Address</b>	<b>18501 PINES BOULEVARD SUITE 357</b>		
<b>City:</b>	<b>PEMBROKE PINES</b>		
<b>State:</b>	<b>FLORIDA</b>	<b>Zip:</b>	<b>33029</b>
<b>Country:</b>	<b>UNITED STATES</b>		

<b>Organization Background</b>	
<b>Please state the year that you company started its business</b>	<b>2014</b>
<b>Please state the year that your company started providing service under your current business name</b>	<b>2014</b>
<b>What State is your Company Registered In?</b>	<b>FLORIDA</b>

<b>Professional License Information</b>		
<b>License Type</b>	<b>License Number</b>	<b>Expiration</b>
<b>LIMITED LIABILITY COMPANY</b>	<b>L14000136010</b>	<b>ACTIVE</b>
<b>GENERAL CONTRACTOR</b>	<b>CGC1530526</b>	<b>AGO 3, 2024</b>

*Please list any applicable professional licenses required to perform the services your company offers.*

<b>Please Provide a Summary of your Company and What Services you provide</b>
<p>Dan Enterprises Team LLC offers top quality solutions to government agencies, public institutions and private companies on the fields of industrial safety, engineering, emergencies and firefighting. We proudly bring our 30 years of cumulative experience in these sectors adding value to every project by providing a service that combines innovation with practical knowledge, always looking forward to our customers' satisfaction considering their needs as an absolute priority.</p> <ul style="list-style-type: none"><li>• Our goal is to provide our customers with high quality equipment with the best delivery time and extremely competitive prices, combining innovation with practical knowledge, technical experience and adding value to each of our projects.</li><li>• We have a network of allied companies, national and international companies, to comply with the requirements of the Federal Government of the United States of America, local agencies and industrial sectors outside and inside the country.</li></ul>



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

1. This sworn statement is submitted \_\_\_\_\_  
(name of entity submitting sworn statement) whose business address is \_\_\_\_\_  
and (if applicable) its Federal Employer Identification Number (FEIN) is \_\_\_\_\_.  
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_.)
2. My name is \_\_\_\_\_ and my  
(Please print name of individual signing)  
relationship to the entity named above is \_\_\_\_\_.
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.)**

HEIDI K. PEREZ

Bidder's Name/Signature

Company

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: \_\_\_\_\_

AUTHORIZED OFFICER NAME / SIGNATURE: HEIDI K. PEREZ





## 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.**

HEIDI K. PEREZ

Authorized Signature

HEIDI K. PEREZ

Authorized Signer Name

DAN ENTERPRISES TEAM LLC

Company Name



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

I, \_\_\_\_\_, on behalf of \_\_\_\_\_,  
Print Name and Title Company Name

certify that \_\_\_\_\_:  
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>HEIDI K. PEREZ</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.

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

PRINTED NAME / AUTHORIZED SIGNATURE: HEIDI K. PEREZ



## VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION

### SECTION 1 GENERAL TERM

#### VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE

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 veteran owned small business shall be defined as:

1. "Veteran Owned Small Business" shall mean a business entity which has received a "Determination Letter" from the United States Department of Veteran Affairs Center for Verification and Evaluation notifying the business that they have been approved as a Veteran Owned Small Business (VOSB).

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)**. This shall mean that if a **VOSB** submits a bid/quote that is within 2.5% of the lowest price submitted by any vendor, the **VOSB** shall have an option to submit another bid which is at least 1% lower than the lowest responsive bid/quote. If the **VOSB** submits a bid which is at least 1% lower than that lowest responsive bid/quote, then the award will go to the **VOSB**. If not, the award will be made to the vendor that submits the lowest responsive bid/quote. If the lowest responsive and responsible bidder IS a "**Local Pembroke Pines Vendor**" (**LPPV**) or a "**Local Broward County Vendor**" (**LBCV**) as established in Section 35.36 of the City's Code of Ordinances, entitled "Local Vendor Preference", then the award will be made to that vendor and no other bidders will be given an opportunity to submit additional bids as described herein.

If there is a **LPPV**, a **LBCV**, and a **VOSB** participating in the same bid solicitation and all three vendors qualify to submit a second bid, the **LPPV** will be given first option. If the **LPPV** cannot beat the lowest bid received by at least 1%, an opportunity will be given to the **LBCV**. If the **LBCV** cannot beat the lowest bid by at least 1%, an opportunity will be given to the **VOSB**. If the **VOSB** cannot beat the lowest bid by at least 1%, then the bid will be awarded to the lowest bidder.

If multiple **VOSBs** submit bids/quotes which are within 2.5% of the lowest bid/quote and there are no **LPPV** or **LBCV** as described in Section 35.36 of the City's Code of Ordinance, entitled "Local Vendor Preference", then all **VOSBs** will be asked to submit a **Best and Final Offer (BAFO)**. The award will be made to the **VOSB** submitting the lowest **BAFO** providing that that **BAFO** is at least 1% lower than the lowest bid/quote received in the original solicitation. If no **VOSB** can beat the lowest bid/quote by at least 1%, then the award will be made to the lowest responsive bidder.

#### COMPARISON OF QUALIFICATIONS

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

### SECTION 2 AFFIRMATION

#### VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION:

- ☐ Place a check mark here only if affirming bidder meets requirements above as a Veteran Owned Small Business. In addition, the bidder must attach the "Determination Letter" from the U.S. Dept. of Veteran Affairs Center.
- ☒ Place a check mark here only if affirming bidder does not meet the requirements above as a VOSB.

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

DAN ENTERPRISES TEAM LLC

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

HEIDI PEREZ

*HEIDI K. PEREZ*

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

DAN ENTERPRISES TEAM, LLC.  
18501 PINES BLVD, STE 357  
PEMBROKE PINES, FL 33029

---

**Local Business Tax Certificate**

In the event the business to which this receipt was issued changes hands, the receipt will become null and void. An application for a new receipt must be made.

**Business Name:** DAN ENTERPRISES TEAM, LLC.  
**Business Location:** 18501 PINES BLVD Unit/Suite 357  
PEMBROKE PINES , FL 33029  
**Account Number:** 20200792  
**Receipt Number:** 20200792-2022-1  
**Business Description:** WHOLESALE - ADMINISTRATIVE SERVICES  
**Receipt Expiration:** Expires on September, 30, 2023

Business Classification
SIGN-Sign
ADMSER-administrative services





## LOCAL VENDOR PREFERENCE CERTIFICATION

### SECTION 1 GENERAL TERM

#### LOCAL PREFERENCE

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

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

**OR;**

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

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

#### COMPARISON OF QUALIFICATIONS

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

### SECTION 2 AFFIRMATION

#### LOCAL PREFERENCE CERTIFICATION:

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

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

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

PRINTED NAME / AUTHORIZED SIGNATURE: HEIDI K. PEREZ

# AIA<sup>®</sup> Document A310<sup>™</sup> – 2010

Bond# SU1194773

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

Dan Enterprises Team LLC  
19081 NW 78th Avenue  
Hialeah, FL 33015

### SURETY:

(Name, legal status and principal place of business)

Arch Insurance Company  
Harborside 3, 210 Hudson Street, Suite 300  
Jersey City, NJ 07311

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

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

### OWNER:

(Name, legal status and address)

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

### BOND AMOUNT:

Five Percent of Bid Amount ----- (5% of Bid Amount)

### PROJECT:

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

Fire Alarm Replacement at West Campus Charter School  
IFB# ED-23-03

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

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

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

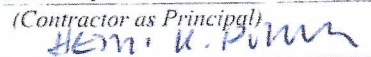
Signed and sealed this 28th day of April, 2023.

  
(Witness)

Dan Enterprises Team LLC

(Contractor as Principal)

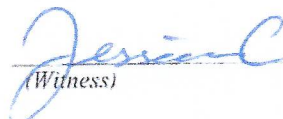
(Seal)

  
(Title) Heidi K. Perez, Managing Partner

Arch Insurance Company

(Surety)

(Seal)

  
(Witness)

  
(Title) Odelis Cabrera, Attorney-In-Fact

**CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.**

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ACD33070510

Init.



*This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.*

## POWER OF ATTORNEY

## Know All Persons By These Presents:

That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

**Christine M. Reed Harris, Marina M. Ramil and Odalis Cabrera of Miami, FL (EACH)**

its true and lawful Attorney(s) in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding One Hundred Fifty Million Dollars (\$150,000,000.00). This authority does not permit the same obligation to be split into two or more bonds in order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

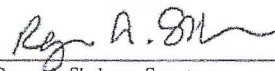
This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on August 31, 2022, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on August 31, 2022:

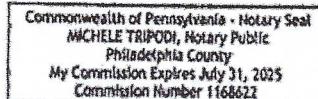
VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on August 31, 2022, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. In Testimony Whereof, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 10<sup>th</sup> day of February, 2023.

Attested and Certified

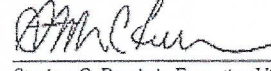
  
Regan A. Shulman, Secretary

STATE OF PENNSYLVANIA SS  
COUNTY OF PHILADELPHIA SS

I, Michele Tripodi, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.



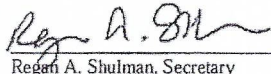
Arch Insurance Company

  
Stephen C. Ruschak, Executive Vice President

## CERTIFICATION

I, Regan A. Shulman, Secretary of the Arch Insurance Company, do hereby certify that the attached Power of Attorney dated February 10, 2023 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

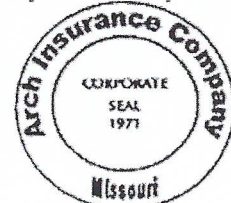
IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 28<sup>th</sup> day of April, 2023.

  
Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Insurance - Surety Division  
3 Parkway, Suite 1500  
Philadelphia, PA 19102



To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at [SuretyAuthentic@archinsurance.com](mailto:SuretyAuthentic@archinsurance.com)  
Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.



**OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT**

**Governmental Center Annex**

115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-5674

August 26, 2022

Mr. Teddy Castellano  
**DAN ENTERPRISES TEAM LLC**  
18501 Pines Blvd., Suite 357  
Pembroke Pines, Florida 33029

Dear Mr. Castellano:

The Broward County Office of Economic and Small Business Development (OESBD) is pleased to award your company certifications as a **County Business Enterprise (CBE)** and **Small Business Enterprise (SBE)**. Your firm is now eligible to participate in the Office of Economic and Small Business Development programs.

Your CBE and SBE certifications are continuous, but are contingent upon your firm verifying annually its eligibility in each of the two programs. Each year, on the anniversary of the date you were awarded certification, you must submit to OESBD a Personal Net Worth Worksheet, a copy of the previous year's Business Tax Return, copies of the current professional licenses, and County and local business tax receipts. As a courtesy, OESBD will notify you in advance of your obligation to provide the continuing eligibility documents. However, the responsibility to assure continued certification is yours.

To review current Broward County Government bid opportunities visit: [www.broward.org/Purchasing](http://www.broward.org/Purchasing) and click on "Current Solicitations and Results." Also, from this website, you can log into your firm's profile in Periscope to ensure you have added all appropriate classification codes. Bid opportunities over \$3,500 will be advertised to vendors via e-mail and according to classification codes, so please ensure that both the Purchasing Division and OESBD are apprised of your current e-mail address.

Your primary certification group is: **Commodity Supplier**. This is also how your listing in our directory will read. You may access your firm's listing by visiting the Office of Economic and Small Business Development Directory, located on the internet at: [www.broward.org/EconDev](http://www.broward.org/EconDev) and click on "Certified Firm Directories."

Your firm may compete for, and perform work on Broward County projects in the following areas:

**NAICS CODE:** 423450, 423840, 423850, 541611, 561990, 624230

We look forward to working with you to achieve greater opportunities for your business through county procurement.

Sincerely,

Sandy-Michael  
McDonald

Digitally signed by Sandy-  
Michael McDonald  
Date: 2022.08.01  
15:33:33 -04'00'

Sandy-Michael McDonald, Director  
Office of Economic and Small Business Development

**Cert Agency: BC-CBE SBE**  
**ANNIVERSARY DATE: AUGUST 26<sup>TH</sup>**





# THIS CERTIFICATE IS AWARDED TO

DAN ENTERPRISES TEAM LLC.

AS SET FORTH IN THE BROWARD COUNTY BUSINESS OPPORTUNITY ACT, THE CERTIFICATION  
REQUIREMENTS HAVE BEEN MET FOR:

County Business Enterprise (CBE) and Small Business Enterprise (SBE)

**SANDY-MICHAEL  
MCDONALD**

Digitally signed by SANDY-MICHAEL  
MCDONALD  
Date: 2022.09.01 15:12:27 -04'00'

AUTHORIZED REPRESENTATIVE

Anniversary Date: August 26th

THE OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT MUST BE NOTIFIED WITHIN 30 DAYS OF ANY MATERIAL CHANGES IN THE BUSINESS WHICH  
MAY AFFECT OWNERSHIP AND CONTROL. FAILURE TO DO SO MAY RESULT IN THE REVOCATION OF THIS CERTIFICATE AND/OR IMPOSITION OF OTHER SANCTIONS.

A SERVICE OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
[BROWARD.ORG/EconDev](http://BROWARD.ORG/EconDev)

GOVERNMENTAL CENTER ANNEX 115 S. ANDREWS AVENUE, ROOM A680 FORT LAUDERDALE, FL 33301  
TEL: 954-357-6400 • EMAIL: [SBCERT@BROWARD.ORG](mailto:SBCERT@BROWARD.ORG) • TTY: 954-357-5664



# Dan Enterprises Team LLC

## Emergency & Industrial Equipment U.S. Project & Engineering Division

CAGE CODE: 7HYH7 • DUNS: 080082695 • 8(a) WOSB • ISO 9001:2015

Dan Enterprises Team LLC is a Certified General Contractor based in Miami, that provides General Contracting, Mechanical, Electrical and Plumbing Services, reliable and quality solutions to Federal Agencies on the fields of construction services and industrial equipment.

We have successfully completed every job and variety of projects; from maintenance contracts, construction management and preventive needs.

We proudly bring over 30 years of cumulative experience in the Federal & State sectors adding value to every project by providing a service that combines innovation with practical knowledge.

We are always looking to bring our customers satisfaction by considering their needs as an absolute priority.



### MOST RELEVANT NAICS CODES

236220 Commercial and Institutional Building Construction 238220 Plumbing, Heating, and Air Conditioning Contractors 332439 Other Metal Container Manufacturing  
333999 All Other Miscellaneous General Purpose Machinery Manuf.  
339113 Surgical Appliance and Supplies Manufacturing  
423490 Other Prof. Equipment and Supplies Merchant Wholesalers  
423840 Industrial Supplies Merchant Wholesalers  
561210 Facilities Support Services  
624230 Emergency and Other Relief Services

### CORE COMPETENCIES

- GREENHOUSE FANS INSTALLATION & REPAIRS
- INSTALLATION OF EQUIPMENT
- FIRE SUPPRESSION SYSTEM INSPECTION
- FENCE REPAIR & INSTALLATION
- PLUMBING SERVICES
- ELECTRICAL SERVICES
- MOVING SERVICES
- EMERGENCY & INDUSTRIAL EQUIPMENT

### DIFFERENTIATORS

- CERTIFIED GENERAL CONTRACTOR
- CERTIFIED ISO 9001:2015
- 8(a) and WOSB
- Strong financial background
- Extensive and successful track record in Federal Projects
- Strong Client Relations Based on Trust and Respect Achieved
- Berry Amendment,
- Trade Agreements Act & Buy American Act compliant
- Quick response
- We Deliver on Time, Every Time



### PAST PERFORMANCE as PRIME

- DLA AVIATION
- DLA TROOP SUPPORT
- DLA LAND AND MARITIME
- DEPT OF STATE - EMBASSY YAOUNDE
- IRS - SE REGION
- MARINE CORPS CAMP LEJEUNE
- NATIONAL PARK SERVICE
- NOAA - AOML
- NUCLEAR WASTE PARTNERSHIP LLC / DOE
- UNICOR/ FEMA
- US AIR FORCE
- US ARMY FORT HUACHUCA
- US ARMY FORT STEWARD
- US ARMY CAMP CARROLL
- US ARMY KOREA REGION
- US ARMY MICC FORT DRUM
- US ARMY MICC FORT LEAVENWORTH
- US ARMY MOTCO- MOTSU
- US ARMY WEST POINT
- USCG BASE FORT LAUDERDALE, FL
- USCG BASE MIAMI FL
- USCG BASE MIAMI BEACH FL
- USDA, FL INVASIVE PLANT RESEARCH LABORATORY



### CONTACT INFO

**Teddy Castellanos**  
SUPPLY CHAIN & OPERATION MANAGER  
tc@danenterpriseteam.com  
(786) 617-7455  
5583 NW 72 Ave. Miami, FL 33166



7/22

POC: sales1@danenterpriseteam.com • (786)450-1555 • www.danenterpriseteam.com

# Dan Enterprises **Team** LLC

**Emergency & Industrial Equipment** U.S. Project & Engineering Division

## FIRM LICENSE

### *State of Florida Department of State*

I certify from the records of this office that DAN ENTERPRISES TEAM LLC is a limited liability company organized under the laws of the State of Florida, filed on August 29, 2014.

The document number of this limited liability company is L14000136010.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on January 15, 2019, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-first day of January,  
2019*



*A. [Signature]*  
Secretary of State

Tracking Number: 1525923993CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.



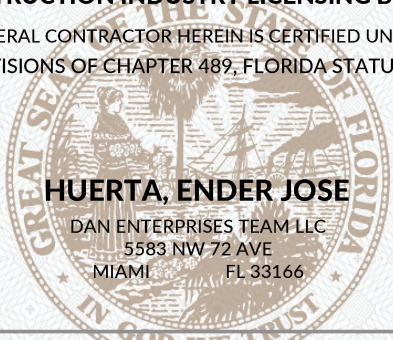

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



# Dan Enterprises **Team** LLC

**Emergency & Industrial Equipment** U.S. Project & Engineering Division

## GENERAL CONTRACTOR CERTIFICATION

	Ron DeSantis, Governor	Melanie S. Griffin, Secretary	
<b>STATE OF FLORIDA</b> <b>DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION</b> <b>CONSTRUCTION INDUSTRY LICENSING BOARD</b>			
THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES			
 <b>HUERTA, ENDER JOSE</b> DAN ENTERPRISES TEAM LLC 5583 NW 72 AVE MIAMI FL 33166			
<b>LICENSE NUMBER: CGC1530526</b>			
<b>EXPIRATION DATE: AUGUST 31, 2024</b>			
Always verify licenses online at <a href="http://MyFloridaLicense.com">MyFloridaLicense.com</a>			
	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.		

# Dan Enterprises **Team** LLC

## Emergency & Industrial Equipment U.S. Project & Engineering Division



U.S. SMALL BUSINESS ADMINISTRATION  
WASHINGTON, D.C. 20416

Date: 2018-11-15 18:04:58 UTC

From: Office of Government Contracting  
To: DAN ENTERPRISES TEAM LLC

Subject: Documents Uploaded to WOSB Program Repository

SBA has received documents uploaded by you to the WOSB Program Repository. In order to submit an offer on a contract reserved for competition among EDWOSBs or WOSBs under the WOSB Program, you must be registered in the System for Award Management (SAM.gov), have a current representation posted on SAM.gov that you qualify as an EDWOSB or WOSB, and have provided the required documents to the WOSB Program Repository. 13 C.F.R. 127.300(a). It is your responsibility to ensure you have uploaded all of the documents required by 13 C.F.R. 127.300, remember to log into SAM.gov and update your small business certification status.

You must update your WOSB Program Certification (WOSB or EDWOSB) in the WOSB Program Repository and your EDWOSB/WOSB representations and self-certification in SAM.gov as necessary, but at least annually, to ensure they are kept current, accurate, and complete. The certification and representations are effective for a period of one year from the date of submission or update. You must update the supporting documents submitted to the WOSB Program Repository as necessary to ensure they are kept current, accurate and complete. 13 C.F.R. 127.300(f). In accordance with 13 C.F.R. 127.400, SBA, at its choosing, retains the authority to conduct an Eligibility Examination of your submitted documentation. If this should occur, you will be notified per the regulations.

Sincerely,

U.S. Small Business Administration Office of Government Contracting

# Dan Enterprises **Team** LLC

## **Emergency & Industrial Equipment** U.S. Project & Engineering Division



U.S. SMALL BUSINESS ADMINISTRATION  
WASHINGTON, D. C. 20416

November 8, 2016

Heidi Perez, President  
Dan Enterprises Team, LLC  
1840 W 49th St, Suite 727  
Miami, FL 33012

Dear Mrs. Perez:

Congratulations! Your firm has been certified as a Participant in the U.S. Small Business Administration's (SBA) 8(a) Business Development Program. Your nine (9) year program term begins on the date of this letter.

During participation in the 8(a) BD Program, you will receive business development assistance from an assigned Business Development Specialist in the South Florida Area District Office located at 100 South Biscayne Blvd 7th Floor Miami, FL 33131. The phone number is ((305) 536 5521. We are sending a copy of this certification letter to the SBA the South Florida Area District Office. That office will contact you to schedule an orientation session. This could take up to 4-6 weeks. In the meantime, there are steps you should take to start your participation in the program.

### Next Steps

- **Read and Sign Participation Agreement:** SBA requires the 8(a) participant's President or Chief Executive Officer sign a Participation Agreement showing he or she understands the conditions of 8(a) BD program participation. Please find the Agreement attached to the approval email associated with this letter. Please read the Agreement carefully, sign and date it, and make a copy. Return one copy to the SBA the South Florida Area District Office at the address shown in the second paragraph above. The second copy is for your records.
- **Develop Your Business Plan:** We encourage you to start developing your business plan. Current 8(a) BD program regulations require a firm, once certified, to promptly submit a business plan which must be approved by the SBA before the firm is eligible to receive 8(a) benefits; including 8(a) contracts. Once approved, the business plan will be reviewed annually and may be modified as needed. We offer an optional format for business plans. To consider the optional



# Dan Enterprises **Team** LLC

## Emergency & Industrial Equipment U.S. Project & Engineering Division

8(a) Business Plan Form 1010C, please go to: <https://www.sba.gov/sites/default/files/SBA%201010C.pdf>.

- Develop Your Strategy for Winning Contracts in Year 1: Though your firm's approved North American Industry Classification System (NAICS) Code is 423490, your firm may be awarded contracts under other NAICS Codes, as long as your firm is qualified to perform the required service or task. In this regard, please note that contracts awarded under 8(a) Business Development Program authority generally result from the self-marketing efforts of participating firms. You must build relationships with potential federal customers, pursue federal prime contractors for subcontracts, and aggressively pursue prime contract opportunities to grow your business. Successful 8(a) firms regularly respond to competitive small business contracting opportunities posted on [www.FBO.gov](http://www.FBO.gov). Establish a goal and vision for winning at least two (2) competitive contracts during your first year.

- Utilize Resources: There are valuable FREE resources available to you right now that offer expertise in all areas of business operation including reviewing your business plan and strategy. Two resources that you can utilize today are:

- o SBA Resource Partners: I encourage you to locate your nearest Resource Partner, please go to: <https://www.sba.gov/tools/local-assistance>. This link will provide access to upcoming small business events and the webpage for your SBA South Florida District Office, also.

- o 7(j) Management and Technical Assistance: While your firm's acceptance into the 8(a) Business Development program is not a guarantee for contracts, the SBA will make every effort to assist you in implementing your business plan and strategy. Your success in the program is dependent upon the extent to which you take advantage of SBA's efforts to support you. One of the agency's major tools for your success is the 7(j) Management and Technical Assistance Services Program. For more information, click on the following link: <https://www.sba.gov/about-sba/sba-initiatives/7j-management-and-technical-assistance-services-program>

I am excited about your future, and I welcome you as an 8(a) Business Development Program participant. Wishing you much success!  
Sincerely,



Robert Watkins,



## **Teddy Castellanos**

Address Pembroke Pines FL 33028  
Phone +1 (786) 617 7455  
castellanos.teddy@gmail.com

Professional Summary to work within an organization that cultivates the advancement of company and team work. At the same time work in a department that endeavors to improve system reliability and reduce the response time through the use of automation with the correct tools and extensive experience in the process flow.

### **EDUCATION**

Bachelor of Science / Industrial Engineering Univertisty of Oriente , Venezuela Oct 2008

Certified Training Certificated University of Oriente, Venezuela . Costs Estimates for Contracts , International Businesses and Customs

### **TECNNICAL SKILLS**

Languages: English (Writing- Speaking) Spanish (Writing – speaking)

Decision making

Problem resolutions

Team Management

Conflict resolution

Organization Supervision

SAP

AutoCAD, Microsoft Project

MS Office

Quickbooks

### **BUSINESS EXPERIENCE**

**DAN ENTERPRISES TEAM** Miami FL : Supply Chain & Operation Manager (Oct 2015 – to this time) Coordinate and Implement quality control objectivies activities or procedures to resolve procurement problems.

**SUPPLY CHAIN INTERNATIONAL GROUP LLC** Pembroke Pines Fl : President & CEO (Oct 2015 – June 2016). Provides and sell mechanical, electrical and process equipment for energy, oil and gas Industry

**MANIOBRAS CIVILES INC** Miami FL: Procurement Chief (May 2014 – September 2015) Manage and lead teams of planning, purchasing and logistics for Yarway Valves Petrolera Sinovensa Project.

**PDVSA PETROMONAGAS**, Barcelona Venezuela. Superintendent of Procurement (Nov 2013 Jan 2014).Manage and leads teams of planning, purchasing, logistics and storage of material for Petromonagas crude upgrader.

**PDVSA PETROPIAR SA** Barcelona Venezuela. Purchasing Supervisor. (Jun 2012 – Oct 2013). Lead purchsing team. Surpevise the implementation of the laws that govern the financial activities for the contracting process.

**BARIVEN SA**. Barcelona Venezuela. Agreements Specialist (Jan 2010 – May 2012). Develop tender processes for establishing agreements with supplier to provide materials and associatesd services.

**PDVSA PETROPIAR SA** Barcelona Venezuela. Buyer Analyst (Nov 2008 – June 2009). Develop procurement processes for purchasing materials and equipment requieres for the engineering and facilities construction management to the field of crude oil extration.

**JHON CRANE VENEZUELA** Barcelona Venezuela. Service Engineer (Nov 2008 – June 2009). Fail analysis and mechanical seals registration.

**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.

*HEIDI K. PEREZ*

\_\_\_\_\_  
Signature of Contractor's Authorized Official

\_\_\_\_\_  
Printed Name and Title of Contractor's Authorized Official

\_\_\_\_\_  
Contractor / Name of Company

\_\_\_\_\_  
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.

*HEIDI K. PEREZ*

\_\_\_\_\_  
Signature of Contractor's Authorized Official

\_\_\_\_\_  
Printed Name and Title of Contractor's Authorized Official

\_\_\_\_\_  
Contractor / Name of Company

\_\_\_\_\_  
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)

<b>1. Type of Federal Action:</b> a. contract _____ b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> a. bid / offer / application _____ b. initial award c. post-award	<b>3. Report Type:</b> a. initial filing _____ b. material change  <b>For material change only:</b> Year _____ quarter _____ Date of last report _____
<b>4. Name and Address of Reporting Entity:</b> _____ Prime      _____ Subawardee Tier _____, if Known:   <b>Congressional District, if known:</b>	<b>5. If Reporting Entity in No. 4 is Subawardee,</b> Enter Name and Address of Prime:    <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, <i>if applicable</i> : _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>  \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>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.</b>	<b>Signature:</b> <u>HEIDI K. PEREZ</u> <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No.:</b> _____ <b>Date:</b> _____	

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

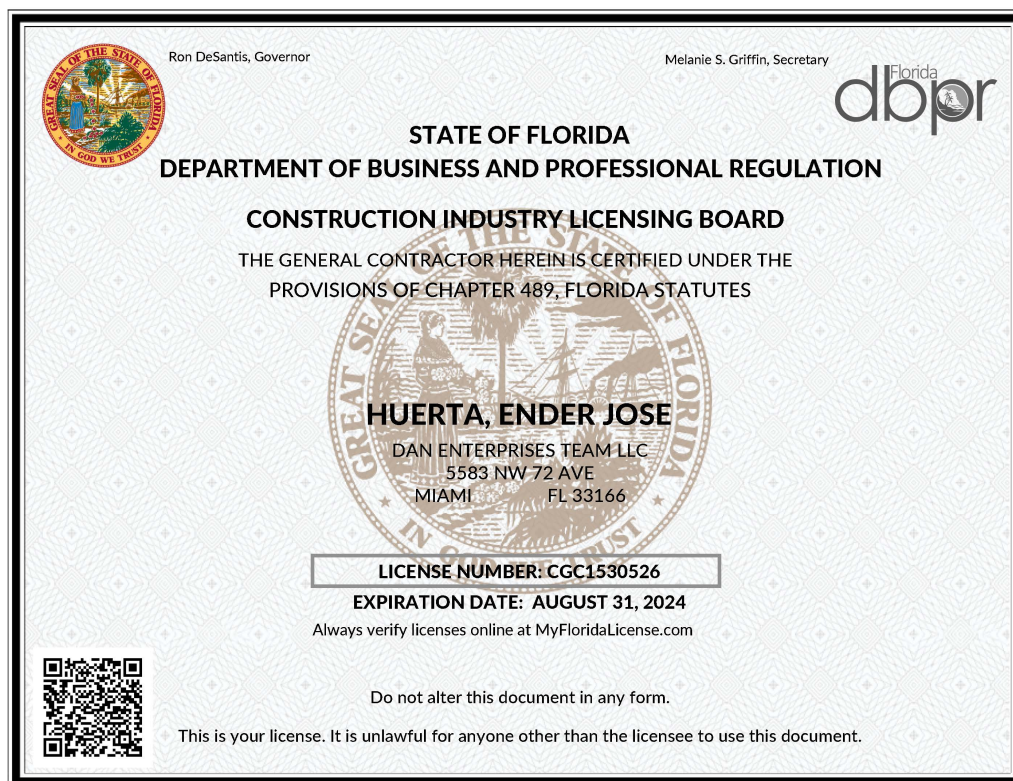
This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment 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

# Dan Enterprises **Team** LLC

## Emergency & Industrial Equipment

### General Contractor Certification





# Dan Enterprises **Team** LLC

## Emergency & Industrial Equipment

### FIRM LICENSE

### *State of Florida Department of State*

I certify from the records of this office that DAN ENTERPRISES TEAM LLC is a limited liability company organized under the laws of the State of Florida, filed on August 29, 2014.

The document number of this limited liability company is L14000136010.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on January 15, 2019, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-first day of January,  
2019*



*A. [Signature]*  
Secretary of State

Tracking Number: 1525923993CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

# Summary

Question Set	Questions	% Complete	Progress
1	10	100.00%	<div></div>
2	12	100.00%	<div></div>
3	11	100.00%	<div></div>
4	70	100.00%	<div></div>
Total	103	100.00%	<div></div>