



EVALUATION TABULATION
ITB No. ITB# CW-25-44
ITB# CW-25- 44 - ID CARDS & Readers
RESPONSE DEADLINE: October 29, 2025 at 2:00 pm
Report Generated: Tuesday, November 4, 2025

SELECTED VENDOR TOTALS

Vendor	Total
Automated Port Services	\$128,260.00
Insight Public Sector, Inc	\$140,198.00
Integrated Fire and Security Solutions Inc.	\$144,837.00

ID'S AND TAGS

Vendor	Total
Automated Port Services	\$22,426.00
Insight Public Sector, Inc	\$45,038.00
Integrated Fire and Security Solutions Inc.	\$50,353.00

READERS

Vendor	Total
Integrated Fire and Security Solutions Inc.	\$94,484.00

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Vendor	Total
Insight Public Sector, Inc	\$95,160.00
Automated Port Services	\$105,834.00

VOLUME DISCOUNTS ON ID'S AND TAGS AND READERS

Informational table contains no pricing

VENDOR QUESTIONNAIRE PASS/FAIL

Question Title	Automated Port Services	Insight Public Sector, Inc	Integrated Fire and Security Solutions Inc.
VENDOR INFORMATION			
Please indicate any product or services that your firm provides:	Pass	Pass	Pass
LICENSES AND/OR CERTIFICATIONS			
Bidder(s) must be an authorized reseller that has received explicit permission from the product's manufacturer or brand to sell their goods.	Pass	Pass	Pass
MANUFACTURER'S WARRANTY			
Manufacturer's Warranty	Pass	Pass	Pass
OWNERSHIP DISCLOSURE			

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If the contract or business transaction is with a company, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the company's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):	Pass	Pass	Pass
The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):	Pass	Pass	Pass
ELIGIBILITY FOR LOCAL VENDOR PREFERENCE (Davie Code of Ordinances Sec. 2-326)			
My business is located within the Town of Davie	Pass	Pass	Pass
Has the business name changed since it was opened in Davie? If yes, provide the previous business name:	No Response	No Response	No Response
Date your business was established in Town of Davie:	No Response	No Response	No Response
Number of full time employees your business employs:	No Response	No Response	No Response
Business Tax Receipt [Occupational License(s)]	No Response	No Response	No Response
My Business is located within Broward County	Pass	Pass	Pass
Has the business name changed since it was opened in Broward County? If yes, provide the previous business name:	No Response	No Response	Pass
Date your business was established in Broward County:	No Response	No Response	Pass
Number of full time employees your business employs:	No Response	No Response	Pass

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Business Tax Receipt [Occupational License(s)]	No Response	No Response	Pass
CLIENT REFERENCES			
Client Reference 1	Pass	Pass	Pass
Client Reference 2	Pass	Pass	Pass
Client Reference 3	Pass	Pass	Pass
PROPOSER/BIDDER QUESTIONNAIRE			
Primary Contact Person for this solicitation	Pass	Pass	Pass
Emergency Contact Information:	Pass	Pass	Pass
How many years has your firm been in business under its present business name?	Pass	Pass	Pass
Has your firm operated under another business name?	Pass	Pass	Pass
If yes, under what other former name(s) has your firm operated?	No Response	Pass	No Response
Have you been awarded any government contracts recently or in the past?	Pass	Pass	Pass
If yes, please list the contract #'s, the agency, the service provided, and if it is still active.	No Response		Pass
Have any similar agreements held by the proposer for a similar project to the proposed project ever been canceled?	Pass	Pass	Pass
If yes, please explain:	No Response	No Response	No Response
Has the proposer or any principals of the firm failed to qualify as a responsible proposer, refused to enter into a contract after an award has been made, failed to complete a contract during the past five (5) years, or been declared to be in default in any contract in the last five (5) years?	Pass	Pass	Pass

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If yes, please explain:	No Response	No Response	No Response
Has the proposer or any principals of the firm ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?	Pass	Pass	Pass
If yes, please explain and give the date, court jurisdiction, action taken, and any other explanation deemed necessary:	No Response	No Response	No Response
Has the proposer been involved in any Litigations/Judgements/Settlements/Debarments/Suspensions?	Pass	Pass	Pass
If yes, upload information on any pending litigation and any judgements and settlements of court cases relative to providing the services requested herein that have occurred within the last three (3) years. Also indicate if your firm has been debarred or suspended from bidding or proposing on a procurement project by any government entity during the last five (5) years.	No Response	Pass	No Response
Has the proposer been involved in any disciplinary action taken or pending against the firm during the past three (3) years with state regulatory bodies or professional organizations?	Pass	Pass	Pass
If yes, provide information on the circumstances and status:	No Response	No Response	No Response
VENDOR REQUIREMENTS			
Quotes	Pass	Pass	Pass
Invoices	Pass	Pass	Pass
Packages And Deliveries	Pass	Pass	Pass
Procurement Card	Pass	Pass	Pass
If yes, do you charge a credit card convenience or other type of transaction fee? If yes, indicate fee percentage.	No Response	Pass	Pass

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AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS			
AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS	Pass	Pass	Pass
AFFIDAVIT OF COMPLIANCE WITH ANTI-HUMAN TRAFFICKING LAWS			
AFFIDAVIT OF COMPLIANCE WITH ANTI-HUMAN TRAFFICKING LAWS	Pass	Pass	Pass
CERTIFICATION PURSUANT TO FLORIDA STATUTE § 287.135			
Certification Pursuant to Florida Statute § 287.135	Pass	Pass	Pass
TOWN OF DAVIE CERTIFICATION REGARDING DEBARMENT			
Certification Regarding Debarment, Suspension And Other Responsibility Matters	Pass	Pass	Pass
Where the prospective vendor is unable to certify to any of the statements in this certification, an authorized signatory to this proposal shall complete, sign and attach a detailed explanation.	No Response	No Response	No Response
E-VERIFY			
E-Verify System	Pass	Pass	Pass
CONFLICT OF INTEREST			
Please indicate if there is a Conflict Of Interest	Pass	Pass	Pass
If you indicated "Yes" above please list the names and relationships of those who you believe would lead to a conflict of interest in the space provided below.	No Response	No Response	No Response
PROOF OF INSURANCE			
Please upload proof of insurance	Pass	Pass	Pass

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BUSINESS REGISTRATION			
State of FL Sunbiz OR State Registration (if not required to have State of FL Sunbiz)	Pass	Pass	Pass
W9			
Is your federal tax classification individual/sole proprietor?	Pass	Pass	Pass
If yes, please follow W9 Upload Instructions:	No Response	No Response	No Response
If no, please upload W9	Pass	Pass	Pass
EXCEPTIONS			
EXCEPTIONS	Pass	Pass	No Response
BID ACKNOWLEDGEMENT			
Bid Acknowledgement	Pass	Pass	Pass
SOURCE OF INFORMATION SURVEY			
LICENSES AND/OR CERTIFICATIONS			
How did you find out about this solicitation? Check all that apply:	Pass	Pass	Pass
MANUFACTURER'S WARRANTY			