



Prepared by:  
EvolvTec





Please View our Pricing as per  
the requirements RFP: #2021-  
04 IT Support and Consulting  
Services:

*Fiscal Year One: \$40,000*

*Fiscal Year Two: \$35,000*

*Fiscal Year Three: \$30,000*

## Scope of Support

The parties agree that EvolvTec has been engaged to provide the following services:

### Phase I – Pre-Assessment

- *Step 1: Define the Nature of the Risk Assessment* - This initial risk assessment provides an independent review to help EvolvTec to determine the appropriate level of security required for the system to support the development of a System Security Plan for the Client readiness according to NIST SP 800-171 standards. The review also provides the information required for Executives to make an informed decision about authorizing the system to operate. The risk assessment is based on documentation review, end- point scans, network scans and a technical review.
- *Step 2: Data Collection* - The data collection phase includes identifying and interviewing key personnel within the organization and conducting document reviews. Interviews focus on the operating environment, technical assets, and scan results. Document reviews provide the risk assessment team with the basis on which to evaluate compliance with policy and procedure.
- *Step 3: Templates* - The following templates will be used by the risk assessment team:
  - *Risk Calculation*: Converts the raw vulnerabilities discovered in scanning and interviews into recommended risks. Each risk is then mapped to the ability to remediate with the value to the business and presented in order of suggested risk level and maturity impact.

### Phase II – Assessment

- *Step 1: Document Review* - The assessment phase begins with the review of documents provided by the members of the EvolvTec team. Members of the Client Security and IT teams will participate in completion of the system and compliance questionnaires and identification of specific threats.
- *Step 2: Environment Characterization* - In this step, the analyst will define the boundaries of the Security systems and posture, along with the resources that constitute the network, its connectivity, and any other elements necessary to describe the environment. Dependencies should be clarified. Sensitivity of the system and data will be discussed in the final section of the characterization.
- *Step 3: Vulnerability Identification and Scanning* - In this step, EvolvTec will install scanning agents on the in-scope devices to scan for Security vulnerabilities, PII Data, PCI/DSS data, HIPAA data and PAN information. In addition, a complete internal and external active network scan of visible devices will be performed. This will produce a myriad of imperial reports with data to clearly show any vulnerability in the systems.
- *Step 4: Risk Determination (Calculation/Valuation)* - In this step, the risk assessment team will determine the degree of risk to the system. For example, in some cases, a series of vulnerabilities may combine to create the risk, while in other cases; a single vulnerability may create the risk.
- *Step 5: Impact Analysis* - The next step in measuring level of risk will be to determine the adverse impact resulting from successful exploitation of a vulnerability. The adverse impact of a security event can be described in terms of loss or degradation of any, or a combination of any, of the following three security goals:
  - *Loss of Confidentiality* – Impact of unauthorized disclosure of sensitive information (e.g., Privacy Act).
  - *Loss of Integrity* – Impact if system or data integrity is lost by unauthorized changes to the data or system.

- Loss of Availability – Impact to system functionality and operational effectiveness.
- *Step 6: Risk Mitigation Recommendations* - During this step, controls that could mitigate or eliminate the identified risks, as appropriate to the organization's operations, will be provided. The goal of the recommended controls is to reduce the level of risk to the IT system and its data to an acceptable level. The risk assessment team will consider the following factors when recommending controls and alternative solutions to minimize or eliminate identified risks:
  - Effectiveness of recommended options
  - Level of Effort to remediate
  - Level of Risk associated to the findings related to the business
  - Degree of Value to the business if remediated
  - Prioritization of Risk with the level of effort and value
- *Step 7: Risk Score and Maturity Model Map* - EvolvTec has developed a unique Maturity Model that maps the current baseline state of Client Security posture with the intention to create a roadmap for an Information Security Program. This risk score, based on a 0- 5 scale (0 being low, 5 being high) will show the current level of security maturity. EvolvTec will then deliver comprehensive recommendations on how Client can create a program to eventually enable their business using Security. EvolvTec's recommendations will be the results of the risk assessment process and will provide a basis by which Client can evaluate and prioritize controls.

### Phase III – Post Assessment

- *Step 1: Risk Control and Implementation Plan* - Once risks are identified they will be prioritized based on level of effort to implement a control and the value to the business when remediated. Each risk can either be mitigated, ignored, assigned or accepted. Client will be responsible to determine what recommendations should be acted upon and how. EvolvTec can provide input about the findings but will not be responsible for the decision to implement any control.
- *Step 2: Ongoing Monitoring, Scanning and Maturity* - The identification of risks and gaps in the Security posture at Client is only the beginning of the process. Our recommendations will include a Security Maturity plan that should be implemented, either using EvolvTec or a combination of resources. EvolvTec is an Independent firm without bias to a particular vendor(s), and thus will not provide quotes for any products or solutions. EvolvTec, however, can help Client determine the best vendors and products to use to implement the delivered Gap Analysis and Security Maturity planning. For an additional fee, EvolvTec is able to offer ongoing monitoring, scanning and consulting as a means to accelerate Client's Security Maturity plan.

### Deliverables

EvolvTec will provide the following deliverables as part of this engagement:

- Network Scan Report (external or internal determined based on need).
- Gap Analysis and Maturity Modeling Report.

### Personnel

EvolvTec will provide highly skilled security personnel to perform the required roles to execute this SOW.

## Timeline

EvolvTec estimates project completion to be achieved in approximately two (2) weeks based on the Scope, Approach, Deliverables, Personnel, and the Responsibilities stated herein. If the Project is delayed for any reason outside EvolvTec's direct control, EvolvTec may issue a Change Order per the Change Order Process stated herein, which may necessitate additional time and/or Fees.

## Responsibilities

***EvolvTec will agree to the following obligations under this SOW:***

- Consider all Client information as confidential and handle all documentation and information that is provided to it pursuant to the terms of non-disclosure agreement and/or the Agreement, as applicable.
- Gather necessary information from Client and notify Client's Project Sponsor in writing that such information is required.
- Notify Client of any known Project risks or situations that may adversely impact the Project in order to determine ways to manage such impact that could include changes to Timeline, Scope or Fee.

***Client will perform the following obligations under this SOW:***

- Provide access to in-scope devices and any administrative access and passwords to install a scanning agent on those devices.
- Provide a list of internal and external IP addressed for in-scope devices to be scanned.
- Assign Client personnel to (a) perform required activities, as well as (b) Assist EvolvTec (as needed) to create the Deliverables as stated in the Deliverables section.
- Review the interim versions of the Deliverable prior to its formal submission by EvolvTec. State its final acceptance of the Deliverable within five (5) business days of Deliverable submission. If final acceptance is not stated within such period, it will be deemed given.

## Assumptions

***EvolvTec will agree to the following assumptions under this SOW:***

- All Domains and Network Segments in Scope for this Security Assessment are routable/accessible from a central Local Area Network Perspective.
  - This means that all Domains and Network Segments will be accessible through a single scan of the environment.
  - In the event additional/disparate scans are needed to assess segments of the clients environment, a change order will be needed to provide professional services for the additional scope of work.

## Term & Agreement

EvolvTec provides this proposal in connection with its Master Services Agreement (the "MSA") incorporated in its entirety herein by reference. By purchasing the services (the "Work" as defined herein, Phyl's Academy acknowledges having read and agrees to be bound by all terms and conditions set forth in the MSA and this proposal.

During the Term of this Agreement, Customer shall only have the right to terminate this Agreement if EvolvTec fails to cure any material default within thirty (30) days following EvolvTec's receipt of written notice from Customer specifying, in reasonable detail, EvolvTec's breach or failure of performance. If this Agreement is terminated by Owner for cause, EvolvTec shall immediately cease the work as set forth in the Statement of Work and Customer shall pay EvolvTec for all work completed prior to cessation of work.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/27/2021

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

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

<b>PRODUCER</b> M&L Insurance Agency Inc 2855 N University Dr Suite 110  Coral Springs FL 33065		<b>CONTACT NAME:</b> David Vaandering <b>PHONE (A/C, No, Ext):</b> (954) 340-2323 <b>FAX (A/C, No):</b> (954) 840-0320 <b>E-MAIL ADDRESS:</b> customerservice@mlinsurance.net															
<b>INSURED</b> BLM TECHNOLOGIES OF FL DBA EVOLVTEC 1321 NW 65TH PL [EMPTY] FORT LAUDERDALE FL 33309		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: U.S. Liability Insurance Group</td><td>25895</td></tr><tr><td>INSURER B: Progressive American Insurance</td><td>24252</td></tr><tr><td>INSURER C: U.S. Liability Insurance Group</td><td>25895</td></tr><tr><td>INSURER D: U.S. Liability Insurance Group</td><td>25895</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER	NAIC #	INSURER A: U.S. Liability Insurance Group	25895	INSURER B: Progressive American Insurance	24252	INSURER C: U.S. Liability Insurance Group	25895	INSURER D: U.S. Liability Insurance Group	25895	INSURER E:		INSURER F:	
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			SPPK0002321-01	10/03/2020	10/03/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			02733538-0	10/03/2020	10/03/2021	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			PPP1554841	10/03/2020	10/03/2021	<table border="1"><tr><td>WC STATUTORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

WAREHOUSE OFFICE - IT SERVICES - INSTALLATION AND MONITORING SERVICES  
GENERAL LIABILITY COVERAGE INCLUDES HIRED AND NON- OWNED VEHICLES

**CERTIFICATE HOLDER****CANCELLATION**

SEMINOLE ELECTRIC CO-OP INC  
16313 N DALE MARBRY HWY

TAMPA

FL 33168

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

AUTHORIZED REPRESENTATIVE  
DAVID VANNDERING

# RFP #2021-04 IT Support and Consulting Services

RESPONSE TO:

RFP 2021-04 IT SUPPORT AND CONSULTING SERVICES  
ROBERT SMITH, TOWN MANAGER  
614 MAIN ST. WINDERMERE, FL 34786

I acknowledge receipt of any/all Addenda: \_\_\_\_\_

I have included:


- Hold Harmless Agreement
- Certificate of Insurance
- Non Collusion Affidavit
- Drug Free Workplace Form

Mailing Address:

1321 NW 65th Place Suite 3 TELEPHONE 954-587-5521  
Ft. Lauderdale FL 33309 FAX: 954-587-7210  
DATE 7/29/2021

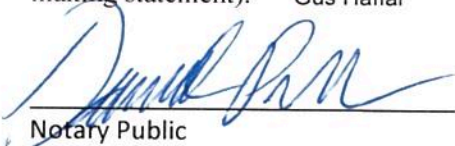
BY signing and submitting this proposal, I am certifying that (a) I am a citizen of the United States; (b) I am not a member or an employee of any taxing authority; and (c) I do not represent any property owner in an administrative or judicial review of property tax issues.

  
Signature of Respondent

  
Witness

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 29th day of July, 2021, by (name of person making statement). Gus Haffar

  
Notary Public



David Picow  
Notary Public  
State of Florida  
My Commission Expires 06/29/2024  
Commission No. HH 15833

Personally Known \_\_\_\_\_ OR Produced Identification X  
Type of Identification Produced Drivers License

My Commission Expires \_\_\_\_\_

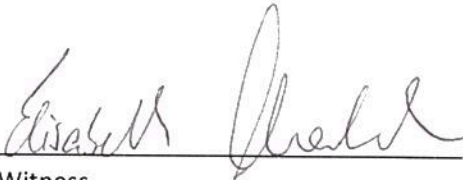
# RFP #2021-04 IT Support and Consulting Services

## HOLD HARMLESS AGREEMENT

I Gus Haffar (Respondent) agrees to indemnify and hold the Town harmless for any and all claims, liability, losses and causes of action which may arise out of its fulfillment of the contract awarded pursuant to this RFP. It agrees to pay all claims and losses, including related court costs and reasonable attorneys' fees, and shall defend all suits filed due to the negligent acts, error or omissions of Respondent or employees and/or agents of Respondent.

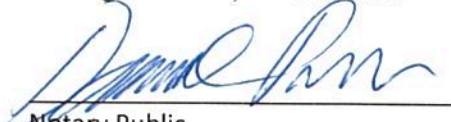
In the event the completion of a project awarded pursuant to this RFP (to include the work of others) is delayed or suspended as a result of the Respondent's failure to purchase or maintain the required insurance, the Respondent shall indemnify the Town from any and all increased expenses resulting from such delay.


  
Signature of Respondent

  
Witness

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 29th day of July, 2021, by (name of person making statement). Gus Haffar

  
Notary Public

 **David Picow**  
Notary Public  
State of Florida  
My Commission Expires 06/29/2024  
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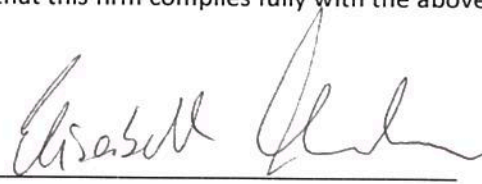
## DRUG FREE WORKPLACE CERTIFICATION

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 an employee 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, available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees from drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under this solicitation a copy of the statement specified in subsection (1) above.
4. In the statement specified in subsection (1), notify the employees that, as a condition of working in the commodities or contractual services that are under this solicitation, the employee will abide by the terms of the statement and will notify the employee 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 work place no later than five (5) days after such 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.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

  
\_\_\_\_\_  
Signature of Respondent

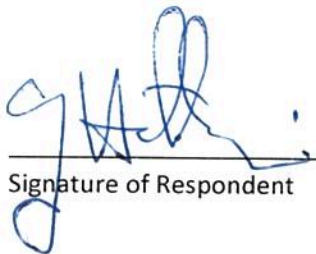
  
\_\_\_\_\_  
Witness

# RFP #2021-04 IT Support and Consulting Services

## NON-COLLUSION AFFIDAVIT

I Gus Haffar (Respondent) of the firm of EvolvTec (Respondent Firm Name) responded to the notice for calling for qualification for Auditing Services for the Town of Windermere. This proposal has been executed with full authority to do so. This response has been arrived at independently without collusion, consultation, communication or agreement for the purposes of restricting competition, as to any matter relating to qualifications or responses of any other responder or with any competitor, and no attempt has been made or will be made by the Responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;

The Statements contained within this affidavit are true and correct, and made with full knowledge that the Town of Windermere relies upon the truth of the statements contained in this affidavit in awarding contracts for said services.

  
Signature of Respondent

  
Witness

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 29th day of July, 2021, by (name of person making statement).

  
Notary Public



David Picow  
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