

Appendix B - Proposal Form
042-19 Progressive Design-Build Services for the Walnut Street Emergency Bypass Force Main

COMPANY INFORMATION:

COMPANY NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

FAX: _____

EMAIL OF CONTACT: _____

FLORIDA LICENSE NUMBER: _____

PROJECT MANAGER PROXIMITY

In order to receive points for this criterion, Company's office must be occupied and staffed with at least three (3) employees for a duration of six (6) months prior to the Proposal Due Date stated in the RFP.

Check the box to confirm Company meets criterion ☐ YES ☐ NO

The Company shall submit one (1) original Proposal, five (5) duplicates (hardcopies), and six (6) CDs or USB drives. If there is a discrepancy between the electronic copy and hard copy, the hard copy will prevail. JEA will not accept Proposals transmitted via email.

____ (Initials) I have read and understood the Sunshine Law/Public Records clauses contained within this solicitation. I understand that in the absence of a redacted copy my proposal will be disclosed to the public "as-is".

Company's Certification

By submitting this Proposal, the Proposer certifies that it has read and reviewed all of the documents pertaining to this RFP and agrees to abide by the terms and conditions set forth therein, that the person signing below is an authorized representative of the company, that the company is legally authorized to do business in the State of Florida, and that the company maintains in active status an appropriate license for the work. The company certifies that its recent, current, and projected workload will not interfere with the company's ability to Work in a professional, diligent and timely manner.

The Proposer certifies, under penalty of perjury, that it holds all licenses, permits, certifications, insurances, bonds, and other credentials required by law, contract or practice to perform the Work. The Proposer also certifies that, upon the prospect of any change in the status of applicable licenses, permits, certifications, insurances, bonds or other credentials, the Company shall immediately notify JEA of status change.

We have received addenda _____ through _____

Signature of Authorize Officer of Company or Agent

Date

Printed Name & Title

Phone Number

Appendix B - Minimum Qualifications Form
042-19 Progressive Design-Build Services for the Walnut Street Emergency Bypass Force Main

GENERAL

THE MINIMUM QUALIFICATIONS SHALL BE SUBMITTED IN THE FORMAT ATTACHED. THE REPORT SHALL BE PRESENTED IN THE ORDER DESCRIBED BELOW. IN ORDER TO BE CONSIDERED A QUALIFIED SUPPLIER BY JEA YOU MUST MEET ALL THE CRITERIA LISTED AND BE ABLE TO PROVIDE ALL THE SERVICES LISTED IN THIS SPECIFICATION.

THE PROPOSER MUST COMPLETE THE FOLLOWING INFORMATION AND ANY OTHER INFORMATION OR ATTACHMENTS.

PROPOSER INFORMATION

COMPANY NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

PRINT NAME OF AUTHORIZED REPRESENTATIVE: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE: _____

- The Proposer shall have performed the majority of the work and completed at least two (2) similar Design-Build projects.
 - A similar Design-Build project is defined as design and installation of a minimum of 1,000 LF of minimum internal diameter of 16 inches, using the horizontal directional drilling (HDD) method.
 - One (1) of the similar projects shall have been a Design-Build project in the State of Florida.
- The Proposer or Partner for the engineering services shall have a State of Florida Certificate of Authorization for Engineering.
- The Proposer or Partner for the construction services shall have a State of Florida General Contractors License or Utility Contractors License.

REFERENCE 1

Reference Name _____

Reference Phone Number_____

Reference E-Mail Address _____

Contract Year/Amount _____

Project Title _____

Address of Work _____

Description of Project _____

REFERENCE 2

Reference Name _____

Reference Phone Number _____

Reference E-Mail Address _____

Contract Year/Amount _____

Project Title _____

Address of Work _____

Description of Project _____
