Appendix B - Bid Form 015-19 McMillan and Kinlock Pump Stations Force Mains Upgrade

| Submit an original, two (2) copies and one (1) Procurement Dept., 21 W. Church St., Bid Offi | | | | | |
|---|---|---|--|--|--|
| Company Name: | | | | | |
| Company's Address: | | | | | |
| License Number: | | | | | |
| Phone Number: FAX No: _ | Email Address: | | | | |
| BID SECURITY REQUIREMENTS None required Certified Check or Bond (Five Percent (5% | Other, Specify - Pr | e ents roject Completion | | | |
| SAMPLE REQUIREMENTS | SECTION 255.05, FLORIDA ST | TATUTES CONTRACT BOND | | | |
| None required Samples required prior to Bid Opening Samples may be required subsequent to Bid Opening | None required Bond required 100% of Bid A | ward | | | |
| QUANTITIES | | INSURANCE REQUIREMENTS | | | |
| Quantities indicated are exacting Quantities indicated reflect the approximate quantities to be purchased Throughout the Contract period and are subject to fluctuation in accordance with actual requirements. | | Insurance required | | | |
| PAYMENT DISCOUNTS | | | | | |
| 1% 20, net 30 2% 10, net 30 Other None Offered | | | | | |
| ENTER YOUR BID F | OR IFB 015-19 | TOTAL BID PRICE | | | |
| | Cotal Bid Price for the Project ell G33 in the Bid Workbook) | | | | |
| ☐ I have read and understood the Se solicitation. I understand that in the public "as-is". | absence of a redacted copy my BIDDER CERTIFICATION | y proposal will be disclosed to the | | | |
| By submitting this Bid, the Bidder certifies that person signing below is an authorized represen- the State of Florida, and that the Company main The Bidder also certifies that it complies with a Solicitation. | tative of the Bidding Company, that the national states of the status and appropriate c | e Company is legally authorized to do business in ontractor's license for the work (if applicable). | | | |
| We have received addenda Handwritten Signature of Authorized Officer of Company or Agent Date | | | | | |
| through | | · · · · · · · · · · · · · · · · · · · | | | |
| Pr | inted Name and Title | | | | |

THE MINIMUM QUALIFICATIONS SHALL BE SUBMITTED ON THIS FORM. IN ORDER TO BE CONSIDERED A QUALIFIED BIDDER BY JEA YOU MUST MEET THE MINIMUM QUALIFICATIONS LISTED BELOW, AND BE ABLE TO PROVIDE ALL THE SERVICES LISTED IN THIS SOLICITATION.

THE BIDDER MUST COMPLETE THE BIDDER INFORMATION SECTION BELOW AND PROVIDE ANY OTHER INFORMATION OR REFERENCE REQUESTED. THE BIDDER MUST ALSO PROVIDE ANY ATTACHMENTS REQUESTED WITH THIS MINIMUM QUALIFICATIONS FORM.

BIDDER 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: |
| |

MINIMUM QUALIFICATIONS:

Bidder shall have the following Minimum Qualifications to be considered eligible to submit a Bid in response to this Solicitation.

- Only those companies approved to be on JEA's Responsible Bidders List (RBL) WM2 Water, Sewer, Reclaim Pressure Pipe Construction Underground Trench < 24" Diameter; WM3 Gravity Sanitary Sewer Main Construction Underground Trench, as of the Bid due date
- Bidder shall have a valid State of Florida General or Underground Contractor's license number.

It is the responsibility of the Bidder to ensure and certify that it meets the Minimum Qualifications stated above. A Bidder not meeting all of the following criteria will have their Bid rejected.

015-19 LIST OF SUBCONTRACTORS

JEA Solicitation Number #015-19 requires certain major Subcontractors be listed on this form, unless the work will be self-performed by the Company.

The undersigned understands that failure to submit the required Subcontractor information on this form will result in bid rejection, and the Company agrees to employ the Subcontractors specified below: (Use additional sheets as necessary)

Note: This list of Subcontractors shall not be modified subsequent to bid opening, without a showing of good cause and the written consent of JEA.

| Type of Work | Corporate Name of Subcontractor | Subcontractor Primary Contact Person & Telephone Number | Subcontractor's License Number (if applicable) | Percentage of Work or Dollar Amount | Will the Provider Self Perform this Category? Yes/No |
|--------------------------------|------------------------------------|---|--|---|--|
| Geotechnical Work | | | | | |
| Grassing Work | | | | | |
| Gravity Sewer Bypass | | | | | |
| Locate wire testing | | | | | |
| MOT work | | | | | |
| Soil and Erosion Control | | | | | |
| Surveying | | | | | |
| Tapping Sleeve Installation | | | | | |

Signed:_____

Company:_____

Address:_____

Date:_____