Submit an <u>original, two (2) copies and</u> Procurement Dept., 21 W. Church St.	nd one (1) thumb , Bid Office, Cus	<u>o drive</u> along with other recestomer Center, 1 st Floor, Ro	quired forms in a sealed envelope to: JEA om 002, Jacksonville, FL 32202-3139.
Company Name:			
Company's Address:			
License Number:			
Phone Number: J	FAX No:	Email Address:	
BID SECURITY REQUIREMENT None required Certified Check or Bond (Five Pe	ercent (5%)		chase ements - 5 years with two (2) one year renewals
SAMPLE REQUIREMENTS None required Samples required prior to Bid Ope Samples may be required subseque Bid Opening		CTION 255.05, FLORIDA None required Bond required	A STATUTES CONTRACT BOND
QUANTITIES Quantities indicated are exacting Quantities indicated reflect the ap Throughout the Contract period and a with actual requirements.	oproximate quantit	ties to be purchased tuation in accordance	INSURANCE REQUIREMENTS Insurance required
PAYMENT DISCOUNTS ☐ 1% 20, net 30 ☐ 2% 10, net 30 ☐ Other ☐ None Offered			
ENTER YOUR RESPO	NSE FOR SOLI	CITATION 017-20	TOTAL RESPONSE PRICE
(enter total f	_	ponse Price for the Proje the Response Workboo	
			ls clauses contained within this my proposal will be disclosed to the
		NDENT CERTIFICATIO	
Solicitation, that the person signing b authorized to do business in the State	pelow is an authori e of Florida, and the The Respondent als	rized representative of the C hat the Company maintains	ed all of the documents pertaining to this Company, that the Company is legally in active status an appropriate contractor's swith all sections (including but not limited to
We have received addenda	Handwrit	tten Signature of Authorized	d Officer of Company or Agent Date
through			
	Printed N	Name and Title	

017-20 Appendix B - Forms Page 1 of 5

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

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

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 ALITHODIZED DEDDESENTATIVE.

MINIMUM QUALIFICATIONS:

RESPONDENT INFORMATION

Respondent shall meet the following Minimum Qualifications to be considered eligible to submit a Response to this ITN. It is the responsibility of the Respondent to ensure and certify that it meets the Minimum Qualifications stated below. A Respondent not meeting all of the following criteria will have their Response rejected:

- Respondent shall have a valid State of Florida General Contractor's License number.
- Respondent represents it has performed fire hydrant assessment, rehabilitation, and maintenance services / work for no less than five (5) years and for over 5,000 hydrants.
- Respondent must provide three (3) references and successfully executed contracts for verification of work experience.
- The successful Respondent will present a QA/QC plan which has quality checkpoints throughout the project life cycle at the Program Startup (pre-con) meeting.

1. Reference Name
Reference Phone Number_
Reference E-Mail Address
Contract Duration/Amount
Description of Project

2. Reference Name
Reference Phone Number
Reference E-Mail Address
Contract Duration/Amount
Description of Project

3. Reference Name
Reference Phone Number
Reference E-Mail Address
Contract Duration/Amount
Description of Project