

Appendix B - Bid Form

034-19 Construction Services for the District II Primary Clarifier #2 and #3 Rehabilitation

Submit an **original, two (2) copies and one (1) CD or thumb drive** along with other required forms in a sealed envelope to: JEA Procurement Dept., 21 W. Church St., Bid Office, Customer Center, 1st Floor, Room 002, Jacksonville, FL 32202-3139.

Company Name: _____

Company's Address: _____

Phone Number: _____ FAX No: _____ Email Address: _____

License: _____

BID SECURITY REQUIREMENTS

- ☐ None required
☒ Certified Check or Bond Five Percent (5%)

TERM OF CONTRACT

- ☐ One Time Purchase
☐ Annual Requirements
☒ Other, Specify - Project Completion

SAMPLE REQUIREMENTS

- ☒ None required
☐ Samples required prior to Bid Opening
☐ Samples may be required subsequent to Bid Opening

SECTION 255.05, FLORIDA STATUTES CONTRACT BOND

- ☐ None required
☒ Bond required 100% of Bid Award

QUANTITIES

- ☐ 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 REQUIREMENTS

Insurance required

PAYMENT DISCOUNTS

- ☐ 1% 20, net 30
☐ 2% 10, net 30
☐ Other _____
☐ None Offered

SUNSHINE LAW ACKNOWLEDGEMENT

_____(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 bid will be disclosed to the public "as-is".

Item	ENTER YOUR BID FOR IFB 034-19	TOTAL BID PRICE
1	Total Bid Price for the Project (transfer cell G86 from Bid Workbook)	\$

BIDDER'S CERTIFICATION

By submitting this Bid, the Bidder certifies that it has read and reviewed all of the documents pertaining to this Solicitation, that the person signing below is an authorized representative of the Bidder's 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 contractor's license for the work (if applicable). The Bidder also certifies that it complies with all sections (including but not limited to Conflict Of Interest and Ethics) of this Solicitation, and that the Bidder is an authorized distributor or manufacturer of the equipment that meets the Technical Specifications stated herein.

We have received addenda

_____ through _____

 Handwritten Signature of Authorized Officer of Company or Agent Date

 Printed Name and Title

District II Primary Clarifier #2 and #3 Rehabilitation

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 Bidder must complete **one (1) original and two (2) duplicate copies** of the following information and any other information or attachments.

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:_____

Bidder shall have the following Minimum Qualifications to be considered eligible to submit a Bid in response to this Solicitation. It is the responsibility of the Bidder to ensure and certify that it meets the Minimum Qualifications stated below. A Bidder not meeting all of the following criteria will have their Bids rejected:

- Only those companies approved to be on JEA's Responsible Bidders List (RBL) **WP2 Water and Sewer Plant Systems Installation, Construction, Maintenance and Repair**
- Bidder shall have a valid State of Florida General or Underground Contractor's license number

034-19 LIST OF SUBCONTRACTORS

JEA Solicitation Number #034-19 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
Asphalt Paving Removal and/or Replace					
Concrete Driveway Removal and/or Replace					
Maintenance of Traffic (MOT)					
Seeding and Mulching					
Sodding					
Pavement Repair					
Milling and Overlaying					
A-3 Soil Backfill					
Density Testing					

Signed: _____

Company: _____

Address: _____

Date: _____