Appendix B - Bid Form 119-19 LDP Program - King St and Shircliff Way WM Replacement

Company Name:	Submit an original, two (2) copies and one Procurement Dept., 21 W. Church St., Bid C					
License Number:	Company Name:					
Phone Number:	Company's Address:					
BID SECURITY REQUIREMENTS 	License Number:					
☐ One required One required ☐ None required ☐ One Time Purchase ☐ None required ☐ Annual Requirements ☐ Samples required prior to Bid Opening ☐ Bond required 100% of Bid Award ☐ Samples may be required entered subsequent to Bid Opening ☐ Bond required 100% of Bid Award ☐ Quantities indicated are exacting ☐ Insurance required ☐ Quantities indicated reflect the approximate quantities to be purchased Insurance required ☐ Quantities indicated reflect the approximate quantities to be purchased Insurance required ☐ Quantities indicated reflect the approximate quantities to be purchased Insurance required ☐ Quantities indicated reflect the approximate quantities to be purchased Insurance required ☐ Quantities indicated reflect the approximate quantities to be purchased Insurance required ☐ Quantities indicated reflect the approximate quantities to be purchased Insurance required ☐ Quantities indicated reflect the approximate quantities to be purchased Insurance required ☐ Quantities indicated reflect the approximate quantities to be purchased Insurance required ☐ Quantities indicated reflect the approximate quantities to be purchased Insurance required ☐ Partities Quantities indicated reflect the approximate quantities to floctuation in accordance Ins	Phone Number: FAX N	o: Email Address:				
☑ Certified Check or Bond (Five Percent (5%)) ☐ Annual Requirements Other, Specify - Project Completion Samples required required Samples required subsequent to Bid Opening Section 255.05, FLORIDA STATUTES CONTRACT BOND ☐ Samples required subsequent to Bid Opening Section 255.05, FLORIDA STATUTES CONTRACT BOND ☐ None required Bond required 100% of Bid Award ☐ 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 ☐ 1% 20, net 30 ☐ 2% 10, net 30 ☐ 2% 10, net 30 ☐ 0ther TOTAL BID PRICE \$ ☐ 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". BIDER 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 Bidding 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 laso certifies that it complies with all sections (including but not limited to Conflict Of Interest and Ethics) of this Solicitation.	BID SECURITY REQUIREMENTS					
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Image:	PAYMENT DISCOUNTS					
Total Bid Price For The Project (enter total from cell G64 in the Bid Workbook) \$ 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". BIDDER 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 Bidding 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. We have received addenda Handwritten Signature of Authorized Officer of Company or Agent Date	□ 1% 20, net 30 □ 2% 10, net 30 □ Other					
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Printed Name and Title		Printed Name and Title				

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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, 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.

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JEA Solicitation Number 119-19 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
Paving (asphalt)		T (unito cr		
Concrete				
Landscaping				
Surveying				
Sod Restoration				
мот				
Silt and Erosion Control				