

**APPENDIX B**  
**BID FORM FOR SOLICITATION # 128-19**  
**Residential Backflow Prevention Testing Services**

Submit an **original, three (3) 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, 1<sup>st</sup> Floor, Room 002, Jacksonville, FL 32202-3139.

Company Name: \_\_\_\_\_

Company's Address \_\_\_\_\_

Contractor Calibrated Equipment, Business License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**BID SECURITY REQUIREMENTS**

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

**TERM OF CONTRACT**

- ☐ One Time Purchase  
☒ Annual Requirements Two (2) Years w/One (1) – 2Yr. or 1 Yr. Renewal  
☐ Other, Specify- Project Completion

**SAMPLE REQUIREMENTS**

- ☒ None required  
☐ Samples required prior to Response 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**

- ☐ Other \_\_\_\_\_  
☐ None Offered

Item Number	ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES JEA Quotation of Rates	TOTAL BID PRICE
1.1.13	JEA Customer Rates - Irrigation Backflow Prevention Testing Services	\$
1.1.2	Volume Evaluation - Irrigation Backflow Prevention Testing Services	\$
1.2.2	JEA Quotation of Rates - Irrigation Backflow Prevention Testing Services	\$

☐ 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".

**RESPONDENT CERTIFICATION**

By submitting this Response, the Respondent 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 Responding 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 Respondent 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

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\_\_\_\_\_ Date  
Handwritten Signature of Authorized Officer of Company or Agent

\_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Title