Submit the Response an electronic pdf in accordance with the procedures in the solicitation

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%) SAMPLE REQUIREMENTS	TERM OF CONTRA One Time Purchas Term - Five (5) Yee Other, Specify - Pr SECTION 255.05, FLORIDA ST	e ears w/Two (2) – 1Yr I oject Completion	
None required Samples required prior to Bid Opening Samples may be required subsequent to Bid Opening	None required Bond required 100% of Bid A		
OUANTITIES Quantities indicated are exacting Quantities indicated reflect the approximate qu Throughout the Contract period and are subject to with actual requirements.	uantities to be purchased	INSURANCE REQU	
PAYMENT DISCOUNTS 1% 20, net 30 2% 10, net 30 Other None Offered			
Item No. ENTER YOUR BID FOR THE FOL	LOWING DESCRIBED ARTICLES	OR SERVICES:	TOTAL BID PRICE

ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES:	
Subtotal for work in Solicitation 69 kV Circuit 650 underground reconductor Project	\$
Supplemental Work Authorization (10% of Line 1)	\$
Total Bid Price (Sum of Lines 1 & 2)	\$
	Supplemental Work Authorization (10% of Line 1)

☐ 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

____ through _____

Printed Name and Title

Date

MINIMUM QUALIFICATIONS

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 SHALL SUBMIT AN ELECTRONIC COPY IN ACCORDANCE WITH THE SOLICITATION REQUIREMENTS

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:

- The Bidder shall have successfully completed, as the Prime Contractor, three (3) similar project within the last five (5) years, date ending the Bid Due Date. A similar project is defined as an installation of a 69kV ductbank and cable system with a minimum of a \$1,000,000 value and at least 50% of the project shall have been self-performed.
- The Bidder or their Subcontractor that will perform the installation will be required to have an Electrical Contractors License issued by the State of Florida.

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

LIST OF SUBCONTRACTORS

JEA Solicitation Number ______ 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	Subcontractor	Subcontractor's	Percentage of
	of Subcontractor	Primary Contact Person &	License Number	Work or Dollar
		Telephone Number	(if applicable)	Amount

Signed:_____

Company:_____

Address:_____

Date:

LIST OF JSEB SUBCONTRACTORS

The following JSEB Subcontractors will be utilized in fulfilling the terms and conditions of a Project Authorization arising from award of JEA -_____. I (We) the undersigned understand that failure to submit said information will result in bid rejection. I (We) will employ the JSEB Subcontractors specified below: (Use additional sheets as necessary)

Class of Work (Category)	Name of JSEB Contractor	Percentage of Total Job or
Dollar Amount	(Indicate below)	

Signed:

Company:_____

Address:_____

Date:_____

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