

Appendix B - Bid Forms  
1411693446 (IFB) NGS N00 Storage Warehouse No. 4 Fire Sprinkler System

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%)

**TERM OF CONTRACT**

- ☐ One Time Purchase  
☐ Term -  
☒ 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

Item No.	ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES:	BID PRICE
1	Dry Pipe Fire Sprinkler System	\$ _____
2	Fire Alarm Zone(s)	\$ _____
3	1 ½" Hose System	\$ _____
	Total Bid Price (Sum of Lines 1-3)	\$ _____

☐ 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

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

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

### MINIMUM QUALIFICATIONS FORM

**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:\_\_\_\_\_

TITLE OF AUTHORIZED REPRESENTATIVE:\_\_\_\_\_

#### MINIMUM QUALIFICATIONS:

The Bidder shall meet the following Minimum Qualifications to be considered eligible to submit a Bid in response to this IFB. **JEA reserves the right to ask for additional back up documentation or additional reference projects to confirm the Bidder meets the requirements stated below.** A Bidder not meeting all of the following criteria may have their Bid rejected:

- Bidder shall have completed two (2) similar contracts within the last 3 years prior to the bid due date. A similar contract is defined as design, furnish, and install a dry fire sprinkler system as defined in the Appendix A Technical Specifications or equivalent with a contract value of at least \$50,000.
- The Proposer shall comply with the technical and commercial specifications for this solicitation. JEA may request and the Proposer shall provide within 48 hours additional information regarding the company's ability to provide the scope of services in this solicitation. Failure to provide additional information may result in Bid rejection.

**Please provide the reference verification information requested below pertaining to this contract.**

**1. REFERENCE**

Reference Name \_\_\_\_\_

Reference Phone Number \_\_\_\_\_

Reference Company Name \_\_\_\_\_

Address of Work \_\_\_\_\_

Reference E-Mail Address \_\_\_\_\_

Dates of Work/\$ Amount \_\_\_\_\_

Description of Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. REFERENCE**

Reference Name \_\_\_\_\_

Reference Phone Number \_\_\_\_\_

Reference Company Name \_\_\_\_\_

Address of Work \_\_\_\_\_

Reference E-Mail Address \_\_\_\_\_

Dates of Work/\$ Amount \_\_\_\_\_

Description of Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 of Subcontractor	Subcontractor Primary Contact Person & Telephone Number	Subcontractor's License Number (if applicable)	Percentage of Work or Dollar Amount
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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)  Dollar Amount	Name of JSEB Contractor (Indicate below)	Percentage of Total Job or

**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.