

**APPENDIX B – RESPONSE FORM  
1412007648 (IFB) Vegetation Management Services**

Submit the Response electronically as described in sections 1.4 and 1.5 of the Solicitation.

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

<b><u>BID SECURITY REQUIREMENTS</u></b> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Certified Check or Bond (Five Percent (5%))	<b><u>TERM OF CONTRACT</u></b> <input type="checkbox"/> One Time Purchase <input type="checkbox"/> Annual Requirements <input checked="" type="checkbox"/> Other, Specify - Project Completion
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<b><u>SAMPLE REQUIREMENTS</u></b> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Samples required prior to Bid Opening <input type="checkbox"/> Samples may be required subsequent to Bid Opening	<b><u>SECTION 255.05, FLORIDA STATUTES CONTRACT BOND</u></b> <input type="checkbox"/> None required <input checked="" type="checkbox"/> Bond required 100% of Bid Award
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<b><u>QUANTITIES</u></b> <input checked="" type="checkbox"/> Quantities indicated are exacting <input type="checkbox"/> Quantities indicated reflect the approximate quantities to be purchased Throughout the Contract period and are subject to fluctuation in accordance with actual requirements.	<b><u>INSURANCE REQUIREMENTS</u></b>  <p align="center"><b>Insurance required</b></p>
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<b><u>PAYMENT DISCOUNTS</u></b> <input type="checkbox"/> 1% 20, net 30 <input type="checkbox"/> 2% 10, net 30 <input type="checkbox"/> Other _____ <input type="checkbox"/> None Offered	
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<b>ENTER YOUR RESPONSE</b>	<b>TOTAL RESPONSE PRICE</b>
<b>Total Response Price for 1412007648 - Primary</b>	\$ _____
<b>Total Response Price for 1412007648 - Secondary</b>	\$ _____

**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  _____ through _____	_____ Handwritten Signature of Authorized Officer of Company or Agent	_____ Date
_____ 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. 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:

1. The Respondent is not on the State of Florida Convicted Vendor List, State of Florida's Suspended Vendor List, The City of Jacksonville's Disqualified Vendor List, have not had their bidding privileges actively suspended by JEA, been debarred by JEA, or have had a contract with JEA terminated for default within the last two (2) years.
2. Primary and Secondary bidders must have a minimum of 10 years Utility Vegetation Management experience. Primary bidders must also currently have a minimum of 50 utility bucket tree crews within 500 miles of Jacksonville, that could

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be moved onto JEA’s System within 3 business days if needed.

3. Secondary bidders must also currently have a minimum of 25 utility bucket tree crews within 500 miles of Jacksonville, that could be moved onto JEA’s System within 3 business days if needed. These required quick response crews may be “sister” companies, but they will operate under the Primary or Secondary bidder’s contract.

**1. SIMILAR PROJECT REFERENCE**

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

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

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

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

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

Dates of Work/Number of Sites: \_\_\_\_\_

Description of Work including contract value: \_\_\_\_\_

**2. REFERENCE**

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

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

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

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

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

Dates of Work/Number of Sites: \_\_\_\_\_

Description of Work including contract value: \_\_\_\_\_

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**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.

<b>Type of Work</b>	<b>Corporate Name of Subcontractor</b>	<b>Subcontractor Primary Contact Person &amp; Telephone Number</b>	<b>Subcontractor's License Number (if applicable)</b>	<b>Percentage of Work or Dollar Amount</b>
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Signed: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date: \_\_\_\_\_

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**LIST OF JSEB SUBCONTRACTORS – 5% GOAL**

The following JSEB Subcontractors will be utilized in fulfilling the terms and conditions of a Project Authorization arising from award of JEA -1412007648. 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
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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.

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**CONFLICT OF INTEREST DISCLOSURE FORM**

*Disclosing a potential conflict of interest does not disqualify vendors. In the event vendors do not disclose potential conflicts of interest, and they are detected by JEA, vendor may be **disqualified** from doing business with JEA.  
Questions about this form? Contact (JEA, Buyer)*

JEA Bid/Solicitation/Contract Number:	Name of JEA Employee(s) Working on Vendor's Current Contract(s) with JEA:	
Vendor Name:	Vendor Phone:	
Vendor's Authorized Representative Name and Title:	Authorized Representative's Phone:	
<b>NAME(S) OF JEA EMPLOYEE(S) / PUBLIC OFFICER(S) WITH POTENTIAL CONFLICT OF INTEREST</b>		
Name of JEA public officer(s), employee(s), or relatives with whom there may be a potential conflict of interest. If more than five, attach a second form.	Relationship of JEA public officer(s)/employee(s) and/or relative(s) to vendor's company from list above (e.g. 1(a), 2, etc.). Please list all that apply:	
1.		
2.		
3.		
4.		
5.		
<input type="checkbox"/> Vendor has no conflict of interest to report.  <input type="checkbox"/> Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any JEA officer or employee to obtain or maintain a contract.  <input type="checkbox"/> I certify that this Conflict-of-Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor.  Vendor's Authorized Representative Signature: _____ Date: _____		

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**FOR JEA USE ONLY IF CONFLICT NOTED**  
**This form has been reviewed by:**

Name of JEA Ethics Officer:	Signature:	Date:
Note:		