

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 - 3 Years w/ 2 1-Year Optional Renewals  
☐ 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:	TOTAL BID PRICE
1	Total Bid Price Transferred from 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

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

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

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

**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 and EMR
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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)	Name of JSEB Contractor (Indicate below)	Percentage of Total Job or Dollar Amount and EMR
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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.

**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:**

Respondent must meet the following Minimum Qualifications to be considered eligible to have its Response evaluated. JEA in its sole discretion may reject Responses from Respondents not meeting all of the following Minimum Qualifications:

- I. Respondent must not be on the State of Florida Convicted Vendor List, State of Florida's Suspended Vendor List, the City of Jacksonville's Disqualified Vendor List, have their bidding privileges actively suspended by JEA, been debarred by JEA, or have had a contract with JEA was terminated for default within the last two (2) years.
- II. The Respondent must be on the Responsible Bidder's List Category SB1 Substation Construction up to 500kV prior to the bid due date.

**SELECTION CRITERIA:**

**Similar Experience (20 points)**

The JEA will grade the Respondent's experience completing similar work and the execution of similar work. The Company shall provide work summaries of successfully completed or be in the performance of three (3) similar projects or service contracts in a heavy industrial environment (power plant, water/wastewater facility, paper mill, etc.,) in Florida or Southeast Georgia within the past five (5) years ending on 7/1/2025.

The company shall also provide the work summary of a successfully completed one (1) emergency project of similar scope in a heavy industrial environment in Florida or Southeast Georgia within the past three (3) years ending on 7/1/2025.

Respondents that are working or have worked for JEA in the past two (2) years involving similar work must submit JEA as a reference; should the supplier have more than two JEA projects within the defined period, supplier's response shall only be composed of two (2) JEA projects and the remainder in other non-JEA projects unless only JEA projects can meet the requirements.

Provide the project reference company name, contact, phone, and email on the Minimum Qualification Form provided in Appendix B – Response Forms. Please also provide:

- a general summary of the project,
- a general summary of the results of the project related to work provided,
- if the project completed on the original agreed upon schedule and if not a detailed reason for deviations,
- if the project completed on the original agreed upon contracted amount and if not a not a detailed reason for deviations

JEA reserves the right to ask for additional back up documentation or additional reference projects to confirm the Respondent meets the requirements stated above.

### **Responsiveness (10 Points)**

JEA will grade the Respondent's plan for responsiveness. The Respondent shall:

- notate the distance of the fixed permanent office closest to JEA Headquarters located at 225 N. Pearl Street, Jacksonville, FL 32202.
- notate the number of full-time staff and hourly company staff within 100 miles along with a general overview of composition and plan to support impromptu unplanned emergent work that JEA may have.

Support plan for overall JEA account, general project personnel plan, common plan for comparable work in completing work, and in-house vs outsourcing plan.

### **Commitment to Safety (5 Points)**

JEA will grade the Respondent's overall safety program. Respondent shall provide the company's Experience Modification Rating (EMR), any planned subcontractor's Experience Modification Rating (EMR) as well as general safety program related into internal and subcontractor safety.

**1. SIMILAR PROJECT REFERENCE**

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

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

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

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

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

Dates of Work: \_\_\_\_\_

Description of Work including contract value:

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**2. SIMILAR PROJECT REFERENCE**

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

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

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

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

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

Dates of Work: \_\_\_\_\_

Description of Work including contract value:

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### 3. SIMILAR PROJECT REFERENCE

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

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

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

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

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

Dates of Work: \_\_\_\_\_

Description of Work including contract value:

[illegible]

#### 4. EMERGENCY PROJECT REFERENCE

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

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

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

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

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

Dates of Work: \_\_\_\_\_

Description of Work including contract value:

[illegible]



## **VENDOR CONFLICT OF INTEREST DISCLOSURE FORM INSTRUCTIONS**

Vendors shall not try to gain an unfair competitive advantage or influence the ability of JEA officers and employees to make impartial and objective decisions on behalf of JEA.

All vendors interested in conducting business with JEA must complete and return the Vendor Conflict of Interest Disclosure Form found on the following page in order to be eligible to be awarded a contract with JEA. Please note that all vendors are subject to comply with JEA's conflict of interest policies provided below.

1. No JEA officer (e.g., JEA Board member and elected City official) or employee has an ownership interest of more than 5% in vendor's company.
2. No JEA officer or employee is an officer, director, partner or proprietor of vendor's company.
3. No JEA officer or employee is employed by or being considered for employment by vendor's company.
4. No JEA officer or employee work as a consultant or has a contractual relationship with vendor's company.
5. No JEA officer or employee will derive a personal financial gain or loss from this contract.
6. No relative of a JEA officer or employee will derive a personal financial gain or loss from this contract. (Relatives include a father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, or daughter-in-law.)

If a vendor has one or more relationships with a JEA officer or employee or a relative of a JEA officer or employee that meets the criteria described above, then the vendor shall disclose the information by completing the Conflict of Interest Form on the following page.





## 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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1412012050 (RFP) General Substation Construction Services Appendix B - Response Forms

**FOR JEA USE ONLY IF CONFLICT NOTED**

**This form has been reviewed by:**

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