Appendix B - Bid Form 153-18 Construction Services for the Lakeshore Water Treatment Plant (WTP) Rehabilitation

Company Name:									
Company's Address:									
Phone Number: FAX No: Email Address:									
License (if applicable):									
BID SECURITY REQUIREMENTS None required Certified Check or Bond (Five Percent (5%) SAMPLE REQUIREMENTS None required Samples required prior to Bid Opening Samples may be required subsequent to Bid Opening Bid Opening TERM OF CONTRACT One Time Purchase Annual Requirements Other, Specify - Project Completion SECTION 255.05, FLORIDA STATUTES CONTRACT BOND None required Somples required prior to Bid Opening Samples may be required subsequent to Bid Opening									
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 SUNSHINE LAW ACKNOWLEDGEMENT									
1% 20, net 30 (Initials) I have read and understood the Sunshine Law/Public R Other None Offered None Offered (Initials) I have read and understood the Sunshine Law/Public R clauses contained within this solicitation. I understand that in the absence redacted copy my bid will be disclosed to the public "as-is".					nd that in the absence of a				
Item	ENTER YOUR BID FOR IFB 153-18 TOTAL BID PRICE								
1	Total Bid Price For The Project (transfer cell F13 in Bid Workbook)				\$				
BIDDER'S CERTIFICATION									
the perso business (if applic Ethics) o Technica	on signing below is an auth in the State of Florida, and cable). The Bidder also cer	orized represed that the Comp rtifies that it cont the Bidder is	ntative of the Bidder's Company, t pany maintains in active status an	hat the appropr	ats pertaining to this Solicitation, that Company is legally authorized to do iate contractor's license for the work at limited to Conflict Of Interest and of the equipment that meets the				
Handwritten Signature of Authorized Officer of Company or Agent Da									
	through								
		Print	ted Name and Title						

153-18 LIST OF SUBCONTRACTORS

JEA Solicitation Number #153-18 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	Will the Provider Self Perform this Category? Yes/No		
Interior Coating							
Electrical							
		Signe	d:				
Company:							

Address:_____

Date: