

**103471 APPENDIX B - RESPONSE FORM
FOOD VENDORS FOR STORM SEASON**

VENDOR INFORMATION:

VENDOR NAME: _____
 BUSINESS ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 TELEPHONE: _____
 FAX: _____
 EMAIL OF CONTACT: _____
 WEBSITE: _____

SELECTION PROCESS

Vendors who meet the minimum qualifications will be placed on a qualified food vendor list. Qualified vendors may be asked to provide food geographically, in order to avoid having to cross bridges in the event of bridge closures based upon where their food is made.

Vendor shall provide pricing by completing the enclosed **Appendix B – Response Form**. The TOTAL COST provided shall be all-inclusive and shall include all supplies, labor, delivery, and set up.

Please note that being qualified is not a guarantee of any quantities or work.

Instructions: Price should include all supplies, labor, delivery, and set up. Include double portions.

Description of Services - 103471 Food Vendors For Storm Season	
Meal	Price per person
Breakfast	\$
Lunch	\$
Dinner	\$

*Optional: Food truck partners. Food truck vendors will need to provide per meal pricing if associated vendors are qualified.

Food Truck Vendor Partners Information			
Food Truck Vendor Name	Food Truck Vendor Address	Type of Food Offered	Contact Information

Respondants's Certification

By submitting this Response, the Respondant certifies (1) that the Respondant has read and reviewed all of the documents pertaining to this RFP and agrees to abide by the terms and conditions set forth therein, (2) that the person signing below is an authorized representative of the Respondant, and (3) that the Respondant is legally authorized to do business and maintains an active status, in the State of Florida. The Company certifies that its

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recent, current, and projected workload will not interfere with the Respondant's ability to Work in a professional, diligent and timely manner.

The Respondant certifies, under penalty of perjury, that it holds all licenses, permits, certifications, insurances, bonds, and other credentials required by law, contract or practice to perform the Work. The Respondant also certifies that, upon the prospect of any change in the status of applicable licenses, permits, certifications, insurances, bonds or other credentials, the Respondant shall immediately notify JEA of status change.

Please initial below:

 (Initials) 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".

We have received addenda _____ through _____

Signature of Authorized Officer of Respondant or Agent

Date

Printed Name & Title

Phone Number