## Appendix B - Bid Form 1410297646 - Removal/Replacement and Inspection of JEA Owned Air Release Valves

Company Name:			
Company's Address			
Phone Number:	FAX No:	Email Address:	
License Number:			
BID SECURITY REQUIREMENTS  None required Check or Bond - Five I  SAMPLE REQUIREMENTS  None required Samples required prior to Bid Of Samples may be required subsequired Subsequence Bid Opening	Percent (5%)  SECTION  None repening  Bond re		nts oject Completion ATUTES CONTRACT BOND
OUANTITIES  Quantities indicated are exacting  Quantities indicated reflect the ap Throughout the Contract period and with actual requirements.	pproximate quantities to be	purchased	INSURANCE REQUIREMENTS  Insurance required
PAYMENT DISCOUNTS  1% 20, net 30 2% 10, net 30 Other None Offered			
ENTER YOUR	BID FOR RFQ 1410297	646	TOTAL BID PRICE
Total Bid Price for the Project (enter total from cell F6 in the Bid Workbook)			\$
	at in the absence of a		clauses contained within this proposal will be disclosed to the
the person signing below is an author business in the State of Florida, and	orized representative of the that the Company maintain	Bidding Company, that as in active status an ap	tuments pertaining to this Solicitation, that the Company is legally authorized to do propriate contractor's license for the work ut not limited to Conflict Of Interest and
We have received addenda	Handwritten Sign	ature of Authorized Off	ficer of Company or Agent Date
through			
	Printed Name and	l Title	

## Appendix B - Minimum Qualifications Form 1410297646 - Removal/Replacement And Inspection of JEA Owned Air Release Valves

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.

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 INFORMATION** 

The Bidder shall meet the following Minimum Qualifications to be considered eligible to submit a Bid in response to this RFQ. **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 provide at least three (3) references of prior contracts for similar scope of work. Qualifications must be submitted in writing to JEA for review and approval.

Please note, any Bidder whose contract with JEA was terminated for default within the last two (2) years shall not be determined to be a responsible Bidder and their Bid will be rejected.

1. Reference Name
Reference Phone Number
Reference E-Mail Address
Contract Duration/Amount
Description of Project

2. Reference Name
Reference Phone Number
Reference E-Mail Address
Contract Duration/Amount
Description of Project

3. Reference Name
Reference Phone Number_
Reference E-Mail Address
Contract Duration/Amount
Description of Project