Appendix B - Bid Form
1410306848 – Purchase of Biotrickling Filter Systems

Company Name: _____

Company's Address _____

Phone Number: _____ FAX No: _____ Email Address: _____

License Number: _____

BID SECURITY REQUIREMENTS	**TERM OF CONTRACT**
☒ None required ☐ Certified Check or Bond - Five Percent (5%)	☒ One Time Purchase ☐ Annual Requirements ☐ Other, Specify - Project Completion

SAMPLE REQUIREMENTS	**SECTION 255.05, FLORIDA STATUTES CONTRACT BOND**
☒ None required ☐ Samples required prior to Bid Opening ☐ Samples may be required subsequent to Bid Opening	☒ None required ☐ Bond required 100% of Bid Award

QUANTITIES	**INSURANCE REQUIREMENTS**
☐ 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 required**

PAYMENT DISCOUNTS	
☐ 1% 20, net 30 ☐ 2% 10, net 30 ☐ Other _____ ☐ None Offered	

Item	**Location**	**TOTAL BID PRICE**
1	Shinnecock Master Pump Station – 40 Shinnecock Road, St. Johns, FL 32259	**$**
2	Beach Blvd Pump Station – 11325 Beach Blvd, Jacksonville, FL 32246	**$**
3	Orange Picker Pump Station – 2520 Orange Picker Road, Jacksonville, FL 32223	**$**
	Total Bid Price for the Project (add items 1-3)	**$**

☐ **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