Submit the Response electronically as described in the Solicitation.

Company Name:		
Company's Address:		
Phone Number: Email 4	Address:	
BID SECURITY REQUIREMENTS None required Certified Check or Bond (Five Percent (SAMPLE REQUIREMENTS None required Samples required prior to Bid Opening Samples may be required subsequent to Bid Opening	renewals	ments - 3 years with (2) 1-year optional
QUANTITIES Quantities indicated are exacting Quantities indicated reflect the approxin Throughout the Contract period and are sub with actual requirements.	nate quantities to be purchased ject to fluctuation in accordance	INSURANCE REQUIREMENTS Insurance required
PAYMENT DISCOUNTS 1% 20, net 30 2% 10, net 30 Other None Offered		
ENTER Y	OUR RESPONSE	TOTAL RESPONSE PRICE
Total Response	Price for 1412003849	\$
☐ I have read and understood the solicitation. I understand that in the public "as-is". By submitting this Response, the Responder Solicitation, that the person signing below is legally authorized to do business in the State contractor's license for the work (if applical limited to Conflict of Interest and Ethics) of We have received addenda	RESPONDENT CERTIFICATION nt certifies that it has read and reviewed s an authorized representative of the Res e of Florida, and that the Company main ble). The Respondent also certifies that	all of the documents pertaining to this sponding Company, that the Company is tains in active status an appropriate it complies with all sections (including but not
through		
	Printed Name and Title	

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-M AIL:
PRINT NAME OF AUTHORIZED REPRESENTATIVE:
SIGNATURE OF AUTHORIZED REPRESENTATIVE:
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE:

MINIMUM QUALIFICATIONS:

- I. The Respondent is not on the State of Florida Convicted Vendor List, State of Florida's Suspended Vendor List, The City of Jacksonville's Disqualified Vendor List, have not had their bidding privileges actively suspended by JEA, been debarred by JEA, or have had a contract with JEA terminated for default within the last two (2) years.
- II. The Bidder shall have successfully completed three (3) similar service contracts in the United States in the past five (5) years, date ending June 30, 2025.
 - A similar service contract is defined as Bulk Ammonia supply and delivery of \$50,000.00 for any one (1) year period, for each contract.
 - The service contracts submitted must be from 3 different customers.

1. REFERENCE

Customer Name:
Customer Address:
Reference Name:
Reference Phone Number:
Reference E-Mail Address:
Contract Year/Amount:
Description of Service Contract

2. REFERENCE	
Customer Name:	
Customer Address:	
Reference Name:	
Reference Phone Number:	
Reference E-Mail Address:	
Contract Year/Amount:	
Description of Service Contract	

3. REFERENCE

Customer Name:
Customer Address:
Reference Name:
Reference Phone Number:
Reference E-Mail Address:
Contract Year/Amount:
Description of Service Contract

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
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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	Percentage of Total Job or
Dollar Amount	(Indicate below)	_

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.



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 Tit	le:	Authorized Representative's Phone:

NAME(S) OF JEA EMPLOYEE(S) / PUBLIC OFFICER(S) WITH POTENTIAL CONFLICT OF INTEREST

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.	
□ Vendor has no conflict of interest to report.	

U 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 acontract.

□ 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:

FOR JEA USE ONLY IF CONFLICT NOTED This form has been reviewed by:

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