

APPENDIX B – RESPONSE FORM

1412039047 (IFB) Spun Concrete Poles for 69kV Circuit 691-693 Structure Replacement Project

Submit the Response electronically as described in sections 1.4 and 1.5 of the Solicitation.

Company Name: _____

Company's Address: _____

Phone Number: _____ Email Address: _____

BID SECURITY REQUIREMENTS

- ☒ **None required**
☐ Certified Check or Bond (Five Percent (5%))

TERM OF CONTRACT

- ☐ One Time Purchase
☐ **Annual Requirements**
☒ Other, Specify - Project Completion

SAMPLE REQUIREMENTS

- ☒ **None required**
☐ Samples required prior to Bid Opening
☐ Samples may be required subsequent to Bid Opening

SECTION 255.05, FLORIDA STATUTES CONTRACT BOND

- ☒ None required
☐ Bond required 100% of Bid Award

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

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

	Description of Services	TOTAL BID PRICE
1	Total Bid Price for IFB 1412039047	\$

☐ **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”.**

RESPONDENT CERTIFICATION

By submitting this Response, the Respondent 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 Responding 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 Respondent 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

APPENDIX B – RESPONSE FORM**1412039047 (IFB) Spun Concrete Poles for 69kV Circuit 691-693 Structure Replacement Project****PROPOSAL FOR SPUN CONCRETE TRANSMISSION POLES
PROJECT: 691-693 69kV STRUCTURE REPLACEMENTS**

Bidder Please Write Company Name Here: _____

Bid Item No.	Standard Design No.	Structure No.	Total Length / Embedment	Required Quantity	Unit Price	Extended Bid Price
1	A2251 – 100FT / 12 kip	#8	100'-0" / 20'-0"	1	\$	\$
2	A2251 – 100FT / 12 kip	#9	100'-0" / 20'-0"	1	\$	\$
3	A2251 – 100FT / 12 kip	#10	100'-0" / 20'-0"	1	\$	\$
4	A2251 – 100FT / 12 kip	#11	100'-0" / 20'-0"	1	\$	\$
5	A2251 – 100FT / 12 kip	#12	100'-0" / 25'-0"	1	\$	\$
6	A2251 – 100FT / 12 kip	#14	100'-0" / 25'-0"	1	\$	\$
7	A2251 – 100FT / 12 kip	#15	100'-0" / 25'-0"	1	\$	\$
8	A2251 – 95FT / 12 kip	#16	95'-0" / 20'-0"	1	\$	\$
9	Freight for all poles					\$
					Total =	\$

My (our) lump sum bid for the items described above and in the tabulated total quantities is: \$_____.

I (we) agree to provide approval drawings within_____calendar days after receipt of the “notice to proceed” / purchase order.

And I (we) agree to complete deliveries of all items within_____calendar days after the approval of the design calculations and approval drawings.

SIGNED FOR BIDDER: _____

TITLE: _____

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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:

Bidder shall have the following Minimum Qualifications to be considered eligible to submit a Bid in response to this Solicitation. It is the responsibility of the Bidder to ensure and certify that it meets the Minimum Qualifications stated below. A Bidder not meeting all the following criteria may have their Bids rejected:

1. 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.
2. The Respondent shall be on JEA's approved list of steel pole manufacturers (the "Manufacturers") as of the Bid Due Date. Steel poles, caissons and associated hardware shall be manufactured in the continental United States of America. The following Manufacturers are approved as follows:
 - a) Trinity Meyer
 - b) Valmont Newmark
3. The Bidder shall comply with the technical and commercial specifications for this solicitation. JEA may request and the Proposer shall provide within 48 hours additional information regarding the company's ability to provide the scope of services in this solicitation. Failure to provide additional information may result in Bid rejection.

Companies may submit a request to be added to the approved list of manufacturers to the standards technical lead, Michael Sasan at: sasamo@jea.com. If JEA approves the request, an addendum will be issued to revise this list.

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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: _____

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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) Dollar Amount	Name of JSEB Contractor (Indicate below)	Percentage of Total Job or
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Signed:_____

Company:_____

Address:_____

Date:_____

Note: This list shall not be modified subsequent to bid opening without a showing of good cause and the written

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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 Title:		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.		
☐ 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 a contract.		
☐ 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:

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FOR JEA USE ONLY IF CONFLICT NOTED

This form has been reviewed by:

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