

1412054246 APPENDIX B – RESPONSE FORM
NGS CWTS and Potable Water Booster Pump PLC Upgrade

Submit the Response electronically as described in 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
☐ **Letter of Credit**

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

ENTER YOUR RESPONSE

TOTAL RESPONSE PRICE

Total Response Price for 1412054246

\$

☐ **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

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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-MAIL: _____

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 of the following criteria will have their Bids rejected:

- 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 Company shall have successfully completed or be in the performance of completing three (3) similar projects in the past five (5) years.
- III. The Respondent must provide three (3) references on the Minimum Qualifications Form.

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1. REFERENCE

Reference Name: _____

Reference Phone Number: _____

Reference Company Name: _____

Address of Work: _____

Reference E-Mail Address: _____

Dates of Work/Number of Sites: _____

Contract value: _____

2. REFERENCE

Reference Name: _____

Reference Phone Number: _____

Reference Company Name: _____

Address of Work: _____

Reference E-Mail Address: _____

Dates of Work/Number of Sites: _____

Contract value: _____

3. REFERENCE

Reference Name: _____

Reference Phone Number: _____

Reference Company Name: _____

Address of Work: _____

Reference E-Mail Address: _____

Dates of Work/Number of Sites: _____

Contract value: _____

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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 consent of the JEA.

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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:		