## 98005 APPENDIX B - RESPONSE FORM

**Dinsmore Fiber Build 2019** 

The Respondent shall submit all documents via email to: Brooke Garland at: garljb@jea.com.

Company	/ Name:				
Company	's Address				
Phone Nu	umber:FAX No:	Email Address:			
<ul> <li>None</li> <li>Certifi</li> <li>SAMPLI</li> <li>None</li> <li>Samp</li> <li>Samp</li> </ul>	ed Check or Bond Five Percent (5%) E REQUIREMENTS	TERM OF CONTR         One-Time Purchas         Annual Requiremed         Other, Specify- P         SECTION 255.05, FLORIDA S         None required         Bond required 100% of Bid A	se ents roject Completion TATUTES CONT	RACT BOND	
<b>QUANTITIES</b> INSURANCE RI         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			EQUIREMENTS quired		
1% 20	, net 30				
Item No.	ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES Dinsmore Fiber Build 2019		TOTAL BID PRICE		
	TOTAL BID PRICE (Transfer from Appendix B - Response Workbook)			\$< <insert total<br="">BID PRICE here&gt;&gt;</insert>	

## ☐ 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 Respondent 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.

Handwritten Signature of Authorized Officer of Company or Agent D	Date

\_\_\_\_ through \_\_\_\_

Printed Name and Title