

Appendix B - Bid Forms  
98682 - Water Treatment Program for Chilled Water Plants

Submit an email copy of the Workbook and this Bid Form to David King [kinggd@jea.com](mailto:kinggd@jea.com)

Company Name: \_\_\_\_\_

Company's Address: \_\_\_\_\_

License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX No: \_\_\_\_\_ 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

Item No.	ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES: 98682 - Water Treatment Program for Chilled Water Plants	TOTAL BID PRICE
1	Enter <b>TOTAL BID PRICE</b> for the Downtown Plant	\$_____
2	Enter <b>TOTAL BID PRICE</b> for the Hogan's Creek Plant	\$_____
3	Enter <b>TOTAL BID PRICE</b> for the Springfield Plant	\$_____
	<b>TOTAL BID PRICE</b> from Item No. 1, 2, & 3 Above	\$_____

**BIDDER'S 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.

ompany, 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 \_\_\_\_\_

**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.

- The Bidder must have successfully self-performed two (2) similar projects in the last five (5) years as of the bid due date.
- A similar project is defined as a chilled water treatment program, which included chemical treatment, testing, analysis and service of a chilled water plant with the capacity greater than 2,000 tons and contains a Thermal Storage Tank greater than 1,000,000 gallons. Scope of work must include chilled and condenser water systems.

It is the responsibility of the Bidder to ensure and certify that it meets the Minimum Qualifications stated above. A Bidder not meeting all of the following criteria will have their Bid rejected.

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1. Reference Name\_\_\_\_\_

Reference Phone Number\_\_\_\_\_

Reference E-Mail Address\_\_\_\_\_

Contract Duration/Amount \_\_\_\_\_

Description of Project \_\_\_\_\_

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2. Reference Name\_\_\_\_\_

Reference Phone Number\_\_\_\_\_

Reference E-Mail Address\_\_\_\_\_

Contract Duration/Amount \_\_\_\_\_

Description of Project \_\_\_\_\_

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