

Appendix B - Bid Form  
99745 – Supplemental Labor – Logistics Workers

Submit an electronic version (pdf and excel version of the bid workbook / schedule of values) via the secured link obtained via the bid office.

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 Response 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
Total Bid Price from Page 2 of the Bid Form	\$

☐ **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".**

**BIDDER 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, 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

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#	CLASSIFICATION	Quantity	Unit of Measure	Billable Rate	TOTAL
1	Forklift Operator / Warehouse worker	1400	Per Hour	\$	\$
2	CDL Class A driver	200	Per Hour	\$	\$
3	<b>Bid Total (lines 1 and 2)</b>				