

**APPENDIX B**  
**RESPONSE FORM FOR SOLICITATION # 98077**  
**IT Advisory Services**

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

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

Business 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 Two (2) Years w/One (1) – 2Yr. or 1 Yr. Renewal  
 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**

- Other \_\_\_\_\_  
 None Offered

Item Number	ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES IT Advisory Services	TOTAL BID PRICE
1.1.16	<b>TOTAL BID PRICE</b>	<b>\$</b>

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 \_\_\_\_\_