

**98160 APPENDIX B – RESPONSE FORM  
Private Well Repair, Audit, Inspection, and Replacement**

The Respondent shall submit all documents via email to Nickolas Dambrose at: dambnc@jea.com.

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

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

State of Florida Water Well Contractor License \_\_\_\_\_

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

Item No.	ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES <b>Private Well Mitigation</b>	TOTAL BID PRICE
5.0	<b>TOTAL BID PRICE</b> <i>(Transfer from Appendix B - Response Workbook)</i>	\$<<insert TOTAL BID PRICE here>>

**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.

We have received addenda \_\_\_\_\_

Handwritten Signature of Authorized Officer of Company or Agent                      Date

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

\_\_\_\_\_  
Printed Name and Title