APPENDIX B – RESPONSE FORM

1411792646 (IFB) One-Time Purchase of JEA Item FILBG004 for Inventory Stock

Upload an original Bid Form and other required forms to Zycus.com

Company Name:_____

Company's Address _____

License Number (if applicable) _____

Phone Number _____ FAX No:_____ EMAIL Address:_____

BID SECURITY REQUIREMENT	TERM OF CONTRACT
[X] None required [ ] Certified Check or Bond _____% $____	[x] One Time Purchase

SAMPLE REQUIREMENTS	SECTION 255.05, FLORIDA STATUTES CONTRACT BOND
[X] None required [ ] Samples required prior to Bid Opening [ ] Samples may be required subsequent to Bid Opening	**[X] None required** [ ] Bond required $_____% of Bid Award

QUANTITY REQUIREMENTS	INSURANCE REQUIREMENT
[ ] Quantities indicated are exacting **[X] Quantities indicated reflect the approximate quantities to be purchased throughout Contract period and are subject to fluctuation. JEA does not commit to any volume.**	[ ] None required **[X] Insurance required**

PAYMENT DISCOUNTS

☐ 1% 20, net 30
☐ 2% 10, net 30
☐ Other _____
☐ None Offered

Quote the following materials **F.O.B. Destination: Jacksonville, FL**

Item No.	ENTER HEREON YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES	TOTAL BID PRICE
	TOTAL BID PRICE	**$**_____

☐ **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'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 Bidder's Company, and that the Company is legally authorized to do business in the State of Florida. The Bidder also certifies that it complies with all sections (including but not limited to Conflict Of Interest and Ethics) of this Solicitation, and that the Bidder is an authorized distributor or manufacturer of the equipment as required in this Solicitation.

We have received addenda _____ through _____

_____ _____
Handwritten Signature of Authorized Officer of Company or Agent Date

_____
Printed Name and Title