Submit the Response via electronic pdf in accordance with the procedures in the solicitation Company Name: ___ Company's Address: License Number: Phone Number: _____ FAX No: _____ Email Address: _____ BID SECURITY REQUIREMENTS TERM OF CONTRACT One Time Purchase
Term ---Other, Specify - Project Completion None required Certified Check or Bond Five Percent (5%) SAMPLE REQUIREMENTS SECTION 255.05, FLORIDA STATUTES CONTRACT BOND None required None required Bond required 100% of Bid Award Samples required prior to Bid Opening Samples may be required subsequent to **Bid Opening OUANTITIES INSURANCE REQUIREMENTS** Quantities indicated are exacting Quantities indicated reflect the approximate quantities to be purchased **Insurance required** Throughout the Contract period and are subject to fluctuation in accordance with actual requirements. PAYMENT DISCOUNTS 1% 20, net 30 2% 10, net 30

Item No.	ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES:	BID PRICE
1	Georgia Street	\$
2	College Street	\$
3	Kennedy	\$
4	Total Bid Price	\$

Other ____ None Offered

☐ 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

	that it has read and reviewed all of the documents pertaining to this Solici	
the State of Florida, and that the Company n	sentative of the Bidding Company, that the Company is legally authorized naintains in active status an appropriate contractor's license for the work (if annlicable)
	th all sections (including but not limited to Conflict Of Interest and Ethics	
Solicitation.	and the second s	, 01 11110
We have received addenda		
	Handwritten Signature of Authorized Officer of Company or Agent	Date
through		
	Printed Name and Title	

GENERAL

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.

COMPANY NAME:
BUSINESS ADDRESS:
CITY, STATE, ZIP CODE:
TELEPHONE:
FAX:
E-MAIL:
PRINT NAME OF AUTHORIZED REPRESENTATIVE:
SIGNATURE OF AUTHORIZED REPRESENTATIVE:
TITLE OF AUTHORIZED REPRESENTATIVE:

MINIMUM QUALIFICATIONS:

BIDDER INFORMATION

Respondent must meet the following Minimum Qualifications to be considered eligible to have its Response evaluated by JEA. Respondent must complete and submit the Minimum Qualification Form provided in this Solicitation. Respondents that are working or have worked for JEA in the past 2 years involving similar work must submit JEA as a reference. JEA reserves the right to ask for additional back up documentation or additional reference projects to confirm the Respondent meets the requirements stated above.

JEA may reject Responses from Respondents not meeting all of the following Minimum Qualifications:

- I. The Respondent must have successfully self-performed similar work preceding the Response Due Date.
- II. Respondent must not be on the State of Florida Convicted Vendor List, State of Florida's Suspended Vendor List, the City of Jacksonville's Disqualified Vendor List, have their bidding privileges actively suspended by JEA, been debarred by JEA, or have had a contract with JEA was terminated for default within the last two (2) years.
- Bidder must be on the list of JEA's approved manufacturers for Arc-Quenching Switchgear.
 - o Current List: Powell Switchgear, Switchgear Power Systems, LLC
- Bidder shall provide utility references to confirm the successful completion for three (3) projects that each include the design, fabrication, testing, documentation, delivery, and installation of 15kV Class Arc Terminating Outdoor Metal Clad Switchgear and associated walk-in enclosures in the United States, within the last five (5) years ending September 30, 2024.

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Each project reference should include the following: **Project Reference 1** Company Name: _____ Company Contact Name: Company Contact Phone Number: _____ Company Contact E-Mail Address: Project Completion Date: _____ Where was this project installed?_____ Does this project include the design, fabrication, testing, documentation, delivery, and installation of 15kV Class Arc Terminating Outdoor Metal Clad Switchgear and associated walk-in Enclosure? Yes [] No [] Description of Project (include manufacturer name for switchgear, building and breakers used for project): **Project Reference 2** Company Name: _____ Company Contact Name: _____ Company Contact Phone Number: _____ Company Contact E-Mail Address: Project Completion Date: Where was this project installed? Does this project include the design, fabrication, testing, documentation, delivery, and installation of 15kV Class Arc Terminating Outdoor Metal Clad Switchgear and associated walk-in Enclosure? Yes [] No [] Description of Project (include manufacturer name for switchgear, building and breakers used for project):

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Project Reference 3 Company Name: Company Contact Name: Company Contact Phone Number: Company Contact E-Mail Address: Project Completion Date: Where was this project installed? Does this project include the design, fabrication, testing, documentation, delivery, and installation of 15kV Class Arc Terminating Outdoor Metal Clad Switchgear and associated walk-in Enclosure? Yes [] No [] Description of Project (include manufacturer name for switchgear, building and breakers used for project):

LIST OF SUBCONTRACTORS

JEA Solicitation Nur self-performed by th	•	tires certain major Subcontractor	s be listed on this form	m, unless the work will
rejection, and the Co	ompany agrees to empl	o submit the required Subcontractors specified	below: (Use addition	al sheets as necessary)
Note: This list of Sutthe written consent of		be modified subsequent to bid op	pening, without a show	wing of good cause and
Type of Work	Corporate Name of Subcontractor	Subcontractor Primary Contact Person & Telephone Number	Subcontractor's License Number (if applicable)	Percentage of Work or Dollar Amount
		Signed:		
		Company:		
		Address:		

LIST OF JSEB SUBCONTRACTORS

be

The following JSEB Su	bcontractors will be utilized in fulfilling the terms and conditions of a Project Authorization arising from
award of JEA	I (We) the undersigned understand that failure to submit said information will result in bid rejection. I (We)
will employ the JSEB S	Subcontractors specified below: (Use additional sheets as necessary)

Class of Work (Category)	Name of JSEB Contractor	Percentage of Total Job or	
Dollar Amount	(Indicate below)		

Signed:
Company:
Address:
Date:

Note: This list shall not be modified subsequent to bid opening without a showing of good cause and the written consent of the JEA.



VENDOR CONFLICT OF INTEREST DISCLOSURE FORM INSTRUCTIONS

Vendors shall not try to gain an unfair competitive advantage or influence the ability of JEA officers and employees to make impartial and objective decisions on behalf of JEA.

All vendors interested in conducting business with JEA must complete and return the Vendor Conflict of Interest Disclosure Form found on the following page in order to be eligible to be awarded a contract with JEA. Please note that all vendors are subject to comply with JEA's conflict of interest policies provided below.

- 1. No JEA officer (e.g., JEA Board member and elected City official) or employee has an ownership interest of more than 5% in vendor's company.
- 2. No JEA officer or employee is an officer, director, partner or proprietor of vendor's company.
- 3. No JEA officer or employee is employed by or being considered for employment by vendor's company.
- 4. No JEA officer or employee work as a consultant or has a contractual relationship with vendor's company.
- 5. No JEA officer or employee will derive a personal financial gain or loss from this contract.
- 6. No relative of a JEA officer of employee will derive a personal financial gain or loss from this contract. (Relatives include a father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, or daughter-in-law.)

If a vendor has one or more relationships with a JEA officer or employee or a relative of a JEA officer or employee that meets the criteria described above, then the vendor shall disclose the information by completing the Conflict of Interest Form on the following page.



CONFLICT OF INTEREST DISCLOSURE FORM

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Disclosing a potential conflict of interest does not disqualify vendors. In the event vendors do not disclose potential conflicts of interest, and they are detected by JEA, vendor may be **disqualified** from doing business with JEA.

Questions about this form? Contact (JEA, Buyer)

JEA Bid/Solicitation/Contract Number:	A Bid/Solicitation/Contract Number: Name of JEA Employee(s) Working on Vendor's Current Contract(s) with JEA:			
Vendor Name:			Vendor Phone:	
Vendor's Authorized Representative Name and Title:			Authorized Representative's Phone:	
NAME(S) OF JEA EMPLOY	EE(S) / PUBLIC OFF	ICER(S) WITH I	POTENTIAL CONFLICT OF INTE	REST
Name of JEA public officer(s), employee(s), or relatives with whom there may be a potential conflict of interest. If more than five, attach a second form.		nay be a	Relationship of JEA public officer(s)/employee(s) and/or relative(s) to vendor's company from list above (e.g. 1(a), 2, etc.). Please list all that apply:	
1.				
2.				
3.				
4.				
5.				
☐ Vendor has no conflict of interest to report.				
☐ Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any JEA officer or employee to obtain or maintain a contract.				
☐ I certify that this Conflict of Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor.				
Vendor's Authorized Representative Signature: Date:				
FOR JEA USE ONLY IF CONFLICT NOTED				
This form has been reviewed by:				
Name of JEA Ethics Officer:		Signature:		Date:

Note:

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