

1411761646 (IFB) CapSwitcher Replacement Project  
Appendix B – Response Form

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

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

Phone Number: \_\_\_\_\_ FAX No: \_\_\_\_\_ Email Address: \_\_\_\_\_

<b>BID SECURITY REQUIREMENTS</b> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Certified Check or Bond Five Percent (5%)	<b>TERM OF CONTRACT</b> <input type="checkbox"/> One Time Purchase <input type="checkbox"/> Term ----- <input checked="" type="checkbox"/> Other, Specify - Project Completion
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<b>SAMPLE REQUIREMENTS</b> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Samples required prior to Bid Opening <input type="checkbox"/> Samples may be required subsequent to Bid Opening	<b>SECTION 255.05, FLORIDA STATUTES CONTRACT BOND</b> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Bond required 100% of Bid Award
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<b>QUANTITIES</b> <input checked="" type="checkbox"/> Quantities indicated are exacting <input type="checkbox"/> Quantities indicated reflect the approximate quantities to be purchased Throughout the Contract period and are subject to fluctuation in accordance with actual requirements.	<b>INSURANCE REQUIREMENTS</b> <p align="center"><b>Yes</b></p>
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**PAYMENT DISCOUNTS**  
 1% 20, net 30  
 2% 10, net 30  
 Other \_\_\_\_\_  
 None Offered

Item Description	Total
<b>TOTAL BID PRICE FOR: 1411761646 (IFB) CapSwitcher Replacement Project</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".**

**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 \_\_\_\_\_

\_\_\_\_\_  
Handwritten Signature of Authorized Officer of Company or Agent      Date

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

**LIST OF SUBCONTRACTORS**

JEA Solicitation Number \_\_\_\_\_ requires certain major Subcontractors be listed on this form, unless the work will be self-performed by the Company.

The undersigned understands that failure to submit the required Subcontractor information on this form will result in bid rejection, and the Company agrees to employ the Subcontractors specified below: (Use additional sheets as necessary)

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

<b>Type of Work</b>	<b>Corporate Name of Subcontractor</b>	<b>Subcontractor Primary Contact Person &amp; Telephone Number</b>	<b>Subcontractor's License Number (if applicable)</b>	<b>Percentage of Work or Dollar Amount</b>
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**Signed:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**LIST OF JSEB SUBCONTRACTORS**

The following JSEB Subcontractors 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 Subcontractors specified below: (Use additional sheets as necessary)

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

*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:	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:
<b>NAME(S) OF JEA EMPLOYEE(S) / PUBLIC OFFICER(S) WITH POTENTIAL CONFLICT OF INTEREST</b>		
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.		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.		
<input type="checkbox"/> Vendor has no conflict of interest to report.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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:
_____		

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**FOR JEA USE ONLY IF CONFLICT NOTED**

**This form has been reviewed by:**

Name of JEA Ethics Officer:	Signature:	Date:
Note:		