

1411788246 (IFB) NGS N00 Limestone Valve Replacement
Appendix B – Response Form

Company Name: _____

Company's Address: _____

Phone Number: _____ FAX No: _____ Email Address: _____

<p><u>BID SECURITY REQUIREMENTS</u></p> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Certified Check or Bond Five Percent (5%)	<p><u>TERM OF CONTRACT</u></p> <input type="checkbox"/> One Time Purchase <input type="checkbox"/> Term ----- <input checked="" type="checkbox"/> Other, Specify - Project Completion
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<p><u>SAMPLE REQUIREMENTS</u></p> <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	<p><u>SECTION 255.05, FLORIDA STATUTES CONTRACT BOND</u></p> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Bond required 100% of Bid Award
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<p><u>QUANTITIES</u></p> <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.	<p><u>INSURANCE REQUIREMENTS</u></p> <p align="center">Yes</p>
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PAYMENT DISCOUNTS

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

Item Description	Total
TOTAL BID PRICE FOR: 1411788246 (IFB) NGS N00 Limestone Valve Replacement	\$ _____

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.

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
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Signed: _____

Company: _____

Address: _____

Date: _____