Appendix B - Bid Forms 1411820248 (IFB) Georgia Street HPFF Pumping Plant Replacement

Submit the Response an 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 None required Certified Check or Bond Five Percent (5%)	TERM OF CONTR One Time Purcha Term - Other, Specify - P	roject Completion			
SAMPLE REQUIREMENTS None required Samples required prior to Bid Opening Samples may be required subsequent to Bid Opening	SECTION 255.05, FLORIDA S None required Bond required 100% of Bid A		<u>CT BOND</u>		
QUANTITIES		INSURANCE REQU	<u>UIREMENTS</u>		
Quantities indicated are exacting Quantities indicated reflect the approximate Throughout the Contract period and are subject with actual requirements.	quantities to be purchased to fluctuation in accordance	Insurance requir	ed		
PAYMENT DISCOUNTS 1% 20, net 30 2% 10, net 30 Other None Offered					
Item No. ENTER YOUR BID FOR THE FO	LLOWING DESCRIBED ARTICLES	S OR SERVICES:	TOTAL BID PRICE		
Total for 1411820248 (IFB) Georgia Street HPFF Pumping Plant 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					
By submitting this Bid, the Bidder certifies that person signing below is an authorized representathe State of Florida, and that the Company main The Bidder also certifies that it complies with al Solicitation.	ative of the Bidding Company, that tains in active status an appropriate	he Company is legally contractor's license for	authorized to do business in the work (if applicable).		
We have received addenda Ha	ndwritten Signature of Authorized C	Officer of Company or A	Agent Date		
through					
$\overline{\mathrm{P}}_{1}$	rinted Name and Title				

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LIST OF SUBCONTRACTORS

ritten consent one of Work	Corporate Name	Subcontractor	Subcontractor's	Percentage of
pe of work	of Subcontractor	Primary Contact Person & Telephone Number	License Number (if applicable)	Work or Dollar Amount
		,		•
		Signed:		

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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)	Name of JSEB Contractor (Indicate below)	Percentage of Total Job
Dollar Amount		
	Signed:	
	Company:	

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

Address:_____