

Appendix B - Bid Form  
1411846847 (IFB) Bulk Liquid Caustic Soda - Supply and Delivery

Submit the Bid electronically as described in the Solicitation.

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

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

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

<p><b><u>BID SECURITY REQUIREMENTS</u></b></p> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Certified Check or Bond Five Percent (5%)	<p><b><u>TERM OF CONTRACT</u></b></p> <input type="checkbox"/> One Time Purchase <input checked="" type="checkbox"/> Term 5 Years <input type="checkbox"/> Other, Specify – Project Completion
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<p><b><u>SAMPLE REQUIREMENTS</u></b></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><b><u>SECTION 255.05, FLORIDA STATUTES CONTRACT BOND</u></b></p> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Bond required 100% of Bid Award
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<p><b><u>QUANTITIES</u></b></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><b><u>INSURANCE REQUIREMENTS</u></b></p> <p style="text-align: center;">Yes</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 FROM BID WORKBOOK: 1411846847</b>	<b>\$</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

\_\_\_\_\_ Date

\_\_\_\_\_

\_\_\_\_\_

Printed Name and Title

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**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.**

**BIDDER INFORMATION**

COMPANY NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PRINT NAME OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

**MINIMUM QUALIFICATIONS:**

Bidder shall have the following Minimum Qualifications to be considered eligible to submit a Bid in response to this Solicitation.

- I. The Respondent shall have successfully completed three (3) similar service contracts in the United States in the past five (5) years date, ending 08/31/24
  - i. A similar service contract is defined as supply and delivery of Bulk Liquid Caustic Soda in the amount of \$50,000.00 or more for any one (1) year period, for each contract.
  - ii. The service contracts submitted must be from different customers.

It is the responsibility of the Bidder to ensure and certify that it meets the Minimum Qualifications stated above. A Bidder not meeting all of the following criteria will have their Bid rejected.

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**PROJECT 1**

Project Title \_\_\_\_\_

Reference Contact Name \_\_\_\_\_

Reference Phone Number \_\_\_\_\_

Reference E-Mail Address \_\_\_\_\_

Contract Year/Amount \_\_\_\_\_

Address of Work \_\_\_\_\_

Description of Project \_\_\_\_\_

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**PROJECT 2**

Project Title \_\_\_\_\_

Reference Contact Name \_\_\_\_\_

Reference Phone Number \_\_\_\_\_

Reference E-Mail Address \_\_\_\_\_

Contract Year/Amount \_\_\_\_\_

Address of Work \_\_\_\_\_

Description of Project \_\_\_\_\_

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**PROJECT 3**

Project Title \_\_\_\_\_

Reference Contact Name \_\_\_\_\_

Reference Phone Number \_\_\_\_\_

Reference E-Mail Address \_\_\_\_\_

Contract Year/Amount \_\_\_\_\_

Address of Work \_\_\_\_\_

Description of Project \_\_\_\_\_

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## 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.*

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*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:
<hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	

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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:		