

1411875246 Appendix B - Bid Form
 Independent Quarterly Survey of Storage Domes & Limestone
 Covered Storage at JEA – NGS

Company Name: _____

Company's Address: _____

Phone Number: _____ Email Address: _____

BID SECURITY REQUIREMENTS

- None required
 Certified Check or Bond (Five Percent (5%))

TERM OF CONTRACT

- One Time Purchase
 Annual Requirements – 3 YEARS
 Other, Specify - Project Completion

SAMPLE REQUIREMENTS

- None required
 Samples required prior to Bid Opening
 Samples may be required subsequent to Bid Opening

SECTION 255.05, FLORIDA STATUTES CONTRACT BOND

- None required
 Bond required 100% of Bid Award

QUANTITIES

- Quantities indicated are exacting
 Quantities indicated reflect the approximate quantities to be purchased Throughout the Contract period and are subject to fluctuation in accordance with actual requirements.

INSURANCE REQUIREMENTS

Insurance required

PAYMENT DISCOUNTS

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

ENTER YOUR RESPONSE	TOTAL RESPONSE PRICE
TOTAL BID PRICE FOR 1411875246	\$

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”.

RESPONDENT CERTIFICATION

By submitting this Response, the Respondent 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 Responding 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 Respondent 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

_____ through _____

_____ Handwritten Signature of Authorized Officer of Company or Agent _____ Date

_____ Printed Name and Title

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1411875246 - BID FORM

Dates Of Service	Cost Per Visit
Week of December 16, 2024	
Week of March 17, 2025	
Week of June 16, 2025	
Week of September 15, 2025	
Week of December 15, 2025	
Week of March 16, 2026	
Week of June 15, 2026	
Week of September 14, 2026	
Week of December 14, 2026	
Week of March 15, 2027	
Week of June 14, 2027	
Week of September 13, 2027	
TOTAL BID PRICE TO BE ENTERED ON FIRST PAGE OF THIS DOCUMENT	\$

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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:
NAME(S) OF JEA EMPLOYEE(S) / PUBLIC OFFICER(S) WITH POTENTIAL CONFLICT OF INTEREST	
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:

1411870047 (IFB) Spun Concrete Transmission Poles for the Circuits 839/839 Structure #3 Replacement
Appendix B – Response Form

FOR JEA USE ONLY IF CONFLICT NOTED
This form has been reviewed by:

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