1411946448 APPENDIX B – RESPONSE FORM N02 Boiler Sullair Airend Replacement

Submit the Response electronically as described in the Solicitation.

Company Name:			
Company's Address:			
Phone Number: Ema	il Address:		_
BID SECURITY REQUIREMENTS None required Certified Check or Bond (Five Percen	nt (5%)) One Annu One Other	OF CONTRACT Time Purchase ual Requirements r, Specify - Project Comp	
SAMPLE REQUIREMENTS None required Samples required prior to Bid Openin Samples may be required subsequent Bid Opening	None required Bond required 1	FLORIDA STATUTES (.00% of Bid Award it	<u>CONTRACT BOND</u>
OUANTITIES Quantities indicated are exacting Quantities indicated reflect the approx Throughout the Contract period and are s with actual requirements.	kimate quantities to be purchas subject to fluctuation in accord	sed Insuran	CE REQUIREMENTS nce required
PAYMENT DISCOUNTS 1% 20, net 30 2% 10, net 30 Other None Offered			
ENTER YOUR RESPONSE		LEADTIME	TOTAL RESPONSE PRICE
Total Response Price for 1411946448 Option A			\$
Total Response Price for 14	11946448 Option B		\$
☐ I have read and understood t solicitation. I understand that in public "as-is".	the absence of a redactor respondent Certi	ed copy my proposal IFICATION	l will be disclosed to the
By submitting this Response, the Respon Solicitation, that the person signing below legally authorized to do business in the S contractor's license for the work (if appli limited to Conflict of Interest and Ethics)	w is an authorized representative state of Florida, and that the Co icable). The Respondent also co	ve of the Responding Company maintains in active	npany, that the Company is e status an appropriate
We have received addenda	Handwritten Signature of A	Authorized Officer of Cor	mpany or Agent Date
through			
	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:
EMAIL:
PRINT NAME OF AUTHORIZED REPRESENTATIVE:
SIGNATURE OF AUTHORIZED REPRESENTATIVE:
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE:

MINIMUM QUALIFICATIONS:

BIDDED INCODMATION

Bidder shall have the following Minimum Qualifications to be considered eligible to submit a Bid in response to this Solicitation. It is the responsibility of the Bidder to ensure and certify that it meets the Minimum Qualifications stated below. A Bidder not meeting all of the following criteria will have their Bids rejected:

- I. The respondents are not on the State of Florida Convicted Vendor List, State of Florida's Suspended Vendor List, the City of Jacksonville's Disqualified Vendor List, have their bidding privileges actively suspended by JEA, been debarred by JEA, or have had a contract with JEA was terminated for default within the last two (2) years.
- II. The Respondent must be the approved manufacturer or authorized distributor of the item(s) being Solicited.
- III. The Respondent will annotate any proposed changes to the manufacturer or part number listed in this Solicitation and must have those changes approved by JEA before submitting the bid.

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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	I 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.				
☐ Vendor has no conflict of interest to report.				
☐ Vendor hereby declares it has not and will not obtain or maintain acontract.	provide gifts or hospitality of any dollar value	ue or any other gratuities to any JEA officer or employee to		
☐ I certify that this Conflict-of-Interest Disclosu I have the authority to so certify on behalf of the	are has been examined by me and that its con Vendor.	tents are true and correct to my knowledge and belief and		
Vendor's Authorized Representative Signature:		Date:		

1411946448 APPENDIX B - RESPONSE FORM

N02 Boiler Sullair Airend Replacement FOR JEA USE ONLY IF CONFLICT NOTED This form has been reviewed by:

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