

**EMERALD COAST UTILITIES AUTHORITY
BID NUMBER: 2016-13
GRANULAR ACTIVATED CARBON
PROPOSAL FORM**

TO: EMERALD COAST UTILITIES AUTHORITY
PENSACOLA, FLORIDA

DATE: _____

GENTLEMEN:

IN ACCORDANCE WITH YOUR REQUEST FOR BIDS, INSTRUCTIONS AND SPECIFICATIONS, ATTACHED HERETO, AND SUBJECT TO ALL CONDITIONS THEREOF, I (WE), THE UNDERSIGNED, HEREBY PROPOSE AND AGREE IF THIS PROPOSAL IS ACCEPTED, TO CONTRACT WITH THE EMERALD COAST UTILITIES AUTHORITY TO FURNISH ANY ITEMS OR SERVICE REQUESTED HEREIN AND DELIVER SAME WITHOUT ADDITIONAL COST TO THE EMERALD COAST UTILITIES AUTHORITY AT THE SPECIFIED LOCATION FOR THE BID(S) LISTED BELOW.

THE UNDERSIGNED FURTHER DECLARES THAT HE HAS CAREFULLY EXAMINED THE SPECIFICATIONS AND IS THOROUGHLY FAMILIAR WITH THEM AND THEIR PROVISION. HE FURTHER DECLARES THAT NO OTHER PERSON OTHER THAN THE BIDDER HEREIN NAMED HAS ANY INTEREST IN THIS PROPOSAL OR IN THE CONNECTION WITH ANY OTHER PERSON(S) MAKING PROPOSAL FOR THE SAME ARTICLES, AND IT IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION AND FRAUD.

(QUANTITY MAY VARY)

FAILURE TO PROVIDE ALL OF THE FOLLOWING INFORMATION MAY RESULT IN AUTOMATIC REJECTION OF BID.

CONTRACT DURATION: NOVEMBER 1, 2016 THROUGH OCTOBER 31, 2017 (WITH TWO ONE-YEAR OPTIONAL EXTENSIONS UPON MUTUAL AGREEMENT OF BOTH PARTIES, WITH NO INCREASE IN PRICE).

ITEM A – FILTRASORB 300 OR EQUAL \$_____/CU. FT. \$_____/TOTAL
(2860 CU. FT.)

MANUFACTURER/PRODUCT: _____

EXCEPTIONS: ___ YES ___ NO

(EXCEPTIONS INCLUDE THE WHOLE BID DOCUMENT, OUR SPECIFICATIONS, INSTRUCTIONS TO BIDDERS AND GENERAL PROVISIONS).

ITEM B – CENTAUR 12X40 OR EQUAL \$ _____/CU. FT. \$ _____/TOTAL
(2860 CU. FT.)

MANUFACTURER/PRODUCT: _____

EXCEPTIONS: ____ YES ____ NO

(EXCEPTIONS INCLUDE THE WHOLE BID DOCUMENT, OUR SPECIFICATIONS,
INSTRUCTIONS TO BIDDERS AND GENERAL PROVISIONS).

ITEM C – FILTRASORB 400 OR EQUAL \$ _____/CU. FT. \$ _____/TOTAL
(2860 CU. FT.)

MANUFACTURER/PRODUCT: _____

EXCEPTIONS: ____ YES ____ NO

(EXCEPTIONS INCLUDE THE WHOLE BID DOCUMENT, OUR SPECIFICATIONS,
INSTRUCTIONS TO BIDDERS AND GENERAL PROVISIONS).

DESCRIPTION	UNIT	UNIT COST	QTY.	TOTAL
DISPOSAL OF SPENT GAC	CU. FT.		2860	
INSPECTION OF GAC VESSEL	EACH		4	
MINOR REPAIRS TO VESSEL	HR		8	
ADDITIONAL FREIGHT COSTS ASSOCIATED WITH INSPECTION AND MINOR REPAIRS	EACH		4	

NUMBER OF YEARS IN BUSINESS: _____

ACKNOWLEDGE ADDENDA: NO. 1 _____ NO. 2 _____ NO. 3 _____

REFERENCES: (PLEASE INCLUDE CONTACT NAME AND TELEPHONE NUMBER)

1. _____
2. _____
3. _____
4. _____
5. _____

DELIVERY SCHEDULE:

(FOB PENSACOLA)

PAYMENT TERMS:

(NET 30 UNLESS DISCOUNT
OFFERED)

VENDOR: _____

BY: _____
(PRINT OR TYPE)

SIGNATURE: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: () _____

FAX NUMBER: () _____

EMAIL: _____

FEID NUMBER: _____

ITEMS ENCLOSED:

- ___ CERTIFICATES OF COMPLIANCE – AWWA STANDARD B604 & ANSI/NSF STANDARD 61 (A.GENERAL)
- ___ DOCUMENTATION – BUSINESS HISTORY
- ___ LITERATURE AND PRODUCT BULLETIN
- ___ DATA DEMONSTRATING PERFORMANCE OF ALTERNATIVE PRODUCTS (AS NECESSARY)
- ___ DOCUMENTATION – DELIVERY
- ___ DOCUMENTATION – TECHNICAL/EXPERIENCE
- ___ DOCUMENTATION – REFERENCES
- ___ DOCUMENTATION – PERSONNEL
- ___ SIGNED SITE VERIFICATION FORM
- ___ PROOF OF POLLUTION LIABILITY INSURANCE

IT IS ESSENTIAL THAT THE SUBMISSION INCLUDE THE FOLLOWING SIGNED FORMS.

EXECUTED ATTACHED FORMS:

____ PROPOSAL FORM

____ DRUG-FREE WORKPLACE FORM

____ EQUAL OPPORTUNITY FORM

____ CERTIFICATION OF NON-SEGREGATED FACILITIES FORM