

**BID FORM
NATURAL GAS – POOL MANAGER
BID NO. 2017000108**

TO: Senior Division Manager - Purchasing
Board of County Commissioners
Charlotte County Administration Center
18500 Murdock Circle
Port Charlotte, Fl. 33948-1094

The undersigned, as bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, Technical Specifications & Conditions, Insurance, Safety & Health Requirements, Bid Form, any other documentation for

NATURAL GAS – POOL MANAGER

and further agrees to furnish all items listed on the attached Bid Form in accordance with the unit price(s) submitted. The above specified documents are herein incorporated into the Bid Form and shall be defined as the contract documents.

Cost-Plus First of Month Index Pricing

Monthly commodity index for all metered volume

Index: Inside FERC Form FGT Zone 2

Margin or Management fee per MMBtu

MMBtu: \$ 1.12

Capacity Costs, Transporter, and LDC surcharges and Fuel Retainage to be included in Margin or Management Fee.

Please indicate by (√) that you have included the following documentation with your bid:

- () Provide copy of certification from Florida Secretary of State
- () Proof of authorization in the LDC's Aggregated Gas Transportation Program
- (√) References
- () Business Tax Receipt: (Only required if claiming status as a "Local Business" and must be valid for at least six months prior to the bid submission)

Local Business Status: If Bidder affirms that it is a local business as defined in IB-26 and in accordance with Ordinance 2009-005 adopted by the Charlotte County Board of Commissioners and filed with the Secretary of State on February 17, 2009, and Ordinance 2009-041 adopted by the Charlotte County Board of Commissioners and filed with the Secretary of State on October 19, 2009, then the Affidavit Claiming Status as a Local Business, which is included as a part of this bid package, must be completed and returned.

Yes, our business qualifies as a Local Business and has completed and attached the 'Affidavit Claiming Status as a Local Business' as a part of our submission.

No, our business does not qualify as a Local Business.

NOTE: In accordance with Florida Statutes, Section 119.071(1)(b)2: Sealed bids, proposals, or replies received by an agency pursuant to a competitive solicitation are exempt from s. 119.071(1)(b)2 and s. 24(a), Art. I of the State Constitution, except as provided by Florida Statutes 255.0518, until such time as the agency provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier. Upon release of the intended decision, if you wish to obtain the quote results, you may do so by visiting our Website at www.charlottecountyfl.com/purchasing under "Purchasing Bids Online", document number 171084. No information regarding the submittal will be divulged over the telephone.

Name of Bidder: FPL Energy Services, Inc
(This form to be returned)

If notified of the acceptance of this bid form, the undersigned agrees to execute a Contract for the stated compensation in the form as prescribed by the County, within the time constraints outlined in Instructions to Bidders. The signature below is a guarantee that the Bidder will not withdraw his/her bid for a period of sixty (60) days after the scheduled time for opening the bids.

If notified of the acceptance of this bid form, the undersigned agrees to execute a Contract for the stated compensation in the form as prescribed by the County, within the time constraints outlined in Instructions to Bidders.

The signature below is a guarantee that the Bidder will not withdraw his/her bid for a period of sixty (60) days after the scheduled time for opening the bids.

The undersigned acknowledges receipt of the following addenda, and the cost, if any, of such revisions has been included in the price bid.

Addendum No. _____, Dated _____; Addendum No. _____, Dated _____; Addendum No. _____, Dated _____

Addendum No. _____, Dated _____; Addendum No. _____, Dated _____; Addendum No. _____, Dated _____

HOLD HARMLESS AGREEMENT: _____ (name of firm), it's officers and members shall, through the signing of this document by an authorized party or agent, indemnify and hold harmless Charlotte County, a political subdivision of the state of Florida, its officers, agents, employees, and volunteers, from liabilities, damages, losses and costs, including, but not limited to, reasonable attorneys' fees, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of _____ and persons employed or utilized by _____ in the performance of this contract.

_____ (name) agrees that the first ten dollars (\$10.00) of compensation received under this contract represents specific consideration for this indemnification obligation.

Type of Organization (Please Check One): Individual Ownership _____ Joint Venture _____
Partnership _____ Corporation

Name of Bidding Firm FPL ENERGY SERVICES, Inc.

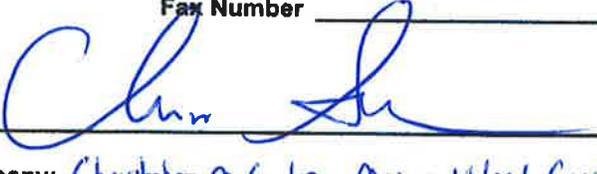
Mailing Address ES/CSE 6001 Village Blvd

Location Address ES/CSE 6001 Village Blvd

City & State West Palm Beach, FL ZIP 33407

Telephone 561-681-3039 Fax Number _____

E-mail christopher.snyder@fpl.com

Signature of person authorized to bind the Company: 

Print Name/Title of person authorized to bind the Company: Christopher M. Snyder Manager, Wholesale Gas operations

Date: 12/13/16

(This form to be returned)

SOURCE OF SUPPLY AND SUBCONTRACTORS

The following sources of supply and subcontractors shall be used for the **NATURAL GAS – POOL MANAGER** project. If bidder does not have a source of supply or subcontractor, insert "to be determined". When a source or subcontractor is determined, selection will be subject to County approval. (If not applicable, state N/A).

Source of Supply	Subcontractor(s)
1. <u>PEOPLE GAS (TECO)</u>	1. <u>N/A</u>
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

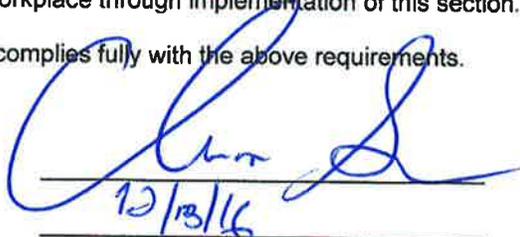
DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that FPL Energy SERVICES, Inc. (name of business) does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Signature



Dated

12/13/16

Name of Bidder: FPL Energy SERVICES Inc.

(This form to be returned)

REFERENCES - NATURAL GAS - POOL MANAGER

REFERENCES: Contractor shall submit a minimum of three (3) recent (within the past five (5) years) references of projects of similar size and scope. Each reference shall include a project description, project location, name and phone number of a contact person, total project amount, and completion date. The County reserves the right to contact references.

1. Project Owner / Company: HCA Healthcare Facilities
Name of Contact Person: Christine Harding Telephone # _____
Address: 155 Franklin Rd Ste. 400
City & State: Brentwood, TN Zip Code: 37027
Project Description: Multiple Facilities throughout Florida

Total Project Amount: \$ 5,000,000. + Completion Date: Current

2. Project Owner / Company: Adventist Healthcare System (Multiple)
Name of Contact Person: BEN M. Fitzgerald Telephone # 407-427-9746
Address: 1919 North Orange Ave
City & State: Orlando, FL Zip Code: 32804
Project Description: Multiple Facilities throughout Florida.
(Healthcare)

Total Project Amount: \$ 2,000,000 Completion Date: Current

3. Project Owner / Company: Walmart
Name of Contact Person: Anita Gordon Telephone # 407-204-1144
Address: 702 SW 8th Street
City & State: Benton, AZ Zip Code: 72716
Project Description: Multiple Walmart Facilities throughout
Florida.

Total Project Amount: \$ 1,000,000 Completion Date: Current

Name of Bidder: FPL Energy SERVICES, Inc

(This page to be returned)