

**Appendix B - Minimum Qualification Form  
032-17 FEMA Grant Consulting Engagement**

**GENERAL**

**THE MINIMUM QUALIFICATIONS SHALL BE SUBMITTED ON THIS FORM. IN ORDER TO BE CONSIDERED A QUALIFIED RESPONDENT BY JEA YOU MUST MEET THE MINIMUM QUALIFICATIONS LISTED BELOW, AND BE ABLE TO PROVIDE ALL THE SERVICES LISTED IN THIS SOLICITATION.**

**THE RESPONDENT MUST COMPLETE THE BIDDER INFORMATION SECTION BELOW AND PROVIDE ANY OTHER INFORMATION OR REFERENCE REQUESTED. THE RESPONDENT MUST ALSO PROVIDE ANY ATTACHMENTS REQUESTED WITH THIS MINIMUM QUALIFICATIONS FORM.**

**PLEASE SUBMIT THE ORIGINAL AND THREE COPIES OF THIS FORM AND ANY REQUESTED ADDITIONAL DOCUMENTATION WITH THE RESPONSE SUBMISSION.**

**RESPONDENT 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:**

Respondent must have the following Minimum Qualifications to be considered eligible to submit a Response in response to this Solicitation. It is the responsibility of the Respondent to ensure and certify that it meets the Minimum Qualifications stated below. A Respondent not meeting all of the following criteria will have its Response rejected.

**Please note, any Respondent whose contract with JEA was terminated for default within the last two (2) years shall have its Response rejected.**

- The Respondent must provide two (2) customer references for providing FEMA Disaster Recovery Consulting Services as indicated in scope of work of this Solicitation, during the last ten (10) years ending July 31, 2017.
  - One (1) reference must be an electric utility

Note: The two (2) customer references will also be scored as an evaluation criterion.

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Please provide the reference information requested below

## REFERENCE 1 - ELECTRIC UTILITY

Electric Utility Reference Name \_\_\_\_\_

Electric Utility Reference Phone Number\_\_\_\_\_

Electric Utility Reference E-Mail Address \_\_\_\_\_

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

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

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

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

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## REFERENCE 2

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

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

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

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

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

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

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

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