Appendix B – Minimum Qualifications Forms 069-20 Water Treatment Program for Chilled Water Plants

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

COMPANY NAME:
BUSINESS ADDRESS:
CITY, STATE, ZIP CODE:
TELEPHONE:
FAX:
E-MAIL:
PRINT NAME OF AUTHORIZED REPRESENTATIVE:
SIGNATURE OF AUTHORIZED REPRESENTATIVE:
DIGNATURE OF AUTHORIZED REFRESENTATIVE.
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE:

MINIMUM QUALIFICATIONS:

RESPONDENT INFORMATION:

Proposer shall have the following Minimum Qualifications to be considered eligible to submit a Proposal in response to this RFP. A Minimum Qualifications Form which is required to be submitted with the Proposal Form is provided in Appendix B of this RFP.

It is the responsibility of the Proposer to ensure and certify that it meets the Minimum Qualifications stated below. JEA reserves the right to request back up documentation to confirm the Proposer meets the requirements stated herein. A Proposer not meeting all of the following criteria will have their Proposals rejected:

- The Proposer must have successfully self-performed two (2) similar projects in the last five (5) years as of the Solicitation due date.
 - A similar project is defined as a chilled water treatment program, which included chemical treatment, testing, analysis and service of a chilled water plant with the capacity greater than 2,000 tons and contains a Thermal Storage Tank greater than 1,000,000 gallons. Scope of work must include chilled and condenser water systems.

$\label{eq:Appendix B-Minimum Qualifications Forms of 9-20 Water Treatment Program for Chilled Water Plants$

1. Reference Name
Reference Phone Number
Reference E-Mail Address
Contract Duration/Amount
Description of Project

$\label{eq:Appendix B-Minimum Qualifications Forms of 9-20 Water Treatment Program for Chilled Water Plants$

2. Reference Name
Reference Phone Number
Reference E-Mail Address
Contract Duration/Amount
Description of Project