APPENDIX A – PROPOSAL FORM 101473 GRANT WRITING SERVICES

PROPOSER MUST COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS FORM VIA EMAIL TO ELAINE SELDERS AT SELDEL@JEA.COM.

PROPOSER INFORMATION:
COMPANY NAME:
BUSINESS ADDRESS:
CITY, STATE, ZIP CODE:
TELEPHONE:
FAX:
NAME & EMAIL OF CONTACT:
WEBSITE:

QUOTATION OF RATES

Maximum score for criterion is: 30 Points

The Company shall provide an hourly rate for the consultant to be assigned to this work. This rate shall include all profit, taxes, benefits, travel, and all other overhead items. The estimated quantity is not a guarantee of work.

Hourly rate for grant writing services as described in the Scope of Work.

Hourly Rate	Estimated Quantity	Total
\$	X 500 Hours	\$

EXPERIENCE OF LEAD CONSULTANT

Maximum Score for Criterion is: 10 Points

Proposer shall provide a maximum of one (1) resume for the lead consultant to be assigned to the JEA engagement. The resume provided shall identify the Lead Consultant. At a minimum, the resume shall present the employee's name, title, years of relevant work experience, years of service with the Company, applicable professional registrations, education, and work experience. The Resume must identify the experience conducting board governance consulting services. The resume shall be no more than two (2) pages in length. If a multiple page resume is submitted, only the information contained on the first two (2) pages will be evaluated by JEA. Additionally, no more than one (1) resume will be evaluated.

PAST PERFORMANCE AND COMPANY EXPERIENCE

Maximum Score for Criterion is: 30 Points

The Company shall describe experience working with other entities on similar grant writing projects. Highlight experience working with the two references provided for the minimum qualifications. Describe how your company has become proficient in grant writing processes and the grants that have been awarded. Provide a list of similar clients that have used your companies' services and were awarded the grant as a result. Discuss the strengths, benefits and attributes of working with your company for this scope of services. Provide any other information that demonstrates your experience working on related issues for similar clients.

Please use your own form for this section. The section is limited to a maximum of three (3) pages.

ABILITY TO DESIGN AN APPROACH AND WORK PLAN TO MEET SCOPE OF WORK REQUIREMENTS

Maximum Score for Criteria is: 30 Points

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Describe your firm's approach in providing the services described in the Scope of Work for this RFP. Describe the approach of how your firm will manage the project, ensure timely completion of the scope of services and accomplish required objectives within the project schedule.

Please use your own form for this section. The section is limited to a maximum of three (3) pages.

_____ I have read and understood the Sunshine Law/Public Records clauses contained within this solicitation. I understand that in the absence of a redacted copy my proposal will be disclosed to the public "as-is".

Proposer's Certification

By submitting this Proposal, the Proposer certifies (1) that it has read and reviewed all of the documents pertaining to this RFP and agrees to abide by the terms and conditions set forth therein, (2) that the person signing below is an authorized representative of the Proposer, and (3) that the Proposer is legally authorized to do business and maintains an active status in the State of Florida. The Proposer certifies that its recent, current, and projected workload will not interfere with the Proposer's ability to work in a professional, diligent and timely manner.

The Proposer certifies, under penalty of perjury, that it holds all licenses, permits, certifications, insurances, bonds, and other credentials required by law, contract or practice to perform the Work. The Proposer also certifies that, upon the prospect of any change in the status of applicable licenses, permits, certifications, insurances, bonds or other credentials, the Proposer shall immediately notify JEA of status change.

We have received addenda _____through _____

Signature of Authorized Officer of Proposer or Agent

Date

Printed Name & Title

Phone Number