ADDENDUM 1 - APPENDIX B – MINIMUM QUALIFICATION FORM ITN 98702 FACILITIES PEST CONTROL SERVICES

GENERAL

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

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

THE BIDDER SHALL SUBMIT ALL OF THE REQUIRED PROPOSAL FORMS ELECTRONICALLY TO SHEREA HARPER AT <u>HARPSB@JEA.COM</u>.

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MINIMUM QUALIFICATIONS:

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

- Respondent must have successfully completed at least two (2) similar commercial contracts in pest control services in the last five (5) years ending December 31, 2019.
 - The two (2) similar contracts EACH must be valued at \$35,000.00 or a minimum of per year. Only one (1) of the two (2) projects can be work performed for JEA.

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Please provide the reference verification information requested below.

| 1. REFERENCE | | |
|--------------------------|--|--|
| Reference Name | | |
| Reference Phone Number | | |
| Reference Company Name | | |
| Address of Work | | |
| | | |
| Reference E-Mail Address | | |
| Dates of Work/\$ Amount | | |
| Description of Work | | |
| | | |
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| | | |
| | | |
| 2. REFERENCE | | |
| Reference Name | | |
| Reference Phone Number | | |
| Reference Company Name | | |
| Address of Work | | |
| Reference E-Mail Address | | |
| Dates of Work/\$ Amount | | |
| Description of Work | | |
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