

**APPENDIX B – MINIMUM QUALIFICATIONS FORM
ITN 99066 – FSA/HSA/HRA ADMINISTRATION SERVICES**

GENERAL

THE MINIMUM QUALIFICATIONS SHALL BE SUBMITTED ON AND ATTACHED TO 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 REFERENCES REQUESTED. THE RESPONDENT MUST ALSO PROVIDE ANY ATTACHMENTS REQUESTED WITH THIS MINIMUM QUALIFICATIONS FORM.

REQUIRED FORMS SHALL BE EMAILED TO ELAINE SELDERS AT SELDEL@JEA.COM.

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 FOR SUBMISSION

The Respondent shall meet the following Minimum Qualifications to be considered eligible to submit a Response to this ITN. **JEA reserves the right to ask for additional back up documentation or additional reference projects to confirm the Respondent meets the requirements stated below.** A Respondent not meeting all of the following criteria will have their Response rejected:

- Company shall be licensed in the State of Florida to perform FSA/HSA/HRA administration services. A copy of the company's Florida license shall be attached to the response.
- The Respondent shall provide three (3) client references for companies of similar size as JEA and for work similar to the services described in the scope of work for this ITN. References should cover work within the last three (3) years ending May 31, 2020.
 - A similar client is defined as a client to whom **FSA/HSA/HRA Administration Services** as described in Appendix A - Technical Specifications stated herein were rendered.
 - The client references must include the referenced company name, contact person, phone number, email address and a summary of the scope of work provided. JEA will contact and verify the client references.

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REFERENCE 2

Reference Company Name _____

Reference Business Sector (public, private, transportation, etc.) _____

Reference Contact Name _____

Reference Phone Number _____

Reference E-Mail Address _____

Reference Address _____

Reference Annual Value of Contract _____

Number of Participants included in contract _____

Respondent's Lead Consultant for Reference _____

Brief description of scope and services included in the contract (not to exceed ten (10) lines)

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Describe how the contract is similar to JEA's Technical Specifications

REFERENCE 3

Reference Company Name_____

Reference Business Sector (public, private, transportation, etc.) _____

Reference Contact Name_____

Reference Phone Number_____

Reference E-Mail Address_____

Reference Address_____

Reference Annual Value of Contract _____

Number of Participants included in contract _____

Respondent's Lead Consultant for Reference _____

Brief description of scope and services included in the contract (not to exceed ten (10) lines)

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