

**Appendix B - Forms**

Solicitation # 1410333046 Owner Advisor Services for Water/Wastewater Capital Improvement Plan

**APPENDIX B  
RESPONSE FORM**

**COMPANY INFORMATION:**

COMPANY NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL OF CONTACT: \_\_\_\_\_

CONTRACTORS LICENSE NUMBER: \_\_\_\_\_

**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 Response will be disclosed to the public “as-is”.**

**COVER LETTER**

**Maximum Score for this Criterion is: 0 Points**

- a. The cover letter should include the complete corporate name of the primary firm responding, address, telephone, fax number, and name of the person in the firm who JEA should contact regarding your response.
- b. If firm is situated outside of Duval County include a brief statement as to whether or not the firm will arrange for a local office during the term of the contract.

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**Maximum score for this criterion is: 0 Points**

**REQUIRED FORMS**

**Maximum score for this criterion is: 0 Points**

The following forms are required to be submitted.

- Response Form - This form can be found in Appendix B of this Solicitation
- Minimum Qualification Form – This form can be found in Appendix B
- List of JSEB Certified Firms (if any)
- List of Subcontractors/Shop Fabricators (if any)

**PROJECT TEAM**

**Maximum score for this criterion is: 20 Points**

- a. Provide the name of your firm, year established, nature of services performed and size of technical staff.
- b. Provide the resumes for the personnel who will be filling the following positions and be responsible for performing the tasks described above.
  - Contract Executive - Serves as the Proposer’s principal representative with respect to its obligations under this contract. The Contract Executive shall be responsible for providing, on an as needed basis, executive or management expertise and oversight with respect to the Project. Ensure that each project is effectively resourced and is responsible for allocating and utilizing resources in an efficient manner and maintaining a cooperative, motivated and successful team.

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- Program Advisor - Responsible for OA services including implementation strategy. Responsible on the advising, planning and implementation of the OA program with a focus on best practices that reduce risk for JEA and maximize value for JEA customers.
  - Construction Specialist - Responsible for providing expert construction advice along with detailed reviews of estimates and cost proposals. Provides solutions and recommendations that reduce risk for JEA and maximize value for JEA customers.
  - Contract Specialist - Responsible for providing expert contracting and procurement advice.
  - Scheduler - Responsible for providing expert construction scheduling advice during baseline schedule development, cost loading, developing and advising on best practices and developing policies that mitigate risk. Must be an expert in Primavera P6.
- c. The resumes for the personnel above should be presently on your staff or sub-consultant’s staff.
  - d. Resumes shall be no longer than two pages.
  - e. Persons whose resumes are submitted as a team member must actually perform the work unless the successful respondent receives prior approval by the JEA Contract Manager.

**RESPONDENT’S CAPABILITIES**

**Maximum score for this criterion is: 20 Points**

- a. Describe three (3) projects in the last ten (10) years on which your personnel have provided OA services, construction management services, or acted as a general contractor. These projects should be similar in nature to those projects in JEA’s CIP. Services performed on these projects should be such that they support the Respondent’s ability to perform the tasks above.
- b. Include a minimum of three (3) references for your firm. References must include the contact person's name, agency, address, phone number, their role in the project (e.g., Owner, project manager, etc.), name of the project, and when the work was done. References do not need to be on the three (3) projects described in this section.

**PROJECT APPROACH AND UNDERSTANDING**

**Maximum score for this criterion is: 30 POINTS**

Provide a specific approach explaining how you would propose to provide the required services identified in Appendix A. Detail your methods of risk management, GMP development, schedule and cost management.

**QUOTATION OF RATES**

**Maximum score for this criterion is: 30 Points**

The proposer shall submit Proposed Billable Rates per hour for the titles listed below for the first year of the contract. Minimum requirements per title. Only one billable rate per title.

Title of Personnel	Proposed Billable Rate
1) Contract Executive	
2) Program Advisor	
3) Construction Specialist	
4) Contract Specialist	
5) Scheduler	

**Upload one electronic signed copy of this Response and Minimum Qualification Form with your Response Submission**

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**Company's Certification**

By submitting this Response, the Respondent certifies 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, that the person signing below is an authorized representative of the company, that the company is legally authorized to do business in the State of Florida, and that the company maintains in active status an appropriate license for the work. The company certifies that its recent, current, and projected workload will not interfere with the company's ability to Work in a professional, diligent and timely manner.

The Respondent 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 Respondent also certifies that, upon the prospect of any change in the status of applicable licenses, permits, certifications, insurances, bonds or other credentials, the Company shall immediately notify JEA of status change.

We have received addenda \_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorize Officer of Company or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

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

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