

APPENDIX B – MINIMUM QUALIFICATION FORM
1410426646 – (RFP) Emergency Preparedness Consultant Services

GENERAL

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 BIDDER 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.

PLEASE SUBMIT THIS FORM AND ANY REQUESTED ADDITIONAL DOCUMENTATION WITH THE BID SUBMISSION ELECTRONICALLY TO JASON BEHR AT BEHRJV@JEA.COM.

BIDDER INFORMATION

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: _____

MINIMUM QUALIFICATIONS:

- The Proposer shall have successfully completed three (3) similar contracts within the last five (5) years. A similar contract is defined as emergency preparedness consulting as outlined in the Technical Specifications and Scope of Work.
- The Proposer shall comply with the technical and commercial specifications for this solicitation. JEA may request and the Proposer shall provide within 48 hours additional information regarding the company's ability to provide the scope of services in this solicitation. Failure to provide additional information may result in Bid rejection.

Please provide the reference verification information requested below pertaining to the projects.

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1. REFERENCE

Reference Name _____

Reference Phone Number _____

Reference Company Name _____

Address of Work _____

Reference E-Mail Address _____

Dates of Work/\$ Amount _____

Description of Work _____

2. REFERENCE

Reference Name _____

Reference Phone Number _____

Reference Company Name _____

Address of Work _____

Reference E-Mail Address _____

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