ARTICLE IV – PROPOSAL FORM

Respondent's Name: _____ *(Page 1 of 3)*

CHECKLIST OF REQUIRED DOCUMENTS TO BE SUBMITTED

RESPONDENT WILL UPLOAD INTO DEMANDSTAR THE "PROPOSAL DOCUMENT" THAT CONTAINS ALL REQUIRED DOCUMENTS. PROPOSALS MUST BE UPLOADED INTO DEMANDSTAR.COM E-BIDDING SYSTEM

The following checklist is provided for convenience. The Respondent is responsible for carefully reviewing the submittal requirements in the RFP and for submitting all information requested. In order for JAA to consider the qualifications of Respondents for this Project, each Respondent must acknowledge the below criteria and provide any additional written documentation to verify that they meet the following Mandatory Respondent Criteria:

A. **Mandatory** Respondent Criteria (Refer to Section 1.09)

Respondent's Initial:

B. Responsible Respondent Criteria (Refer to Sections 1.10 and 1.11)

Section 1: Corporate Overview and Experience (Maximum 25 points)
Section 2: Management Plan (Maximum 25 points)
Section 3: Proposed Price (Maximum 25 points)
Section 4: References (Maximum 10 points)
Section 5: Omitted
Section 6: Small Business Commitment (Maximum 10 points)
Section 7: Local Preference Program (Maximum 5 points)

THE RESPONDENT SHOULD SEND THE REFERENCE QUESTIONNAIRE TO THREE REFERENCES.

JAA WILL ACCEPT THE REFERENCE FORM **ONLY** FROM THE INDIVIDUAL COMPLETING THE REFERENCE QUESTIONNAIRE. THE REFERENCE FORM SHOULD BE E-MAILED DIRECTLY TO **MARSHA.VEAL@FLYJACKSONVILLE.COM** WITH THE **RFP NO. 26-28-26101 IN THE SUBJECT LINE**. TO BE CONSIDERED, COMPLETED REFERENCE FORMS MUST BE RECEIVED AT THE ABOVE EMAIL ADDRESS ON OR BEFORE 2:00 P.M. (LOCAL) ON JULY 27, 2026.

C. Proposed Price

Provide mark-up percentage to include all labor, supervision, insurance, administrative and associated costs required to recruit and staff the position.

Position Category	Mark-Up Percentage Initial Contract (Years 1 -3)	Mark-Up Percentage Renewal Year No. 1	Mark-UP Percentage Renewal Year No. 2
Administrative	%	%	%
Information Technology	%	%	%
Finance and Accounting	%	%	%
***Skilled Craft - Facilities Maintenance (Grounds and Building) and Custodial Positions**	%	%	%

*AOA Access Requires $5,000,000.00 business automobile liability limit			

Example positions provided in Exhibit H are positions highly requested by the JAA. The JAA reserves the right to request additional positions and update position descriptions during the contract term.

Respondent may propose on providing one, multiple or all category of positions. Points will be awarded based on lowest mark-up percentage for each position category for the initial contract, years 1-3.

D. Conflict of Interest Certificate (***Exhibit A***)

E. Affidavit of Foreign Concern and Human Trafficking (***Exhibit B***)

F. Local Preference Verification Form, if applicable (***Exhibit C***)

G. SBE/DBE Forms, if applicable (Exhibit J)

G Addendum Acknowledgement, if applicable

Acknowledgment of the following Addenda is hereby made:

Addenda	No.	Date:	Respondent's	Initial:
Addenda	No.	Date:	Respondent's	Initial:

ARTICLE IV – PROPOSAL FORM

Respondent's Name: _____

Drug-Free Workplace Program Certification:

a. _____ Yes, we have a Drug-Free Workplace Program

b. _____ No, we do not have a Drug-Free Workplace Program

H. Acknowledgement of Warranty Acceptance is hereby made: Respondent's Initial:

I. Acknowledgement Respondent will accept a Purchase Order and invoice

JAA: Respondent's Initial:

J. Acknowledgement of ACH Payment acceptance is hereby

made: Respondent's Initial:

K. Acknowledgement of Indemnification and Insurance requirements is hereby made:

Respondent's Initial:

L. Acknowledgement and Acceptance of the JAA Contract is hereby

made: Respondent's Initial:

M. Respondent Certification and Signature:

BY SUBMITTING THIS PROPOSAL, RESPONDENT CERTIFIES AND ACKNOWLEDGES THAT IT HAS READ, REVIEWED, AND AGREES TO ALL OF THE DOCUMENTS PERTAINING TO THIS SOLICITATION, THAT THE PERSON SIGNING AND SUBMITTING THE PROPOSAL IS AN AUTHORIZED REPRESENTATIVE OF THE RESPONDENT, THAT RESPONDENT IS LEGALLY AUTHORIZED TO DO BUSINESS IN THE STATEOF FLORIDA, AND THAT RESPONDENT MAINTAINS IN ACTIVE STATUS ALL APPROPRIATECERTIFICATIONS, REGISTRATIONS, AND/OR LICENSES REQUIRED FOR THE SCOPE OF WORKCONTEMPLATED HEREIN.FAILURE TO SIGN YOUR PROPOSAL WILL CONSTITUTE A MATERIALIRREGULARITY AND WILLRESULT IN REJECTION OF THE PROPOSAL.

Respondent Name: _____

Authorized Agent's Signature: _____ Date: _____

Printed Name: _____ Email: _____

Title: _____

Respondent is a: [ ] Corporation [ ] Partnership [ ] Individual [ ] LLC
Federal Identification Number: _____

Remittance Address: _____

_____

Telephone Number: _____ Fax Number: _____