

# REVISED

## ARTICLE IV – PROPOSAL FORM

Respondent's Name: \_\_\_\_\_

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### CHECKLIST OF REQUIRED DOCUMENTS TO BE SUBMITTED

**RESPONDENT SHALL SUBMIT ONE (1) ORIGINAL PROPOSAL, INCLUDING THE CD OR USB FLASH DRIVE AND THREE (3) COPIES OF THE ORIGINAL DOCUMENTS. ENVELOPE ONE SHOULD BE LABELED "ORIGINAL" AND ENVELOPE TWO SHOULD BE LABELED "COPIES".**

The following checklist is provided for convenience. The Respondent is responsible for carefully reviewing the submittal requirements in the RFP and submits all information requested.

A. **MANDATORY REQUIREMENTS – PASS OR FAIL**

Submit documentation that Respondent has a minimum of three (3) years' experience in providing media and public relations agency of record services immediately prior to the date of the Proposal Opening.

B. **Agency Experience and Qualifications (Maximum 30 points)**

Submit a concise narrative which details the following:

- The Respondent's underlying philosophy in providing the services defined in this RFP, include strengths in public and government relations as well as aviation experience. Please note the detailed Scope of Services in section 3.02.
- Respondent's experience related public and media relations support, including print, radio, television and internet/web forums.
- Respondent's experience in community relations, including focus groups and strategies used for community projects and public education.
- Respondent's proposed publicity approach and experience.

C. **Staff Experience and Qualifications (Maximum 20 points)**

Submit a concise narrative detailing the experience of:

- the dedicated account representative that will manage the JAA account, including their experience with local and state governments and other public entities and airports, educational background, years with firm and job role and responsibilities.
- other staff that will be assigned to manage the JAA account, including their experience with local and state governments and other public entities and airports, educational background, years with firm and job role and responsibilities. Resumes should be submitted for the primary account representative and others who will be assigned to JAA.

D. **Proposed JAA Public Relations Business Plan (Maximum 15 points)**

Submit a concise narrative on proposed plan to manage JAA's account, including the development of ongoing communications program and development of local message of key business issues and distribution to key constituencies, opinion leaders and decision makers.

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E. References (Maximum 5 points)

Submit three (3) references for which Respondent has provided **Public and Media** Relations Agency of Record services within the past three (3) years. References shall be submitted on the Reference Questionnaire, **Exhibit E**.

F. Local Preference Program (Maximum 5 points)

Respondent applying for Local Preference shall submit the Local Business Verification Form.

G. Submit executed Conflict of Interest Certificate, **Exhibit F**.

H. Addendum Acknowledgement, if applicable

Acknowledgment of the following Addenda is hereby made:

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

I. 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

J. Acknowledgement of Warranty Acceptance is hereby made: Respondent's Initial: \_\_\_\_\_

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**K. Proposed Fees (Maximum 25 points)**

Submit the proposed annual retainer fee. The annual retainer fee should include all normal out of pocket expenses. The final fee may be a matter of negotiation, but the fee submitted in the proposal will be considered when ranking the proposals.

Initial Year Term: \$\_\_\_\_\_ Annually **(November 1, 2015 to September 30, 2016)**

Option Year #1: \$\_\_\_\_\_ Annually (October 1, 2016 to September 30, 2017)

Option Year #2: \$\_\_\_\_\_ Annually (October 1, 2017 to September 30, 2018)

Option Year #3: \$\_\_\_\_\_ Annually (October 1, 2018 to September 30, 2019)

Option Year #4: \$\_\_\_\_\_ Annually (October 1, 2019 to September 30, 2020)

**L. Proposer Certification and Signature:**

By submitting this Proposal, the Respondent certifies that the Respondent has read and reviewed all of the documents pertaining to this solicitation, that the person signing below is an authorized representative of the Company, that the Respondent is legally authorized to do business in the State of Florida, and that the Respondent maintains in active status all appropriate license required for the work.

**FAILURE TO SIGN YOUR PROPOSAL WILL CONSTITUTE A MATERIAL IRREGULARITY AND WILL RESULT IN REJECTION OF THE PROPOSAL.**

Respondent Name: \_\_\_\_\_

Authorized Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_

Respondent is a:  Corporation  Partnership  Individual

Federal Identification Number: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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