

**1411960646 APPENDIX B – RESPONSE FORM  
 QUALIFIED SECURITY ASSESSOR FOR ANNUAL REPORT ON COMPLIANCE**

Submit the Response electronically as described in the Solicitation.

Company Name: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

<b><u>BID SECURITY REQUIREMENTS</u></b> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Certified Check or Bond (Five Percent (5%))	<b><u>TERM OF CONTRACT</u></b> <input type="checkbox"/> One Time Purchase <input checked="" type="checkbox"/> <b>Annual Requirements - Three (3) Years</b> <input type="checkbox"/> Other, Specify _____
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<b><u>SAMPLE REQUIREMENTS</u></b> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Samples required prior to Bid Opening <input type="checkbox"/> Samples may be required subsequent to Bid Opening	<b><u>SECTION 255.05, FLORIDA STATUTES CONTRACT BOND</u></b> <input checked="" type="checkbox"/> None required <input type="checkbox"/> Bond required 100% of Bid Award <input type="checkbox"/> <b>Letter of Credit</b>
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<b><u>QUANTITIES</u></b> <input checked="" type="checkbox"/> Quantities indicated are exacting <input type="checkbox"/> Quantities indicated reflect the approximate quantities to be purchased Throughout the Contract period and are subject to fluctuation in accordance with actual requirements.	<b><u>INSURANCE REQUIREMENTS</u></b> <p align="center"><b>Insurance required</b></p>
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<b><u>PAYMENT DISCOUNTS</u></b> <input type="checkbox"/> 1% 20, net 30 <input type="checkbox"/> 2% 10, net 30 <input type="checkbox"/> Other _____ <input type="checkbox"/> None Offered	
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<b>ENTER YOUR RESPONSE</b>	<b>TOTAL RESPONSE PRICE</b>
<b>Total Response Price for 1411960646</b>	<b>\$</b>

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

**RESPONDENT CERTIFICATION**

By submitting this Response, the Respondent certifies that it has read and reviewed all of the documents pertaining to this Solicitation, that the person signing below is an authorized representative of the Responding 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 contractor's license for the work (if applicable). The Respondent also certifies that it complies with all sections (including but not limited to Conflict of Interest and Ethics) of this Solicitation.	
We have received addenda  _____ through _____	_____ Handwritten Signature of Authorized Officer of Company or Agent      Date
	_____ Printed Name and Title

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**THE MINIMUM QUALIFICATIONS SHALL BE SUBMITTED ON THIS FORM. IN ORDER TO BE CONSIDERED A QUALIFIED BIDDER 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.**

**BIDDER 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:**

Bidder shall have the following Minimum Qualifications to be considered eligible to submit a Bid in response to this Solicitation. It is the responsibility of the Bidder to ensure and certify that it meets the Minimum Qualifications stated below. A Bidder not meeting all of the following criteria will have their Bids rejected:

- I. The Respondent is not on the State of Florida Convicted Vendor List, State of Florida's Suspended Vendor List, The City of Jacksonville's Disqualified Vendor List, have not had their bidding privileges actively suspended by JEA, been debarred by JEA, or have had a contract with JEA terminated for default within the last two (2) years.
- II. The Qualified Security Assessor (QSA) must be recognized by the PCI Security Standards Council.
- III. All data shared by JEA must reside within data centers located within the United States.
- IV. Provide the name(s) and qualifications of your QSA. Please include areas of expertise and length of expertise. Include certifications, education, records and information experience, and past experience performing similar or same activity.

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**CONFLICT OF INTEREST DISCLOSURE FORM**

*Disclosing a potential conflict of interest does not disqualify vendors. In the event vendors do not disclose potential conflicts of interest, and they are detected by JEA, vendor may be **disqualified** from doing business with JEA.  
 Questions about this form? Contact (JEA, Buyer)*

JEA Bid/Solicitation/Contract Number:	Name of JEA Employee(s) Working on Vendor's Current Contract(s) with JEA:	
Vendor Name:	Vendor Phone:	
Vendor's Authorized Representative Name and Title:	Authorized Representative's Phone:	
<b>NAME(S) OF JEA EMPLOYEE(S) / PUBLIC OFFICER(S) WITH POTENTIAL CONFLICT OF INTEREST</b>		
Name of JEA public officer(s), employee(s), or relatives with whom there may be a potential conflict of interest. If more than five, attach a second form.	Relationship of JEA public officer(s)/employee(s) and/or relative(s) to vendor's company from list above (e.g. 1(a), 2, etc.). Please list all that apply:	
1.		
2.		
3.		
4.		
5.		
<input type="checkbox"/> Vendor has no conflict of interest to report.  <input type="checkbox"/> Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any JEA officer or employee to obtain or maintain a contract.  <input type="checkbox"/> I certify that this Conflict-of-Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor.		
Vendor's Authorized Representative Signature:	Date:	

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**FOR JEA USE ONLY IF CONFLICT NOTED**  
**This form has been reviewed by:**

Name of JEA Ethics Officer:	Signature:	Date:
Note:		