

REVISED

ARTICLE IV – PROPOSAL FORM

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Respondent's Name: _____

CHECKLIST OF REQUIRED DOCUMENTS TO BE SUBMITTED

RESPONDENT SHALL SUBMIT ONE (1) ORIGINAL PROPOSAL, ALONG WITH THE CD AND FIVE (5) 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. Submit documentation that Respondent has a minimum of five (5) years experience in preparing air service and leakage studies immediately prior to the date of the Proposal Opening. **(MANDTORY)**

B. Respondent shall acknowledge if it has performed any Commercial Air Service Studies within 200 miles of JAX within the past five (5) years. If yes, Respondent shall submit a list of all airports services were performed. **(MANDATORY)**

C. Analysis of JAX traffic "leakage detail and methodology of analysis. (Maximum points 35)

Respondent shall submit a comprehensive detail on the method(s) to be used in preparing an analysis of traffic leakage from JAX.

Respondent shall submit one (1) example of a commercial air service passenger leakage study completed within the past five (5) years. The example shall be submitted on a compact disk (CD).

D. Experience in developing domestic air service (Maximum points 20)

Respondent shall provide concise details on the methods to be used to recommend strategies for overall improvements to domestic air service options at JAX. Include details on the techniques, databases utilized and other methods used to develop strategies.

E. Experience in developing international air service (Maximum points 20)

Respondent shall provide concise details on the methods to be used to recommend strategies to secure international air service from JAX. Include details on the techniques, databases utilized and other methods used to develop strategies.

F. Proposed fees (Maximum points 20)

(Points will be based on the total cost for the Commercial Air Service Passenger Leakage Study)

Commercial Air Service Passenger Leakage Study

\$ _____ TOTAL

G. Submit Consultant Services Hourly Rates, including staff classification, if applicable.

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H. References (Maximum 5 points)

Submit three (3) references for which Respondent has performed an Air Service Leakage Study within the past five (5) years. The references should be submitted on the Reference Questionnaire, **Exhibit C**.

I. Local Business Verification Form, **Exhibit D**, if applicable. (Maximum 5 points)

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

K. Addendum Acknowledgement, if applicable

Acknowledgment of the following Addenda is hereby made:

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

L. 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

M. Acknowledgement of the Commercial Air Service Passenger Leakage Study Timeline Acceptance is hereby made: Respondent's Initial: _____

N. Respondent 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: _____