

PROPOSAL CHECKLIST

PROPOSER NAME: North Florida Professional Services, Inc.

- | | | |
|--|---|-----------------------------|
| 1. COVER PAGE: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. INTRODUCTORY LETTER: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 3. TEAM ORGANIZATION, MANAGEMENT AND CAPACITY: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 4. INDIVIDUALS QUALIFICATIONS: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 5. WORK PLAN: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 6. EXPERIENCE AND REFERENCES: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 7. FORMS: | | |
| a) PROPOSAL SIGNATURE FORM: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b) STATEMENT OF FINANCIAL STABILITY: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c) SUMMARY OF LITIGATION: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| d) CERTIFICATE OF INSURABILITY: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| e) QUALIFIED TO TRANSACT BUSINESS IN FL: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| f) DRUG FREE WORKPLACE FORM: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| g) NON-COLLUSION AFFIDAVIT: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| h) CONFLICT OF INTEREST DISCLOSURE STATEMENT: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| i) LICENSES/CERTS: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| j) VENDOR INFORMATION FORM: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| k) EXCEPTION FORM: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| l) VENDORS ON SCRUTINIZED COMP. LIST: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| m) W9: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

REVIEWED BY: Ali Tretheway

DATE REVIEWED: 5/27/2022