

City of Jacksonville
Procurement Department
NOTICE OF PROTEST FORM
Section 1

Instructions: Individuals or agencies wishing to grieve a decision of the Ryan White Part A Grantee are advised to review the Grantee's published Grievance Procedures for information regarding initial filing requirements, costs and confidentiality. A copy of this document will be provided upon request to the Part A Grievance Intake Coordinator. Please fill out this form completely and provide all information requested.

Grievant Information

Name of Individual(s): _____ Title: _____

Name of Agency (if applicable): _____

Mailing Address: _____

City/State/ZIP: _____

Phone Number: _____ FAX Number: _____

1. This is a protest filed pursuant to the rules promulgated by the Director of Procurement Department for the City of Jacksonville, Florida.

2. The City issued an *Invitation to Bid* a *Request for Proposal* seeking the following:

3. The Grievant objects to the proposed action taken by the City on ____ day of _____, 200_, which is as follows:

(Attach additional papers as needed)

4. The reason the action taken by the City is objectionable is as follows:

(Attach additional papers as needed)

5. The Grievant has standing (ability to win the award in the event of a successful protest) to challenge the City's action based upon the following facts and points of law:

(Attach additional papers as needed)

6. Additional facts, if any:

(Attach additional papers as needed)

7. Supplemental documentation (may be submitted up to three additional days from the filing of this Notice.)

I HEREBY CERTIFY that this Protest is timely and filed in good faith on this ____ day of _____, 200__.

Signature of Grievant: _____

City of Jacksonville
STATEMENT OF GRIEVANCE FORM
Section 2 - Request for Mediation

Instructions: Individuals or agencies not satisfied with the results of a grievance review by the Grantee representative should complete this request for mediation within 5 days of the Grantee's decision. The Grievant is advised to review the Grantee's published Grievance Procedures for information regarding filing fee requirements and confidentiality. Please fill out this form completely and provide all information requested. Applicable filing fees must be submitted to the Part A Grievance Coordinator and checks/money orders made payable to the City of Jacksonville. Submit Request for Mediation to the filing address listed in the Grievance Procedures. The filing fee for mediation is as follows:

<u>Grievant</u>	<u>Filing Fee</u>
Not for Profit Corporation/Agency	\$250.00
For Profit Corporation/Agency	\$250.00
Consumer Group and/or PLWHA Coalition or Caucus	\$150.00
Non-Aligned PLWHA Planning Council Member(s)	\$150.00

Grievant Information

Name of Individual(s): _____ Title: _____
 Name of Agency (if applicable): _____
 Mailing Address: _____
 City/State/ZIP: _____
 Phone Number: _____ FAX Number: _____

1. Please state the issue or decision of the Grantee that you are grieving and explain how this issue or decision directly affects you or your agency. Please attach any supporting materials or documents related to this request to this form. (Attach additional papers as needed).

2. Please state the specific remedy or solution being sought by you or your agency.

Signature of Grievant: _____ Date: _____

Signature of Grievant Representative: _____ Date: _____

For use by the Part A Grievance Intake Coordinator Only

Date Form Received: _____ Fee Received (Y/N): _____ Date of Grantee Decision: _____

Date of Notification of Grievance Acceptance/Rejection: _____

Date of Decision of Mediator: _____

(A written copy of the Mediation results and the Grievance Form must be attached to this form and forwarded to the Grievant and the Grantee Representative)

Date(s) of Mediation Hearing(s): _____

Signature of Mediator: _____ Date: _____

City of Jacksonville
STATEMENT OF GRIEVANCE FORM
Section 3 – Request for Binding Arbitration

Instructions: Individuals or agencies not satisfied with the results of mediation by the Mediator should complete this request for binding arbitration within 5 days of the Mediator's decision. The Grievant is advised to review the Grantee's published Grievance Procedures for information regarding initial filing requirements and confidentiality. Please fill out this form completely and provide all information requested in accordance with the Grievance Procedures. Upon completion, the Grievance Intake Coordinator will furnish the grievant with a Fact Sheet of How to Commence an AAA Arbitration. Fees will be determined by the American Arbitration Association.

Grievant Information

Name of Individual(s): _____ Title: _____

Name of Agency (if applicable): _____

Mailing Address: _____

City/State/ZIP: _____

Phone Number: _____ FAX Number: _____

1. Please state the issue or decision of the Grantee that you are grieving and explain how this issue or decision directly affects you or your agency. Please attach any supporting materials or documents related to this request to this form.

2. Please state the specific remedy or solution being sought by you or your agency.

Signature of Grievant: _____ Date: _____

Signature of Grievant Representative: _____ Date: _____

For use of the Arbitrator

Date Form Received: _____ Fee Received (Y/N): ____ Date of Decision of Committee/Mediator: _____

Date of Notification of Grievance Acceptance/Rejection: _____

Date of Decision of Arbitrator: _____ *(A written copy of the arbitrator's decision, along with copies of the Grievance Form and Request for Mediation, must be attached to this form and forwarded to the Grievant and Grantee)*

Date(s) of Arbitration Hearing(s): _____

Signature of Arbitrator: _____ Date: _____

