

STATEMENT OF PROPOSER'S QUALIFICATIONS FORM

All questions must be answered. All information must be clear and complete. Attach additional pages, if needed.

1. Name of proposer: _____

2. Names and titles of principals: _____

3. Names of authorized signatories: _____

4. Permanent main office address: _____

Phone: _____ Fax: _____ Email: _____

5. Date organized: _____

6. Location of incorporation: _____

7. Number of years engaged in business under your present

name: _____

8. List at least three private or public agencies that you have supplied/provided with similar services to that in this solicitation:

a. _____

b. _____

c. _____

Has organization ever failed to perform any contract? YES NO

If YES, attach a written declaration explaining the circumstances.

AUTHORIZATION: The undersigned certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signature of individual submitting proposal

Title

Legal Name of Organization

Date