

REQUEST FOR PROPOSAL (RFP) 1193 Family Preservation and Support Services

9.2 FORM #2: Statement of Qualifications

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1.	List any licenses or certifications held by the agency, with expiration dates.	
2.	a) Who administers the agency's fiscal system?	
	Name:	
	Phone:	
	Title:	
	Work Schedule:	
	b) What CPA firm prepares the agency's annual audit?	
	Name:	
	Phone:	
	Address	
3.	Number of years bidder operated under the present business name. List related prior business name any and timeframe for each.	ıames, if
	Number of years bidder has provided the services described in this posal or related services.	
5.	Has bidder failed or refused to complete any contract? Yes No if yes, briefly explain.	
	Is there any past, present or pending litigation in connection with Contracts for services involving der or any principal officer of the agency? Yes No No If yes, briefly explain.	ng
7.	Does bidder have a controlling interest in any other firm(s)? Yes No If yes, briefly explain.	



REQUEST FOR PROPOSAL (RFP) 1188

Differential Response Path II and After Care Services

9.2 FORM #2: Statement of Qualifications

FORM #2, Continued

 Does Bidder have commitments or potential commitr credit or otherwise affect agency's ability to fulfill this RF If yes, specify below. 	
9. Supply names, addresses and phone numbers of two r of financial/administrative management and social service experience and qualifications.	
Bidder attests, under penalty of perjury, that all informatic accurate. Bidder agrees to provide to County other inforn necessary for an accurate determination of bidder's quali-	mation the County may request as
Signature	Date
Printed Name and Title (Executive Director)	
Signature	Date
Printed Name and Title (Board President)	

Note: When more than one agency will collaborate in providing services(s), above signatures are required of only the lead agency. Lead agency will certify that each member of the agency consortium will meet service and fiscal requirements.