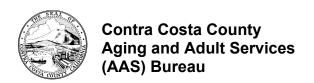


# REQUEST FOR PROPOSAL (RFP) 1191 Case Management, Outreach, and Transportation

### 9.2 FORM #2: Statement of Qualifications

| 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 names, if any and timeframe for each.   |
|    | 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<br>If yes, briefly explain. |
| 7. | Does bidder have a controlling interest in any other firm(s)? Yes No<br>If yes, briefly explain.  |



## REQUEST FOR PROPOSAL (RFP) 1191 Case Management, Outreach, and Transportation

### 9.2 FORM #2: Statement of Qualifications

#### FORM #2, Continued

| <ol> <li>Does Bidder have commitments or potential commitmed<br/>credit or otherwise affect agency's ability to fulfill this RFP<br/>If yes, please describe</li> </ol>                    |                                 |
|--|---------------------------------|
| 9. Supply names, addresses and phone numbers of two ref of financial/administrative management and social service of experience and qualifications.  |                                 |
| Bidder attests, under penalty of perjury, that all information accurate. Bidder agrees to provide to County other information necessary for an accurate determination of bidder's qualific | ation the County may request as |
| Signature  | <br>Date                        |
| Printed Name and Title (Executive Director)  | <del> </del>                    |
| Signature  | Date                            |
| Printed Name and Title (Board President)   | <del>-</del>                    |

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.