

Contra Costa County Innovative Impact in Interpersonal Violence Prevention and Intervention REQUEST FOR PROPOSALS (RFP) 1209

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 nany and timeframe for each.	ames, if
	Number of years' bidder has provided the services described in this oposal 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 dder or any principal officer of the agency? Yes No If yes, briefly explain.	g
7.	Does bidder have a controlling interest in any other firm(s)? Yes No If yes, briefly explain.	



FORM #2, Continued

 Does Bidder have commitments or potential commitments credit or otherwise affect agency's ability to fulfill this RFP? You If yes, please describe 	
 Supply names, addresses and phone numbers of two referer of financial/administrative management and social service delivence experience and qualifications. 	
Bidder attests, under penalty of perjury, that all information provaccurate. Bidder agrees to provide to County other information necessary for an accurate determination of bidder's qualification	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.