

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 any and timeframe for each.	i, 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 lder or any principal officer of the agency? Yes No If yes, briefly explain.	
7.	Does bidder have a controlling interest in any other firm(s)? Yes No If yes, briefly explain.	



FORM #2, Continued

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