



**Contra Costa County**  
**Children and Family Services**

**Differential Response Path II & After Care Services**  
**REQUEST FOR PROPOSALS (RFP) # 1223**

**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.
  
4. Number of years' bidder has provided the services described in this proposal or related services. \_\_\_\_\_
  
5. Has bidder failed or refused to complete any contract? Yes \_\_\_\_\_ No \_\_\_\_\_  
if yes, briefly explain.
  
6. Is there any past, present or pending litigation in connection with Contracts for services involving bidder 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.



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**FORM #2, Continued**

8. Does Bidder have commitments or potential commitments that may impact assets, lines of credit or otherwise affect agency's ability to fulfill this RFP? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe

9. Supply names, addresses and phone numbers of two references, one each in the areas of financial/administrative management and social service delivery to substantiate experience and qualifications.

Bidder attests, under penalty of perjury, that all information provided herein is complete and accurate. Bidder agrees to provide to County other information the County may request as necessary for an accurate determination of bidder's qualifications to perform proposed services.

\_\_\_\_\_  
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.**