**Attachment B – Minimum Qualifications Checklist**

*Complete this form and attach it to your firm’s proposal*

I, Insert Name, am a Insert Title at Insert Firm and am authorized to execute this Certification on its behalf.

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| --- | --- |
| **Minimum Qualifications** | |
| Proposals will be accepted only from firms that meet the following required qualifications:  Please check box if your firm meets these qualifications:   |  |  | | --- | --- | | o | Proposer’s firm has not defaulted on a contract within the past five (5) years or declared bankruptcy or been placed in receivership or been denied credit within the past three (3) years. | | o  o  o  o  o | Proposer’s firm has not been assessed any penalties for non-compliance with any federal, state, local, city, or county labor laws and/or regulations within the past five (5) years.  Proposer’s firm is currently not under investigation for any charge or claim for noncompliance with any federal, state, local, city, or county labor laws and/or regulations including, without limitation prevailing wage laws and apprenticeship laws.  Proposer’s firm and/or any firm identified as Partners has never been assessed any penalties for non-compliance with state public contract laws and/or regulations, including public bidding requirements, within the past five (5) years.  Proposer shall have continuously been in the business providing design and implementation services for automation solutions for at least five (5) years, for government, and/or commercial institutions.  Proposer must be able to meet the following core requirements including design, planning, installation, and implementation as outlined in Section VI. Scope of Work and Special Provisions. | |  |  | |  |  | | |
| **Required Registration** | |
| Please check box to indicate your firm is registered with the System for Award Management (SAM).  Proposer is required to be in good standing with https://sam.gov/SAM/ | |  |
| |  |  | | --- | --- | | o | Registered as Business Name  DUNS No. Business Number: | |  |
|  | |

I certify that the foregoing information is true and correct as of the date of this Certificate.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.