

**ATTACHMENT C**  
**STATEMENT OF OFFEROR'S QUALIFICATIONS**

All questions must be answered, and the data given must be clear and comprehensive. This statement must be notarized. If necessary, questions may be answered on separate attached sheets. The offeror may submit any additional information he desires.

1. Name of offeror.
2. Permanent main office address, including City, State, Zip Code, Phone Number and Fax Number.
3. When organized?
4. If incorporated, where incorporated?
5. How many years have you been engaged in business under your present firm or trade name?
6. Contracts on hand: (Schedule these, showing gross amount of each contract and the appropriate anticipated dates of completion). See attached
7. General character of work performed by your company.
8. Have you ever failed to complete any work awarded to you? If so, where, and why?
9. Have you ever defaulted on a contract? If so, where, and why? Is the offeror or any of its principal staff on any federal, state, or local debarment list? If yes, explain.
10. List the more important contracts recently completed by you, stating approximate gross cost for each, and the month and year completed.
11. List your major equipment available for the performance of this Contract.
12. Describe your experience in work similar in nature to this project. Provide a listing of at least three (3) current or recent accounts, either commercial or government (e.g., another public or workforce development project of similar dollar value) that your company is servicing, has serviced, or has provided similar services. Include a short description of the project, timeline, and dollar value.

Also provide contact information including the company name, contact person name, telephone number and email address.

1. Project Description: \_\_\_\_\_

Timeline/Dates of Service: \_\_\_\_\_

Dollar Value: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Telephone Number:  
\_\_\_\_\_

Contact Person Email Address:  
\_\_\_\_\_

2. Project Description: \_\_\_\_\_

Timeline/Dates of Service: \_\_\_\_\_

Dollar Value: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Telephone Number:  
\_\_\_\_\_

Contact Person Email Address:  
\_\_\_\_\_

3. Project Description: \_\_\_\_\_

Timeline/Dates of Service: \_\_\_\_\_

Dollar Value: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Telephone Number:

\_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_.

- 13. List the background and experience of the principal members of your organization including the officers.
- 14. You are required, upon request, to fill out a detailed financial statement and furnish any other information that may be required by THE WORKFORCE COUNCIL. Do you agree to provide such information upon request?
- 15. Have you ever been a party to or otherwise involved in any action or legal proceedings involving matters related to allegations of discrimination based on race, color, nationality, sex, or religion? If so, give full details.
- 16. Have you ever been accused of discrimination based upon race, color, nationality, sex, or religion in any action or legal proceeding, including any proceeding related to any Federal Agency? If so, give full details.
- 17. The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by in verification of the recitals comprising this Statement of Offeror's Qualifications.

Dated at this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Name of Offeror)

By:

\_\_\_\_\_

Title: \_\_\_\_\_

State of \_\_\_\_\_ )  
 ) ss.  
 County of \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says he is  
 \_\_\_\_\_

of \_\_\_\_\_ (Title) and that the answers  
to the

(Name of Organization)

foregoing questions and all statements therein contained are true and correct.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires \_\_\_\_\_

