**Appendix A – 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.

|  |  |
| --- | --- |
| **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 has at least three (3) years of experience implementing and/or supporting Accela software upgrades. | | o | Proposer currently maintains an Accela Partnership level of Bronze or higher. | | |
| **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  Unique Entity ID: 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.