**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.