Bidder Name:

**CSFP Management Information System** 

## Use this form to address Minimum Bidder Qualifications (Pass/Fail)

Qualification 1: The Bidder must have experience operating a Commercial Off The Shelf (COTS) webbased software solution for a minimum of one (1) year.		
The Bidder certifies that it has experience operating a Commercial Off The Shelf (COTS) web-based software solution for a minimum of one (1) year.		☐ Yes ☐ No*
Client 1 Name:		
Dates (month/year) of Experience (include date the project/engagement was completed):		
Project/Engagement Name:		
Project Description (include scope):		
Client 2 Name:		
Dates (month/year) of Experience (include date the project/engagement was completed):		
Project/Engagement Name:		
Project Description (include scope):		
Client 3 Name:		
Dates (month/year) of Experience (include date the project/engagement was completed):		
Project/Engagement Name:		
Project Description (include scope):		



Bidder Name:

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Qualification 2: The Bidder must have two (2) years of experience licensing and hosting a COTS webbased inventory management software solution in the food industry.		
The Bidder certifies that it has two (2) years of experience licensing and hosting a COTS web-based inventory management software solution in the food industry.		
Client 1 Name:		
Dates (month/year) of Experience (include date the project/engagement was completed):		
Project/Engagement Name:		
Project Description (include scope):		
Client 2 Name:		
Dates (month/year) of Experience (include date the project/engagement was completed):		
Project/Engagement Name:		
Project Description (include scope):		
Client 3 Name:		
Dates (month/year) of Experience (include date the project/engagement was completed):		
Project/Engagement Name:		
Project Description (include scope):		



Bidder Name:

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Qualification 3: The Bidder must have two (2) years of experience providing training and technical support for a COTS web-based inventory management software solution in the food industry.			
support for a CO13 web-based invent	tory management software solution in the root	muustry.	
	years of experience providing training and sed inventory management software solution	☐ Yes ☐ No*	
Client 1 Name:			
Dates (month/year) of Experience (include date the project/engagement was completed):			
Project/Engagement Name:			
Project Description (include scope):			
Client 2 Name:			
Dates (month/year) of Experience (include date the project/engagement was completed):			
Project/Engagement Name:			
Project Description (include scope):			
Client 3 Name:			
Dates (month/year) of Experience (include date the project/engagement was completed):			
Project/Engagement Name:			
Project Description (include scope):			



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\* A "No" response to any of the minimum qualifications will result in disqualification.

Attach additional sheets	as necessary.
best of my knowledge, i	by certify that: (i) all statements made on this form are true and complete, to the including the verification of any experience; (ii) to the best of my knowledge, the ole for the duration of the engagement.
Authorized Signature:	
Print Name:	Date: