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

**Bidder Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Qualification 1:** The Bidder must have a minimum of three (3) years’ experience developing a web application(s) for a nutrition program(s). Duplicate rows as necessary. | | |
| **The Bidder certifies that it has a minimum of three (3) years’ experience developing a web application(s) for a nutrition program(s).** | |  |
| **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 a minimum of three (3) years’ experience implementing a web application(s) for a nutrition program(s). Duplicate rows as necessary. | | |
| **The Bidder certifies that it has a minimum of three (3) years’ experience implementing a web application(s) for a nutrition program(s).** | |  |
| **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 a minimum of three (3) years’ experience providing application technical assistance services for a nutrition program application(s). | | |
| **The Bidder certifies that it has a minimum of three (3) years’ experience providing application technical assistance services for a nutrition program application(s).** | |  |
| **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 4:** The Bidder must have a CACFP-specific COTS solution in production for a minimum of one (1) year at the time of bid submission. | | |
| **The Bidder certifies that it has had a CACFP-specific COTS solution in production for a minimum of one (1) year at the time of bid submission.** | |  |
| **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):** |  | |

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

Attach additional sheets as necessary.

CERTIFICATION: I hereby certify that: (i) all statements made on this form are true and complete, to the best of my knowledge, including the verification of any experience; (ii) to the best of my knowledge, the consultant will be available for the duration of the engagement.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_