



Statement of Qualifications (SOQ)

Professional Services by Consultants/Contractors

PY 2023-2024

SOQ for Consultants/Contractors	
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SOQ for Consultants/Contractors	
Proposal Form 1	Proposer's Agency Questionnaire/Affidavit

Please complete, date and sign this form. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Master Agreement.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

_____	_____	_____
Name	State	Year Inc.

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ If yes,

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

Minimum Qualifications, of the SELACO WDB Contractor/Consultant as listed below.

1. SELACO WDB is requesting proposals from experienced, qualified entities/Individuals. Qualified Respondents may include:

- For-profit organizations;
- Non-profit organizations;
- Faith-based organizations;
- Community-based organizations;
- Public agencies; and/or
- Individual Sole Proprietor
- A collaboration of these organizations

A consortium, joint venture, or collaboration of organizations with complementary skills and experience is permitted to respond to this open SOQ; however, the proposal must clearly demonstrate that **all contractual responsibility rests solely with one legal entity serving as the fiscal agent and that there is a minimum of three (3) WIOA required programs in partnership (i.e. Titles I-IV)**. The fiscal agent must retain documentation, such as meeting minutes and preliminary budgets, regarding the consortium that document the partnership(s). This documentation will be used to establish a partner relationship for procurement purposes.

2. Have no record of unsatisfactory contract performance.
3. Have the ability to maintain records and report adequately.
4. Have the administrative and fiscal capability to provide and track services, and ensure a compliant audit trail.

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Agency's Name:

Address:

e-mail address: _____ Telephone number: _____

On behalf of _____ (Proposer's name), I _____
(Name of Proposer's authorized representative), certify that the information contained in this Proposer's
Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date

<i>SOQ for Consultants/Contractors</i>	
Proposal Form 2	Proposer's List of available services

Please list the type of services you are able to provide as a workforce consultant/contractor:

Example:

- Strategic planning for the implementation of Rapid Response Programs.
- Research and drafting of applications for Statewide Discretionary funding.

SOQ for Consultants/Contractors**Proposal Form 3****Proposer's Experience Verification Form****To be completed by Proposer:**

A. Applicant/Contractor Name:		
B. Funding Source Name:	C. Contact Person and Telephone No.:	
D. Contract Period:	E. Types of Funds:	
F. Amount Received	G. Amount Spent:	
H. Contract Activities:		I. Years Working with this Funding Source:

To be completed by Funding Source:

J. Administrative Experience		YES	NO
1.	Has the Contractor shown the capability to successfully administer grant funds and meet contracted goals? (If "No," answer section M)		
2.	Has the Contractor successfully resolved performance problems in a timely manner? (If "No," answer section M)		
3.	Has the Contractor consistently submitted complete and accurate records and reports in a timely manner? (If "No," answer section M)		
4.	Have there been any findings of irregularities regarding the Contractor, its officers, its Board of Directors? (If "Yes," answer section M)		
5.	Has the Contractor had costs questioned by an audit or monitoring review? (If "Yes," answer section M)		
6.	Does the Contractor have unresolved disallowed costs? (If "Yes," answer section M)		
K. Probation / Sanction		YES	NO
1.	Has the Applicant/Contractor been placed on probation in any program it has administered the program through your funding source? (If "Yes," answer section M)		
2.	Has the Applicant/Contractor been sanctioned or had program funds de-obligated in any Program it has administered the program through your funding source? (If "Yes," answer section M)		

List any performance measures that have been utilized either by the funding source or in-house to measure the success of Applicant/Lead Contractor's program.

L. Performance Measures		Benchmark Performance Level	Contractor Performance Level
1.			
2.			
3.			
4.			
5.			
6.			
7.			

M. Comments: If you answered "No" to questions J1, J2, or J3, or "Yes" to questions J4, J5, J6, K1, or K2, please explain by attaching additional pages.

Funding Source Signature: _____ **Date:** _____

N. AUTHORIZATION TO RELEASE INFORMATION:

On behalf of my organization, I am authorizing the funding Contractor named in line B to release the information requested on this CONTRACTOR EXPERIENCE VERIFICATION and any other information that will aid the County in evaluating our demonstrated ability in operating youth programs. All information so released will become part of a public document, subject to review and inspection by the public at the County's discretion, in accordance with the Public Records Act.

Authorized Signature of Contractor Date

Name of Authorized Signatory Title

Telephone Number Fax Number

O. Authorization of Verification Report

Authorized Signature of Contractor Verifying the Report Date

Name of Authorized Signatory Title

Telephone Number Fax Number

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Proposal Form 4	Certification of No Conflict of Interest

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the SELACO WDB shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board finds that special circumstances exist which justify the approval of such contract:

1. Employees of the SELACO WDB or of public agencies for which the is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 3 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the SELACO Board for approval or ratification shall be accompanied by an assurance that the provisions of this section have not been violated.

Vendor Name

Vendor Official Title

Official's Signature

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Proposal Form 5	Prospective Contractor References

Contractor's Name: _____

List three (3) references where the same or similar scope of services were provided in order to meet the Minimum Qualifications stated in this solicitation.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

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Proposal Form 6	Prospective Contractor List of Contracts

Contractor's Name: _____

List of three (3) public entities for which the Contractor has provided service within the last two (2) years.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract	Type of Service	Dollar Amt.	

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Cover Page	Resume/Letters of Recommendations