**FORM D: MINIMUM QUALIFICATIONS (MQ) TABLE –**

**Instructions: Complete and insert into each application packet an MQ Table. Applicants who do not meet these minimum requirements will not be eligible for funding and the remainder of the application packet will not be reviewed.**

|  |  |  |
| --- | --- | --- |
| **MQ #**  | **Description**  | **Response (Must be Yes to be eligible)** |
| **MQ1**  | Agency has five (5) years of experience providing the family support services listed in the Service Categories located in Tables D-G in the Grant Summary | YES:Number of Years: \_\_\_\_\_No |
| **MQ2**  | Agency is a nonprofit organization filed with a 501(c)(3) and/or equivalent.  | Yes No |
| **MQ3**  | Agency is a current certified vendor or has the ability to become a certified vendor with the City and County of San Francisco within ten (10) days of notice of intent to award. | Yes No |
| **MQ4** | Agency provides services in San Francisco locations (i.e. physical brick and mortar space) to residents of San Francisco. | Yes NoPrimary Location Address: |
| **MQ5** | Proposal is format compliant regarding submission instructions and page limits. | Yes No  |
| **MQ6** | Agency is not prohibited by the City Controller's Office from applying and receiving grant funding. | Not Prohibited Prohibited  |