## Form 3: MINIMUM QUALIFICATIONS ATTESTATION FORM

The Executive Director or an authorized agent from the submitting agency must initial each applicable assurance statement to demonstrate if the applicant agency meets the listed criteria. Supporting documentation should be attached.

|  |  |  |
| --- | --- | --- |
| **MQ #** | **Description** | **Initials** |
| **MQ1** | Proposer has at least 5 years of experience providing early childhood mental health consultation or similar services to the target population as described in the RFGA.  |  |
| **MQ2** | A nonprofit organization filed with a 501(c)(3) and/or equivalent. |  |
| **MQ3** | Current certified vendor or the ability to become a certified vendor with the City and County of San Francisco within ten (10) days of notice of award. |  |
| **MQ4** | Agency is not prohibited by the City Controller's Office from applying and receiving grant funding.Initial the appropriate row. | Prohibited from applying: |
| Not Prohibited from applying: |
| **MQ5** | Agency affirms willingness to participate in all required reporting, evaluation, and documentation activities.   |  |