**Grant Writing/Administration**

**Statement of Qualifications Form**

GRANT ADMINISTRATION STATEMENT OF QUALIFICATIONS

NAME OF FIRM:

ADDRESS:

1. Years in Business in Present Form:

2. Firms History and Resource Capability to Perform Required Services:

3. Titles, names, and addresses of all officers.

4. List up to five (5) projects which demonstrate skills to be used on CDBG projects.

1.

2.

3.

4.

5.

5. If you were awarded the administration on these type of projects, what would your fee for grant writing/grant administration services be *(fees can be expressed in percentages, but all agreements will be lump sum amounts)*?

6. Describe the organizational capacity to complete all necessary grant administration activities, including experience of all employees who will be or may be assigned to this project.

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7. List references with contact information.

1.

2.

3.

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are you a Section 3 Business Concern? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

*If yes, the Attached Section 3 Business Concern Certification, Previous Certification and Action Plan must be filled out, signed, notarized, and submitted with your proposal.*

9. Certifying that:

Mr./Mrs./Ms. (signature) being duly sworn deposes and states he/she is the (title) of (name of firm) and answers to the foregoing questions and all statements herein contained are true and correct.