

APPENDIX II: MINIMUM QUALIFICATIONS VERIFICATION FORM (1 Page)

OFFEROR'S NAME: _____

OFFEROR certifies that they possess the following minimum qualifications and shall provide the requested documents that substantiate their satisfaction of the Minimum Qualifications. Failure to provide the information required by these Minimum Qualifications and required to substantiate *responsibility* may be cause for the OFFEROR'S proposal to be rejected as **Non-Responsive**.

Provide documented and verifiable evidence that your firm satisfies the following Minimum Qualifications, and indicate what/if any attachments are submitted.

ITEM NO.	MINIMUM QUALIFICATIONS	COMPLIANCE YES/NO (SELECT ONE)	DOCUMENT TITLE AND NUMBER OF PAGES SUBMITTED FOR EACH DOCUMENT
1	The OFFEROR filing the proposal must have not less than three (3) years of experience in administering and providing a full range of behavioral health services in Arizona.	Yes/No	
2	The OFFEROR must be registered with the Arizona Corporation Commission and submit a Certificate of Good Standing with the proposal.	Yes/No	

SIGNATURE: _____ DATE: _____

PRINTED NAME & TITLE OF AUTHORIZED OFFEROR REPRESENTATIVE EXECUTING OFFER

END OF APPENDIX II