KATHY HOCHUL
Governor

KAITLIN ASROW
Acting Superintendent

RFP C000606 - Audio-Visual Equipment Design Services

Use this form to address Minimum Bidder Qualifications (Pass/Fail)

Bidder Name: _____

Bidder must meet, and certify that they meet, the minimum qualifications set forth below. Failure for Bidder to meet, and to certify that they meet, the minimum qualifications may result in the Bidder's Proposal being deemed disqualified, deemed non-responsive, and eliminated from consideration.

In completing the form, please provide **clear and accurate descriptions of the Bidder's experience for the Minimum Qualifications.** The Department will not interpret omissions and vagueness in the Bidder's favor. Further, in completing the form, type to expand response areas on form or attach additional sheets, as necessary.

Attachment 8: Minimum Bidder Qualifications

Failure to meet all requirements in this Attachment 8 **will** result in the Proposal being deemed non-responsive and eliminated from consideration.

Qualification 1: Bidder must have a minimum of five (5) years of experience completing projects in audio-visual design, installation, and maintenance services as described in Section 4 of this RFP. The Department reserves the right to contact the Client Points of Contact to validate experience. *The Bidder may add more projects as necessary to show experience. However, the bidder should only provide projects that support meeting the minimum bidder qualifications.	
The Bidder represents and warrants that it has a minimum of five (5) years of experience performing similar functions as described in Section 4 of this RFP.	☐ **Yes** ☐ **No**
Project #1 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience performing similar functions as are described in Section 4 of this RFP.	

Project #2 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience performing similar functions as are described in Section 4 of this RFP.	
Project #3 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience performing similar functions as are described in Section 4 of this RFP.	
Project #4 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	
Phone Number	
Email Address	
Explain in detail the Bidder's experience performing similar functions as are described in Section 4 of this RFP.	
Project #5 Name	
Dates (month/year) of Experience (including date the project started and ended or is scheduled to end)	
Client Name(s)	
Client Point of Contact	

Phone Number	
Email Address	
Explain in detail the Bidder's experience performing similar functions as are described in Section 4 of this RFP.	