

Submittal: Minimum Qualifications Questionnaire

Submittal:

All forms provided in the submittal section must be completed and submitted with the Offer. The Minimum Qualifications Questionnaire is one such required form and shall be completed, signed, and submitted with the offer as a requirement to be determined responsive.

Reasonable susceptibility is established based on the evaluation criteria set forth in the Request for Proposal. Conformance to the Minimum Qualifications established within the Request for Proposal is required to ensure that experienced, capable offers with operational and financial capacity are providing solutions that meet the requirements specified in the Scope of Work.

In accordance with RFP-24-0093 Decontamination Services, Section, 2, Instructions, 2.26 regarding *Determining Responsiveness and Responsibility*, Offers determined non-responsive or non-responsible will not be considered for further evaluation.

Minimum Qualifications Questionnaire and Checklist of Support Documentation:

Please complete the questionnaire below. By completing the questionnaire, the offeror is attesting to the truthfulness of the responses and acknowledges that the offeror understands the assurance of response and completion is subject to the City's authority and sole discretion to determine responsiveness.

If answering YES to any of the questions, attach the requested support documentation to this form. The YES response will require support documentation. Check the *Attached* box indicating that the support documentation has been attached. The support documentation attachments shall be organized in the order in which the questions are listed and must clearly reference each associated question number.

Minimum Qualifications Questions:		YES	NO
1.	Does the Offeror have a minimum of three (3) years' experience providing products and services associated with this solicitation? If YES, the Offer shall attach a document in support of the minimum qualification met that includes the total number of years and a brief list of the products and services provided through the years listed.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the Offeror ever been the subject of a regulatory agency investigation? If yes, please provide supplemental information, including the outcomes of the investigation(s). Additionally, describe whether these investigations revealed any patterns of non-compliance, or if they demonstrated that your company has been consistently compliant, with either no findings or minor issues promptly corrected.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the Offeror have a Maricopa County Medical Waste Hauler Permit?	<input type="checkbox"/>	<input type="checkbox"/>
	If answered YES, the Offeror shall provide a copy with the submittal.	Attached <input type="checkbox"/>	
4.	Does the Offeror registered as an Arizona Biohazardous Medical Waste Transporter?	<input type="checkbox"/>	<input type="checkbox"/>
	If answered YES, the Offeror shall provide a copy of proof with the submittal.	Attached <input type="checkbox"/>	
5.	Does the Offeror have commercial and/or residential State of Arizona Registrar of Contractors Licenses?	<input type="checkbox"/>	<input type="checkbox"/>
	If answered YES, the Offeror shall provide a copy with the submittal.	Attached <input type="checkbox"/>	
6.	Does the Offeror have a Bloodborne Pathogens Exposure Control Plan?	<input type="checkbox"/>	<input type="checkbox"/>

	If answered YES, the Offeror shall provide a copy with the submittal.	Attached <input type="checkbox"/>	
7.	Does the Offeror firm have a Transportation Management Plan?	<input type="checkbox"/>	<input type="checkbox"/>
	If answered YES, the Offeror shall provide a copy with the submittal.	Attached <input type="checkbox"/>	
8.	Does the Offeror firm have a Manifest for Biohazardous Waste or Tracking Document?	<input type="checkbox"/>	<input type="checkbox"/>
	If answered YES, the Offeror shall provide a copy with the submittal.	Attached <input type="checkbox"/>	

The Offeror acknowledges the responses to the questionnaire to be current and true at the time of the submittal. The signature of the duly authorized representative of the Offer shall be applied in order for the submittal to deemed complete.

Offeror/Company Name: _____

Title of Authorized Official: _____

Signature: _____ Date: _____