

Community Housing Investment Program (CHIP)  
Grant Writing and Administration  
Consultant's Qualifications

All information requested is required prior to consideration of any bid or proposal. The undersigned certifies under oath to factual truth and correctness of all information presented.

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name & Title of Respondent: \_\_\_\_\_

Previous Business Names: \_\_\_\_\_

Years in business in present form: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

State of incorporation: \_\_\_\_\_

Titles, names and addresses of all officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all categories for which firm is legally qualified to do business. Include licenses and registrations where applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would your fees for Grant Writing and Administration Services be for this project?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List up to ten (10) projects which demonstrate skills to be used on CHIP projects. Note project name, location, owner, year, contract amount, and nature of firm's responsibility:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

List key personnel (with qualifications) likely to be involved on this type of project and explain their specific role.

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Please furnish a statement of proposed scope of services for this CHIP project.

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List three (3) professional references for this firm (include phone numbers):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I certify that the answers to the foregoing questions herein contained are true and correct.

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Signature

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Date