



Annual Statement of Qualifications (SOQ)

This annual Statement of Qualifications (SOQ) allows potential subrecipients to demonstrate their ability to receive federal funds. All sections of this form must be filled out entirely. Along with this completed form, please be sure to include all supporting document. Rename your attachments referencing to the list below. *i.e.*, *1-Articles of Incorporation.pdf*

For your guidance, the checklist below details the *additional* supporting documents required:

1. A Copy of Articles of Incorporation
Save document as 1 – Articles of Incorporation

2. A copy of IRS Determination Letter
Save documents as 2 – IRS Determination Letter

3. A copy of current Certificate of Status from California Secretary of State
Save document as 3 - Certificate of Status from California Secretary of State

4. A copy of certifying agency that verifies organization classification
Save document as 4 - Verification of Organization Classification

5. A copy of your agency's most up-to-date insurance certificate
Save document as 5 – Current Insurance Certificate

6. A commercial general liability insurance policy
Naming San Diego Workforce Partnership, the City of San Diego, and the County of San Diego as additional insured, protecting against any and all claims for injury to persons or property, protecting against assumed or contractual liability under this Agreement, and covering negligent acts and omissions of Contractor and Contractor Parties, with such policy to be in the minimum amount of One Million Dollars (\$1,000,000.00) per occurrence, and with an aggregate limit of at least Two Million Dollars (\$2,000,000.00). Contractor shall provide SDWP a certificate evidencing such insurance. See attached exhibit
Save document as 6 – Current Commercial General Liability Insurance Policy

7. A copy of your agency's organization's current budget
Save document as 7 – Current Budget

8. A copy of current fiscal and compliance audits, as required by law
Save document as 8 – Current Fiscal and Compliance Audits
9. A statement in a letterhead providing the organization’s Dun and Bradstreet Data Universal Numbering System (DUNS). See attached exhibit
Save document as 9 – Dun and Bradstreet Data Universal Numbering System (DUNS)
10. A copy of your agency’s organization chart.
Save document as 10 – Organization Chart
11. Attachment A – Signature Certification
Save document as Attachment A – Signature Certification
12. Attachment B- Certification Regarding Debarment
Save document as Attachment B – Certification Regarding Debarment
13. Attachment C- Certification Regarding Records Storage
Save document as Attachment C – Certification Regarding Records Storage
14. Attachment D- Certification Regarding Lobbying Restrictions
Save document as Attachment D – Certification Regarding Lobbying Restrictions

Annual Statement of Qualifications (SOQ)

Date of Submittal: _____

Section 1. General Information

1. Name of Organization: _____

2. Primary Address: _____

3. Name of Contact: _____

4. Email Address: _____

5. Authorized Signatory*: _____

**See Attachment A for additional requirements and certification.*

6. Legal Status: _____

7. If applicable, Organization Classification Status (Check the one that is most appropriate):

Emerging Business Organization

A small business whose size is no greater than 50 percent (50%) of the numerical size standard applicable to the North American Industry Classification System (NAICS) code assigned to a contracting opportunity.

Disabled Veteran Business Enterprises

A business whose not less than 51 percent (51%) of the stock of which is owned by one or more service-disabled veterans; and the management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

Disadvantaged Business Enterprise

A small business whose size is no greater than 50 percent (50%) of the numerical size standard applicable to the North American Industry Classification System (NAICS) code assigned to a contracting opportunity of which is no less than 51 percent (51%) unconditionally owned by one or more socially and economically disadvantaged individuals, Except for tribes, ANCs, NHOs, and CDCs, whose management and daily business operations are controlled by one or more socially and economically disadvantaged individuals.

Minority Business Enterprise

A business which is certified as being at least fifty-one percent (51%) controlled by one or more ethnic

minority persons of either sex. An ethnic minority person shall be described as follows: Black Americans-Hispanic Americans - Native American - Asian and Pacific Islander American.

Business Organization

A small business which is certified as being at least fifty-on percent (51%) controlled by one or more non-minority males who are resident citizens of the United States and has forty-nine (49) or fewer full time, part-time or seasonal employees and no more than the equivalent of two-million dollars (\$2,000,000) in annual gross revenues.

Women Business Enterprise

A business whose size is at least 51 percent (51%) owned by one or more women; or in the case of any publicly owned business, at least 51 percent (51%) of its stock is owned by one or more women; and whose management and daily business operations are controlled by one or more women.

Certifying Agency: _____

Section 2. Governance and History

1. Governing Body, Board of Directors or Principles
(Attach a separate sheet, if needed)

Title:	Organization:
First Name:	Last Name:
Title:	Organization:
First Name:	Last Name:
Title:	Organization:
First Name:	Last Name:
Title:	Organization:
First Name:	Last Name:
Title:	Organization:
First Name:	Last Name:

2. In the past five (5) years, has your firm or any of its owners, partners or officers ever been investigated, cited, assessed any penalties, or have been found to have violated any laws, rules or regulations enforced or administered by any governmental entity? For this question, “owners” does not include owners of stock in your firm if the firm is a publicly traded firm.

Yes No

If “**Yes**”, please list contracts your organization had with them in the last five (5) years. Attach additional sheet(s) of paper if necessary.

Why was this person arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged? (mm/dd/yyyy)	Location (City, State, Country)	Outcome or disposition of the charge (no charges filed, charges dismissed, probation, citation, etc.)

Section 3. Financial History of Resources and Responsibilities

1. Is your organization now, or has it ever been at any time in the past five (5) years, the debtor in a bankruptcy case? If yes, please explain.

Yes No

2. Is your organization in the process of, or in negotiations of being sold? If yes, please explain.

Yes No

3. In the past five (5) years, has any governmental, private entity, or individuals terminated your organization's contract prior to completion? If yes, please explain.

Yes No

4. In the past five (5) years, has your organization used any subcontractor to perform work on a government contract when you knew that the subcontractor had been debarred by a governmental entity? If yes, please explain.

Yes No

5. In the past five (5) years, has your firm been debarred or determined to be non-responsible bidder or contractor? If yes, please explain.

Yes No

6. Disallowed Costs

Identify any expenditure(s) that have been disallowed under any government contract during the past five (5) years. Include disallowances still in resolution and describe status. Use additional sheets if necessary. **If none, please indicate.**

Grantor	Date of Disallowance (mm/dd/yyyy)	Amount	Date Repaid (mm/dd/yyyy)

Section 4. Financial Management Structure

- 1. Provide an outline of your financial management structure, including the expertise of your staff to manage and account for governmentally funded programs.

- 2. Briefly describe the method by which your accounting system segregates the funding received by your organization.

- 3. Does your organization’s time sheet system allow for your employees to record their hours worked by funded activities, including recording time in and out for meals? Briefly describe your organization’s time sheet system (personnel activity report)?

- 4. Does your organization have written fiscal policies and procedures in place?

- 5. Briefly describe how your organization ensures that the duties of authorizing, recording, and maintaining custody of assets are segregated in practice.

Section 5. Complaints Structure

1. Provide an outline of your Complaints structure, including who is your designated individual who will operate as the Point of Contact (POC) per the guidelines on SDWP Operations Manual Chapter 9. Please include POC contact information such as name, position title, business address, email address, and telephone number (including TTY/TDD). Please provide an organization chart. *The Workforce Partnership requires that Subrecipient's notify the Workforce Partnership Equal Opportunity (EO) Officer/Grievance Officer whenever the designation of the Subrecipient's POC changes, Org chart, and EO Officer name*

2. Does your organization have written Equal Opportunity and Nondiscrimination policies and procedures in place?

3. Briefly describe how your organization handles the following types of complaints: Equal Opportunity and Non-Discrimination, Program Grievances, and Fraud/Waste/Abuse?

Attachment A- Signature Certification

This is to certify that the officials listed below are authorized to sign contracts and other legally binding documents on behalf of the organization, (company name, hereinafter “Respondent”). Respondent certifies that documents submitted to San Diego Workforce Partnership (SDWP) are true and accurate to the best knowledge of the signatory.

Respondent also certifies that SDWP is authorized to examine administrative and fiscal systems for compliance. SDWP reserves the right to request additional information regarding administrative, financial, and legal status, and/or to visit the facilities during normal operating hours.

I certify that I am authorized to submit this Certification on behalf of the organization named above. If any information changes significantly, SDWP will be notified within 10 business days. I certify that the contents of the documents submitted are true and correct.

Signature	Date
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Printed Name	Title
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Phone/Fax	Email
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The following are additional authorized signatories:

Printed Name	Title
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Phone/Fax	Email
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Printed Name	Title
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Phone/Fax	Email
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Provide a formal documentation of delegation of signatory authority by organization’s governing body.

Attachment B- Certification Regarding Debarment

Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction

A subgrant or contract cannot be entered into with parties listed on the government wide exclusions list in the System for Award Management (SAM). SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority. Exclusion records can be searched on the SAM website. (SDWP Operations Manual Chapter 3, page 9 definition 37)

The certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 180.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTION FOR CERTIFICATION)

- (1) The recipient of Federal assistance funds certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such participation shall attach an explanation to this proposal.

Insert name of organization

Name of Authorized Representative	Title of Authorized Representative
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Signature	Date
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Attachment C- Certification Regarding Records Storage

If contracted with SDWP and in accordance with SDWP General Provisions, Section 12 - Record, Subrecipient will retain all records pertinent to this agreement for a period of four years from the date of final payment of this agreement. For purposes of this section, "access to" means that the Subrecipient shall at all times maintain within the State of California a complete set of records and documents related to programs funded by this agreement. The Subrecipient shall comply with this requirement regardless of whether it ceases to operate or maintain a presence within the State of California before the expiration of the agreement.

- Records pertaining to SDWP contracts are stored in the State of California

- County Records pertaining to SDWP contracts are **not** stored in State of California

Address of Records Repository

This certification confirms records are stored at the location listed above. Delivery of records must be fulfilled within five business (5) days of written request. Organization certifies compliance with all other storage requirements.

Name of Authorized Representative

Title of Authorized Representative

Signature

Date

Attachment D- Certification Regarding Lobbying Restrictions

If contracted with SDWP, the organization listed below assures and certifies to the lobbying restrictions as referenced in Byrd Anti- Lobbying Amendment (31 U.S.C. 1352) and as are codified in the DOL regulations at [29 CFR.93 Subpart F Appendix A](#) and described in SDWP General Provisions Section 2.0- Certification/ Assurances. The following restrictions are included:

- a. No federal appropriated funds have been paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with this federal contract, grant, loan, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with this contract, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- c. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- d. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Insert name of organization

Name of Authorized Representative

Title of Authorized Representative

Signature

Date